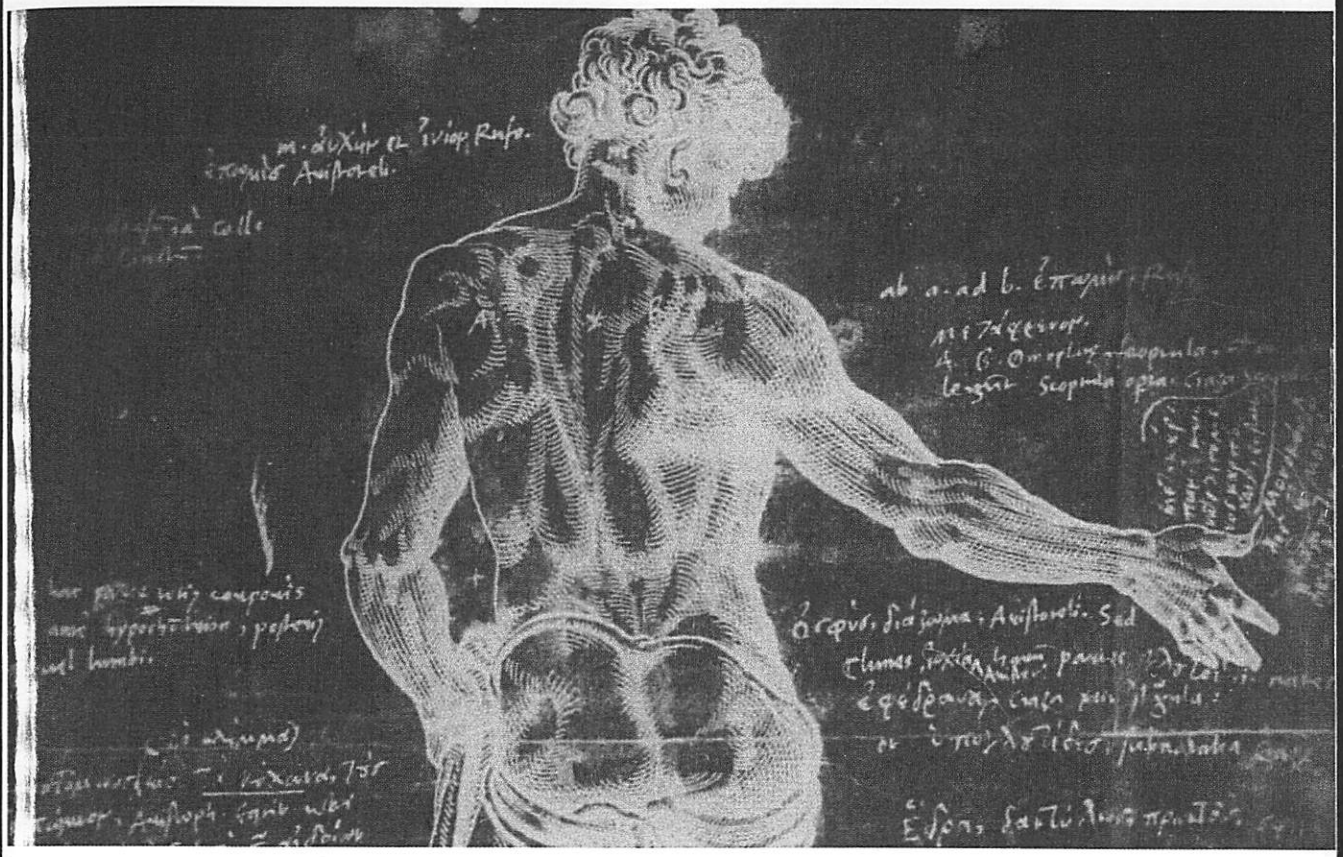

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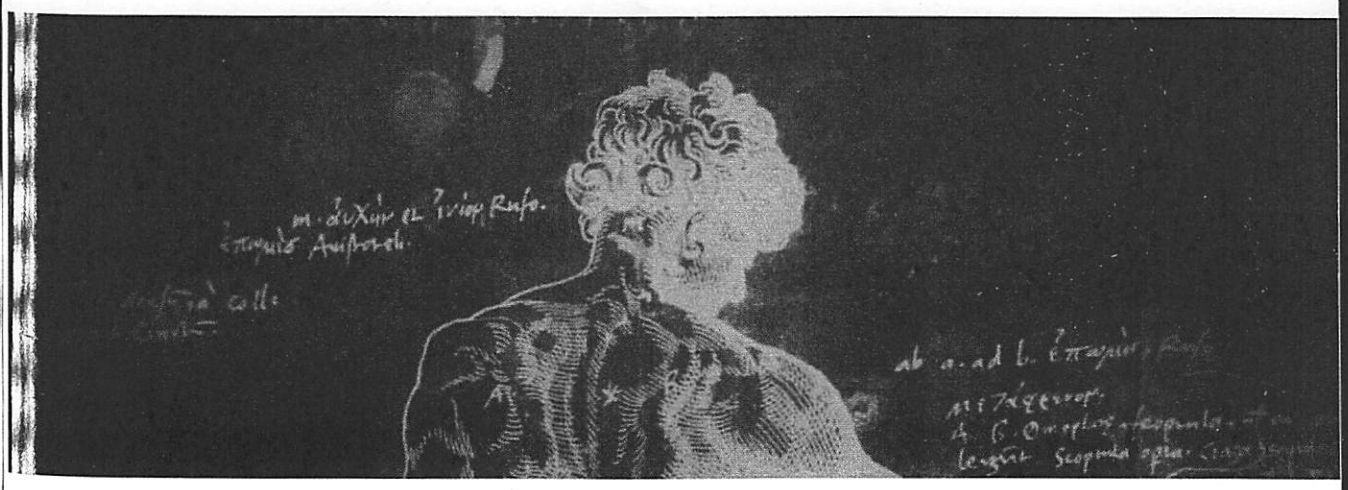
Edited by

Therese Jones, Delese Wear,
and Lester D. Friedman



Chapter 46

IN DEFENSE OF CHEAPER STETHOSCOPES

JAY BARUCH

I WAS working alongside an emergency medicine colleague when she surprised me with this confession: she'd been using my stethoscope when I wasn't on duty. Her stethoscope had vanished months before, and she expressed no immediate plans to replace it. Our white coats shared the coat rack in a tiny room that smelled of whatever refrigerated mystery was both growing and decomposing inside long-abandoned Tupperware. She liked my lower-end Littman, with its rubber missing from around the bell. "The earpieces fit my ears just so," she said, and then sighed. "And your stethoscope has the spirit of an older physician." This shift, she'd borrowed the magnificent acoustic instrument belonging to another physician in our group. "But it's a younger doc's stethoscope." A sly grin hid her dismay. "It's not the same."

Older physician? When did that happen? And what exactly did she mean by older? I hope it implied a wise physician, perhaps someone savvy enough not to waste money on an expensive stethoscope. My colleague's stethoscope was high-end, though she was an older physician, too, and should have known better.

A dizzying assortment of objects have disappeared from the ED. Coffee. Donuts. White coats. Cell phones. Purses. Even cardiac monitors and computer screens. Over the years I've lost my hair, a permanent state, along with my idealism, which graces me with frequent and quite pleasant visits. Stethoscopes, I've observed, respect the same gravitational forces as sunglasses and pens. Expensive models float away into the furthest gone; the functional versions return like boomerangs.

Apart from the physics of neglect and appropriation, the noise that fills EDs neutralizes the acoustic advantages of premium stethoscopes. Not necessarily loud, but distracting and numbing, like the mall at holiday season, except there are caroling monitors overdubbed with conversations, yells, moans, and ringing phones. Hearing isn't the only problem, but not hearing, sorting through the mash of sounds and voices, simultaneously tuning out and tuning in and hoping your ears are making the right choices.

