

LUST IN MEDICINE

Steve Bergman, for the Harvard Medical Alumni Bulletin, May 2006

What's so sinful about lust? Like other 14th century concepts, the risk/benefit ratio may well be overblown. Others of the "Deadly Sins" are clearly so. Gluttony for example, is much with us. Go to Disney World and you'll see thousands of families who resemble over-inflated fleshballoons, each family member wearing a matching satin jacket engraved with his or her name, spending their mortgage payments on the worst food on the planet. It's J.D.C.--Juvenile Diabetes City. Gluttony, definitely. But lust?

Think about it. Lust itself, without an object, is pretty vague and rarely dangerous—except when spoken aloud by public figures, as when President Carter 'fessed up that he had "lust in my heart." Bush routinely commits many of the other Six Deadlies, but seems boyishly lustless—except for his bicycle, or Dick Cheney. Clinton, of course, had an object or ten. Yet the case for which Bill was impeached was a model of innocence compared to the clearly impeachable actions of, say, Reagan's rape of Nicaragua in Iran/Contra or Bush's turning Iraq into a poster child for world terrorism. In this bizarre American national calculus, the lust for a thong can bring down a Commander in Chief, but the lust for oil and empire that strews bloodied bodies in its wake cannot.

While a doctor's "lusty" sex-life may be healthy, lust can easily turn to savagery and shame, blame and perjury, and then—bingo!—there goes the license to practice. Let's wait on sex, and look first at some of the other objects of lust in medicine.

The Lust for Gross Anatomy. In my first year at Harvard Med, I went to my first day of dissection with some trepidation. I had spent the previous three years in Oxford England, eating strawberries and cream on the lawn, and now I was staring at cadavers

and sniffing formaldehyde in the basement. My reaction to this scene was not the usual faintness of heart, but rather an epiphany, a little inner voice whispering: “Maybe Vietnam would have been better after all?” My partner and I were instructed to dissect the brachial plexus. He, a budding surgeon, snatched up the knife and began to hack away with a kind of missionary zeal in the jungle of muscles and nerves. I watched. He could not find the brachial plexus. The instructor came over. He was a thin, fit, lustful Brit (these fellows are often British, and often get the award for “Best Pre-clinical Teacher”, as the med students’ disgust and its denial morphs, upon graduation, to gratitude). “We can’t find the brachial plexus,” said the surgeon-to-be. “Maybe he didn’t have one,” said I. The instructor looked at this corpse’s muscular arm, shrugged disdainfully, and with a kind of glee put his nose into what had once been an intact armpit. He straightened up and said, triumphantly, “You stupid bastards, you chopped it up into linguini!” Then he dug into the goo of the other armpit. My memory has him whistling a salacious World War Two ditty as he worked: “Monday night me ‘and was on ‘er ankle, Tuesday night me ‘and was on ‘er knee.” The guy lusted after that plexus. The song ended with, “I don’t want to join the army, I don’t want me gonads shot awayyy...”

The Lust for an Organ. In the spring of 1970, it was revealed that Nixon and Kissinger had been secretly bombing Cambodia, things got hot in the student resistance movement, and four protesting students at Kent State University were murdered by the Ohio State National Guard. Many of the universities went out on strike, and we at Harvard Med had to decide if we would join in. We freshmen were about to begin The Kidney Block, and called a meeting to debate the issue. Speeches were given on either side: “If we go out on strike, we’ll never learn the kidney!” versus “The hell with the

kidney, this is more important.” We went out on strike. I never learned the kidney. In my novel *The House of God* the kidney is only vaguely described as an organ floating somewhere between the back of the neck and the back of the knee, and one of the villains is the Chief, a Kidney Doc. The man lusted after the kidney—lusted, in fact, for any failing organ with which he could “teach my boys medicine.” Lusted more, alas, for the organ than for the organism that contained it. Oblivious to the real human stuff, he inadvertently provoked us to treat humans inhumanly—which made a hash of our experience of internship. Thus, one of the bad qualities of lust: it may get in the way of good relationship, and may make other people’s lives miserable.

