TIM HOFF: Welcome to Ethics Talk, the American Medical Association Journal of Ethics podcast on ethics in health and health care. I’m your host, Tim Hoff. This episode is an audio version of a video interview conducted by the Journal’s editor in chief, Dr Audiey Kao, with Dr Rafael Campo. Dr Campo is an Associate Professor of Medicine at Harvard Medical School and Poetry Section Editor of the Journal of the American Medical Association. He talked with us about the healing value of poetry during the current COVID-19 pandemic. To watch the full video interview, head to our site, JournalofEthics.org, or visit our YouTube channel.

DR AUDIEY KAO: Dr Campo, thank you for being a guest on Ethics Talk today. [music fades out]

DR RAFAEL CAMPO: It’s my pleasure, Audiey. Thank you so much for having me.

KAO: So, as a physician poet, you believe that words matter and that poetry can make physicians better at their craft. Can you share with our audience what you mean by that?

CAMPO: Sure. I think poetry has such an important role in the work of healing, and there are many ways I think it is important to us as physicians, as healers. Perhaps the most important way has to do with how poetry really models empathy, how it really invites us into the experience of another person through immersion, really, in another voice. And my own experience really of clinical medicine, working with patients, seeing patients in the office is really an experience of poetry. I find that, like the clinical encounter, a poem really asks that I be present in a way that makes me much more attentive, makes me a much better listener, makes me more present for my patients. And also, I think poetry has a wonderful way of allowing us to become witnesses, to be when perhaps we would wish to look away, to avert our gaze, to really be present in the experience of suffering or grief or any of the kinds of difficult emotions or experiences that our patients bring to us in clinical medicine. So, I think that’s probably the most important way it’s helpful, that it’s important for us.

I think also poetry really is able to accommodate a diversity of voices. And through expressing so many diverse perspectives, so many ways of knowing about the experience of illness, it teaches us, really, cultural humility. It allows us to really see our own selves, of course, mirrored in the experience of another person, in another voice. But at the same time to learn about different, distinct experiences of suffering, of how we might term the social determinants of disease really impact on illness and on healing.

And then perhaps one other way that is important, perhaps, to mention is that in poetry, there’s no certainties like we like to think there are in medicine. Poetry really presents a kind of uncertain view of an experience. There’s no right or wrong answer. And when I teach poetry to my medical students, when I share it with physician colleagues and even
with patients, one of the most important ways we approach it is to begin by recognizing that: that there isn’t going to be a right answer necessarily. It’s really more of an invitation to shared experience. And again, for docs who are accustomed always to thinking in very certain terms, in terms of data, in terms of outcome measures, we need something in our practice of medicine, in the art of medicine, that allows us to be more really comfortable with uncertainty. So, those are probably the three main ways I see poetry as really important and really a kind of deep expression of the work of healing.

KAO: Yeah. In reflecting on what you just said, it’s somewhat ironic to be talking about being present with your patient during an encounter when we’re in a pandemic where physical distancing is expected from all of us. As someone who directs the Literature and Writing Program at Harvard Medical School, how do you think this shared collective experience of prolonged separation and isolation will affect how poetry can be used to engage a wider, sometimes skeptical audience of students and clinicians?

CAMPO: That’s a really good question, Audiey. I think that in many ways, what I’m seeing and experiencing is how this social distancing and physical distancing really is a kind of almost exaggeration of the distancing that we see modeled for us during our medical training. And so, it’s particularly problematic, I think, for us as physicians to now be required in some senses to be physically distanced from our patients, from one another. And so, I think, ironically, doctors are sensitive to this issue from the experiences they’ve had during their training. And it’s actually led to, I think, more of a craving, if you will, a kind of need, a kind of demand for language, a kind of an urgency around we need to connect. We need to overcome these barriers that we’re finding in the clinics, on the wards, and even in our family lives, in our social lives.