When René Laennec, the renowned French physician and inventor of the stethoscope, rolled a sheath of papers to conduct the chest sounds of a young woman on rounds in 1816, he ushered in a vibrant era of modern medicine. Derived from the Greek *stethos* for chest and *skopos* for observer, the stethoscope, more

than any other instrument, has symbolized my chosen career. The stethoscope I received on entering medical school embodied for me all the knowledge and skills I was responsible to master, the gravity and immensity of my future life's work. More than the white coat, which always felt like a straitjacket, constraining and starched from the persona I was expected to force-fit into.

The stethoscope offers opportunities for personal expression, too. Pediatricians hang furry creatures from the tubing like it's a tree limb in paradise. Young physicians have delicious colors such as raspberry, peach, and orange. A few physicians who served with the Indian Health Service dress their tubing in intricate, Native American handiwork, like tight sweaters on handbag dogs. The internists and cardiologists bear the stethoscope on their person like Indiana Jones's whip, a tool for rooting out the wiliest heart murmur, disarming the most combative surgeon, and escaping from a pit of poisonous snakes. The orthopedists, meanwhile, stride like proud nudists, not knowing when the last time they wore a stethoscope, or where it was hidden should they ever need it.

For those of us who use a stethoscope as part of our daily work, it becomes a body part. That my colleague found comfort placing my earpieces inside her ears made me uneasy. Certain objects and experiences are valued more intimately than others, and don't share well. Baseball mitt? Sure. Underwear. Forget it. A five iron? Go ahead. A putter? Over my dead body. Particular transgressions defy rational explanations. I willingly accept the smells, secretions, and sights of sick and unfortunate bodies as a necessary part of my daily work, and yet I get the creeps squeezing my feet into rented bowling shoes.

So much of what's valuable and special about medical education involves sharing experiences, both personal and clinical, that we find disturbing and uncomfortable: mistakes in judgment or behavior; opportunities lost through doubt or fear or fatigue; even successes that shocked us with good fortune. So vast and complex is medicine and our role in it that we must, by necessity, learn from the experiences of others. Medical school and residency for me involved every third or every fourth night call, but many of my teachers boasted of working every other night at the hospital. Inevitably they'd ask, "Do you know the worst part of being on call every other night?" The answer was always: "You miss half the interesting cases."

My stethoscope had acquired talismanic properties, time-earned luck, along with a memory of the thousands of patients we'd listened to together, their mischievous language and the deceiving dialects issued by these bodies. During critical moments when uncertainty or panic pushed into my head, my trusted stethoscope helped focus my attention. Slow down and close your eyes, it advised me. We've been here before. Listen to what the body is telling you, and what it's not.

With time, the stethoscope becomes your child, and a loving, responsible parent doesn't share his child with anyone else. But my colleague had my blessing to continue plundering the pocket of my white coat. She's a wonderful parent. She and her partner have all boys, and one has autism. She has the patience, the resolve, the tested love that makes me strive to be a better person. Wouldn't my

stethoscope benefit from working with someone who was more understanding and fully evolved as a caregiver, who engaged the most difficult of patients without judgment or an edge in her voice?

In turn, when my stethoscope sat around my neck, my colleague's light touch relaxed my shoulders. Facing the belligerent intoxicated, or a young woman who insisted she wasn't pregnant even after giving birth in the bathroom, I channeled my colleague's calm, her nuclear-powered empathy. I lowered my voice as she would, slumped deferentially until I looked like a slow drip. The stethoscope didn't make me a better doctor; it allowed me to tap into that place where a better doctor could be found.

Regardless of how old, or wise, or kind a doctor you are, there is always room to do it better the next time. To that end, you must understand your own heart before you can listen to others; more importantly, you need to listen *with* your heart. So relinquish all ego, which serves as vacuum packaging, preserving certainty and protecting against ambiguity and doubt. This seal, I surmise, might explain why the most egotistical physicians, even the really old ones, appear so fresh, their skin flush, their decisions crisp. But it's effective for only so long. Remember, the Tupperware festering in the refrigerator once contained a delicious and nutritious meal.

Becoming an older physician means achieving the inevitable consolation that you'll be humbled again and again. The body doesn't read the textbooks, and it's safe to assume patients haven't read the script either.