The Lust for Cash, Power, and Academic Stardom. A wise teacher once told me: “The hearts of ambitious people dry up.” All around us in medicine, especially in large academic settings, one can see the gleam in the eye of a young man or woman ogling the next rung up, slurping the next slurp up that big luscious ice cream cone. “Publish or perish.” “Let’s go look at that liver in room 1102.” “The only problem with learning the name of one more patient is that you forget the name of one more protein.” A friend with cancer recently told me that while at the NIH he felt he was being treated as “Lab Rat Number 178.” My own profession, psychiatry, may be one of the worst examples of this lust. I chose psychiatry because I thought it was one of the more humane areas of medicine. “Talk therapy,” when it is a mutual doctor/patient movement through suffering together, can be a remarkable healing endeavor. Yet if a therapist has one eye on the patient and one eye on the steep climb up the greasy power-and-cash pole, the patient suffers. Psychiatric residents in fact no longer really learn psychotherapy. It’s mostly “Drugs ‘R Us,” which assures minimum patient contact and a comfortable living. It is

difficult to attend fully to a patient while attending to a sexy career. Grooving on yourself may make it hard, even, to “Primum non nocere.”

The Lust for Knowing Everything. Thankfully, this object can often be helpful to patients. But lust of any form narrows our vision, and sometimes the lust for knowing everything can blind doctors to making a good connection with a patient, or taking a good history, or remembering that “common diseases occur commonly,” and that “hoofbeats outside the window don’t mean it’s a zebra.” When I was a med student I had a 55 year old woman patient with shortness of breath. She had a terrific workup by Doctors Who Know Everything, and nobody could figure her out. A lung biopsy showed eosinophilia. She lay there on the ward, gasping, failing, getting depressed. I spent a lot of time with her. One day as I asked her about her life, she told me that she rented out rooms in her house, and that a magician lived in one. He kept pigeons for his act in cages in the basement, over her washer/drier. My ears perked up. I asked more about this. Turned out that when she ran the drier, the pigeon droppings were aerosolized and she inhaled the dust—for years. I rushed to the library (in those days there still *were* libraries and actual books): Pigeon Breeder’s Lung Disease. The lust to make the diagnosis had prevented the medical redhats from listening deeply enough to make the diagnosis. In good medicine and life, good connection always comes first. In self-centered lust, there is often a debt to be paid. Patients, or a doctor’s families or friends (given the time and effort it takes to be a Doctor Who Knows Everything), suffer from this compounded debt.

The Lust for Sex.

“The expense of spirit in a waste of shame

Is lust in action...” (Shakespeare, Sonnet 129).

When I was a third year HMS student I was startled to find that the classic object of lust—sex—was rampant in teaching hospitals. I was on my first rotation, in surgery. One night I was getting ready for bed in the upper bunk, and from the lower bunk my surgical resident said, “Get lost.” I asked why. He nodded toward the nurse standing in the doorway. I was shocked! In the *hospital*? While he was *on call*? Call the Blue Blazers! Call in the Teaching Hospital Sex-Police! Two years later during my first week of internship we interns (all male) were invited to a party hosted by nurses (all but one female). As I sat there chatting and sipping my wine, one of the nurses told me to hold out my hand, palm up. She then deposited a corkscrew in it, closed my hand over it, smiled and asked, “Get it?” At first I didn’t, but then I did. Years later I found out that most of the other interns did as well—even the married ones who you’d never think would do something like that. Given the senseless pressures coming down on us, sex was one of the two ways we affirmed that we weren’t diseased or dying or dead, but rather young and healthy and alive. The other was the use of humor, pretty dark humor. We rode through the internship on sex and humor, and when I wrote the novel I realized that the experience was so horrific that for anyone to want to read it, it too had to ride on sex and humor. Was it lust? Often, intensified by the fact that the nurses understood what we were going through while the “significant others” outside the hospital did not, it was a kind of love, if not love itself. Sometimes it led to a healthy lust, a happy marriage.

Could the Bard be mistaken? Was his take on lust too narrow, his shame too acute? Perhaps if the suffering of the spirit is great enough, the expense is small.

The Lust for Making Patients and the World Better. Finally, a grand and good medical lust, simply because it expands from self-centeredness to our patients and to

others—i.e., it is not self-serving. The urge is broad enough to encompass the world of patients, and maybe even the world. The expense of spirit is for the sake of inspiring, and is an investment, not a debt. I recently heard a story about a woman doctor working in a leper hospital in Asia. A doctor friend came to visit her, and seeing the conditions and the hardship, said to her, “I couldn’t do what you do for a million dollars!” She replied, “Neither could I.” One of the greatest things about the newer generation of doctors is this lust for making the world better—it’s astonishing what they have done before they get to med school, during med school, and what they go on to do after. If that’s lust, give us more! Selfless lust for doing good? *Saintly* lust? It might just cure the world.

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