And so, for example, as Poetry Section Editor for JAMA, I’m seeing a huge increase in the number of poems that are coming in, almost all of which are responding in one way or another to the coronavirus, the COVID-19 pandemic. And so, it’s really striking to me how yes, we are frustrated. We are burned out. We are dealing with ever more distancing that’s very strictly enforced in our professional lives and in our home lives. But yet we still crave that human connection. And so, I think it’s really actually leading to more of us seeking out poems, seeking out art, seeking out the ways in which we can still connect with one another and have that meaningful human empathetic connection.

And I think in particular, at the end of life, where many of our patients are separated and isolated from loved ones as they face that last minute, that last moment of life, that really calls us to speak the language.

KAO: Yeah.

CAMPO: So, I think it’s really, in some ways, again, only increased the interest and need for poetry and for language.

KAO: Yeah, I wouldn’t call it a silver lining of this pandemic, but I think you’re right that, given that so many of us in our personal and professional lives are experiencing isolation, not being present with others, that the healing value of poetry seems much more acute and poignant now than ever before.

CAMPO: Yes, yes. I think you’re right, Audiey. Absolutely. That’s certainly been my experience, yeah.
KAO: So, I'd like to now turn our attention to some of your poetry, a couple of which were written during this pandemic and one that was written earlier. So, can we start by asking you to read the poem entitled *Virology*?

CAMPO: Sure, sure. So, this is a poem called *Virology*.

i. 1970

They wanted me to get the chicken pox,  
so Mami brought me over to the neighbor's  
to play with Clara. Clara had red hair  
and red spots covering her face. We stripped  
her Barbies down to bare skin, scared to see  
their lack of imperfections, breasts smooth domes,  
and not a thing between their plastic legs.  
I felt sick afterwards, but no rash appeared.  
Ashamed of failing at contagion,  
I locked myself in my closet back at home,  
the dark touching me all over, like death.

ii. 1990

“Y’all can’t get it from just a kiss,” he said.  
He leaned across the table, took a bite  
of my dessert, and smiled. He smelled of smoke  
and cinnamon. Since he was going blind,  
I helped him paint his nails scarlet. “Y’all’s  
just paranoid,” he said, another cough  
erupting like a counterargument  
to breath. Soul food was his specialty:  
red beans, collards, sweet potato pie, tea.  
Like the new virus, I was ravenous.  
His kiss, sweet Jesus, still tastes of the divine.

iii. 2020

The President is on TV again.  
He says it’s over, like it hasn’t begun.  
All this started again because of what  
we want: that movie with the slo-mo bullet  
we dodge, the song my parents danced to  
in the kitchen night after night, bright stars  
so limitless we yearn to travel there.  
We even want this virus, telling us again  
that masks won’t really save us now, it’s much  
too late for hoarding. What we want more than  
anything is to be this lost, again.

KAO: Well, I certainly appreciate that reading. I know that you did your residency in one of those time periods, the second time period that you mentioned, which was during the height of the HIV/AIDS epidemic. So, what commonalities and differences were you trying to illuminate among these three viral time periods?
CAMPO: Yeah. So, that’s another great question, Audiey. I think probably the most important commonality I was trying to illuminate has to do with stigma and the stigma associated with disease, with contagion, particularly with viral illness such as HIV and certainly COVID-19 now. And I certainly remember very distinctly during my experiences as a house officer during the height of the AIDS crisis in San Francisco, how that stigma really played out in terms of the care and lack of care or avoidance of care that we provided to our patients then. And so, in a way, I think poetry not only honors and helps us to remember those times and the people who died for lack of treatment and for lack of care and who are still dying in many parts of the world similarly, for lack of access to care, because of the stigma associated with HIV and AIDS. And so, I think that’s, again, another function perhaps of poetry. One of the things that it can do is it can help us to remember, and it can help us to combat the silences around stigmas that can lead to inequities in care.