When I was younger, I copied this quote from Ralph Waldo Emerson upon a three-by-five notecard and taped it above my desk (sadly, it's true. I did.): "Shall I tell the secret of the true scholar? It is this: Every man I meet is my master in some point, and in that I learn of him."

Teachable moments and pricks of insight often strike without warning, usually outside the carefully constructed knowledge delivery systems of lecture halls or ward rounds.

Nurses and ward clerks, social workers and translators, security guards and custodians have all served as my "masters" throughout my career. They have offered winking approvals, as well as casting a hot spotlight on behaviors, attitudes, and actions that *weren't* me.

Patients have also imparted sharp and unexpected lessons: this is how you die with grace; this is how you survive on the streets; this is how you *don't* talk to patients, even when the ED is crazy and there's a cardiac arrest pulling through the door; this is how you earn my trust. Teaching such knowledge and insight in its many forms can be difficult. Each situation feels new and particular, expected and surprising.

When first entering medical school, I never imagined the most influential teacher in my medical career would come in the form of the late Walter James Miller, an New York University professor, author, poet, critic, radio personality. He was not a physician. His mentorship, and later friendship, began during my year away from medical school and flourished as I wrote a terrible novel. He knew that to write well, you must first write poorly. But you must write. He rarely took a sharp

knife to my prose. Years later, I accused him of being too kind to my early work. He said I wasn't ready for that type and depth of criticism. Instead, I needed encouragement, the license to stay true to what he knew was so important to me. Only now, twenty years later, do I recognize mentoring so deftly wrought that I didn't know it was going on. The right knowledge at the right time. He set the conditions that permitted me to discover what I needed to learn. I've "borrowed" more from his mentoring style than that of any other physician/educator.

I'm now an older physician and still a work-in-progress, thirsty for ways to become a better version of myself.

What does this have to do with my beat-up stethoscope?

For all its grandeur, its many functions as instrument, adornment, and friend, the stethoscope is limited to unidirectional conduction of the body's objective sounds. It captures narrative fragments, tiny statements. What really matters is how we process these sounds—intellectually and emotionally—and then translate them into meaningful action. That's why a less expensive stethoscope achieves a perfect balance for me. It's light and flexible, and the acoustics allow space for suggestion, permits me to hear judiciously what I need to hear and to filter out that which I don't. Listening through and around the earpieces—an idea that winks at Laennec's original definition of the stethoscope as a *chest observer*—is the only way to reconcile the multiple streams of sounds into a coherent story.

My year writing fiction in medical school was marked by intense anxiety and fear that I wasn't becoming the doctor I expected myself to be. Little did I realize that what I was learning about finding voice, committing to craft, obeying passions, pushing boundaries, embracing mistakes, welcoming uncertainty, and accepting rejection was developing the essential pieces that would give shape to this older physician.

To become an excellent doctor, one must take care of patients, an endless train of them. Along the way, as doctors-in-training master clinical skills and cultivate emotional attunement, it's imperative that they also find their voice. Otherwise, there is danger of becoming a high-end stethoscope. The writer/critic Anatole Broyard said it best: "There is a paradox here at the heart of medicine, because a doctor, like a writer, must have a voice of his own, something that conveys the timbre, the rhythm, the diction, and the music of his humanity that compensates us for all the speechless machines" (1992, 53).

Medical school can make students feel like suffocating victims in a knowledge avalanche. But the practice of medicine is more nuanced and oblique, with room for personality to take fully authentic breaths. I'm still working on finding my voice in medicine. After all these years, patients continue to surprise me, and as a consequence, I continue to surprise myself. I've become more comfortable with that, as I was with sharing a stethoscope with a colleague I respect so much. She eventually moved on to a job that better fit her clinical and teaching skills, and I did as well. My treasured stethoscope, fulfilling its fate, vanished. I'd like to imagine a younger physician using it, channeling the experience of two older physicians while acquiring and accumulating his or her own, but I'm doubtful. It was only a fair conductor of pure sounds. But if you knew what to listen for, there was no better guide.

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