And I always remember the activists, the people marching in the streets of San Francisco saying, “Silence equals death,” chanting, “Silence equals death” then, and how their voices, how their courage, their willingness to tell their stories, to not be silenced. And sometimes that was in the form of poetry. Sometimes that was in the form of a kind of poetic activism. And that activism saved lives. That activism did lead to advances in HIV care and treatment that now allow us to treat patients with HIV and prolong life.

And so, you know, sometimes people say, “Oh. Well, poetry, what does it really have to do with medicine?” And in some ways, it very practically impacts on the practice of medicine and advances in science, medical science. And so, that’s one of the commonalities.

KAO: Yeah.

CAMPO: Certainly we see stigma related to COVID-19 now and our president calling the disease, “Kung flu.” You know, these kinds of ways of pointing the finger at others who are somehow to be blamed for infecting us, for spreading the disease, for spreading the virus. And this is a trope that goes back over many plagues, over many histories of human disease. And so, this is unfortunately not something new, but it’s the fact that it continues to be repeated, I think, again, reminds us that we need to speak up. We need to tell our stories. We need to call one another to our best selves and resist these kinds of stereotypes and these attempts at pointing fingers and laying blame. And so, that was perhaps one of the most important commonalities I was trying to illustrate in this poem.

KAO: Yeah. Well, I appreciate that. I would say as a...I’m not sure I would call myself a science fiction geek, but I have seen many science fiction TV shows and movies where invariably, there’s some dimension of time travel that comes into play. [chuckles]

CAMPO: Yes.

KAO: And I think that having also done my house staff training at the same time that basically you did, I think poetry can really kind of teleport you back—

CAMPO: Yes!

KAO: —in many ways to a time in your life that you may have forgotten. And I think words and poetry can play that kind of science fiction function almost, of teleporting across time.
CAMPO: Yes, yes. I think that’s true. We do move through time and move through histories when we engage poetry and other forms of art and other Humanities kinds of discourses or materials, absolutely.

KAO: Yeah. So now, this next poem entitled *Unexceptional* is one that you wrote before the pandemic.

CAMPO: Yeah.

KAO: Could you read some of it for our audience?

CAMPO: Yes. *Unexceptional*.

Except we were in love, or so it seemed.
The refugees kept streaming past, the cops kept shooting up the neighborhood. Except it seemed that we were happy, pulled the shades and set aside our textbooks, brushed our teeth. The honor killings went unpunished, while we aged together, holding hands as we succumbed to sleep. It seemed that life was good, except black mothers kept on dying young. We said our vows in church, and afterwards it seemed that queers were harmless, even mattered. The loved ones in our photographs gazed back at us, or at each other, or beyond. Except the virus struck, the pipeline burst, the hurricane made landfall, killing thousands.

KAO: Yeah, that’s a very powerful segment of your poem there and seems to speak to many of the social fractures, including racial inequities, that have been amplified by this pandemic. That being said, what is the role and power of words at a time when many are asking for more walk and, frankly, less talk?

CAMPO: Yeah. Yeah. That’s really wonderful. I mean, I do think that poetry is a form of walk and talk, actually. I think that poetry that speaks to social justice concerns, that tries to respond to what we sometimes, again, sort of more abstractly and perhaps facilely think of social determinants of disease and really calls these things out for what they are: that these are, that some of the inequities we see in health care in this country are really the direct cause of racism. They are the direct cause of other forms of discrimination that harm people and that lead to people dying.

And so, I think that really the best poetry does call us to action. It does ask us to walk the walk. It demands that we not only speak, but that we get out into the streets like those AIDS activists did, like we see the Black Lives Matter activists doing now, and change our society, change our culture, and walk that walk, do what we need to do to make change. Because the kind of more abstract approach that sometimes we adopt in medicine by looking at statistics and—which again, are important; we need to characterize and quantify what is happening as a consequence of these social forces—but frankly, I think that’s not enough. We to put ourselves, in some sense, at risk. We are healers. We swear an oath to heal, to put ourselves in the way of harm when our patients need us. And this is, I think, again, what poetry really asks us to do.
When I share poems with my medical students as part of a health disparities curriculum, we often talk about sort of the nuts and bolts and the statistics. And inevitably, there are folks whose eyes are sort of glazing over. You know, it’s all numbers; it’s all distant. It’s another form of distancing in many respects. But when we read a poem by Audre Lord or by Marilyn Hacker or by Martín Espada, writers who have, again, taken these statistics and humanized them and narrated them and illustrated really how these things that we study actually harm people, it’s transformative. It changes how we think about these kinds of problems, and it inspires people to act.

KAO: Yeah. No, I appreciate your thoughts about that. It’s both talk and walk. And I think the HIV/AIDS experience is a very tangible example of that.

CAMPO: Yes, yes. Absolutely.

KAO: So, now, this last poem was also written by you recently. Would you mind reading this last poem for our audience?

CAMPO: Sure. This is a poem called *The Doctor’s Song*.

The ventilator’s rise and fall.
The ambulance’s siren call.
The blue gown’s rustle down the hall.

They page us and we go. The wail of loved ones. Silence then, until the next alarm, a pulsatile bleat almost like an infant’s cry.
A team in baggy scrubs slogs by.
The coughing like a symphony a virus might conduct. We listen, as if the breath sounds might not lessen.
As if the body we are given protected us. The stethoscope won’t be an instrument of hope: It merely amplifies the gallop,

makes audible the failing heart.
The doctor’s song is not heroic.
Sing like the needle. Sing like hurt.

KAO: Yeah. You know, in reflecting on this last poem, I can’t help but think of how our colleagues in the front lines of care during this COVID-19 pandemic are experiencing great stress and uncertainties. So, can you offer some advice on how poetry can help frontline clinicians deal with their moral distress and burn out?

CAMPO: Yes, yes. I think very much so, Audiey. I think that poems really are, at the basis of our humanity, they really speak to us from the depths of our souls. And what a lot of us are confronting, especially our colleagues who are really on the front lines of medicine, is
this kind of existential grief, this loss, confronting the loss of life, confronting the suffering of people we wish we could help and yet, are limited by the medicine that we have, which is insufficient. And so, what do we have to offer patients and to one another, ourselves, when we’re in that place? And I think what we have to offer is, again, a witnessing of the human condition. The way that poetry tells us and reassures us that we are together, joined together always, in the really the terrible splendor of the human condition. And there’s something heartening in that. There’s something about being together in our mortality. None of us lives forever. None of us is going to conquer death ultimately.

And so, what poetry, I think, helps us to do and helps us to realize is that that’s part of being human, and that what we can offer always is our human heart, our empathy, our care, our compassion, our presence, warming someone’s hand as they’re dying in the ICU, just sharing last words, if it’s just even through some of these technological innovations that we do have via an iPad or. These are ways that we can still connect humanly, and that is invaluable. And that’s what I would say poetry always reminds me of is that shared humanity, And to me, that’s really the deepest kind of comfort that touches me really in my soul.

And I think that, again, that gives meaning to what we do as healers. When we look for meaning in just the technology and just the cure and just the successful intervention, I think that’s where we are really at most risk of that kind of burnout, that kind of hopelessness, that kind of despair. But poetry reminds us that there is something more beyond the cure. And that’s healing. That’s healing in the very broadest, most meaningful sense. And that is comforting. And that is, I think that’s how we get through this, ultimately, all of us together.

KAO: Well, on that promising note, I want to thank Dr Rafael Campo for sharing his poetic insights with our audience today. Dr Campo, thank you for being a guest on Ethics Talk.

CAMPO: Thank you so much for having me again, Audiey. It was really a pleasure to talk to you.

KAO: For more COVID ethics resources, please visit the AMA Journal of Ethics at JournalofEthics.org. And to our viewing audience out there, corona doesn’t know or care. I may not know you, but do care. Don your mask. Wash your hands. Stay apart until we can be together again. Be well and be safe. We’ll see you next time on Ethics Talk. [bright theme music plays]