

EDITORIAL: The Spaces between the Notes

On Becoming a Doctor of Humane Letters

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INTRODUCTION

In an era of rapid, cheap, and efficient electronic communication, the practice—and art—of letter writing has faded. There are many reasons for us as physicians and surgeons to resist this evolution. And, there are many opportunities to employ letter writing to the benefit of ourselves, our patients, and our colleagues. A true Doctor of Humane Letters is an honorary degree, generally awarded for significant contributions to society. However, given that humane can be defined as showing compassion, understanding, mercy, and tolerance, we can all strive to be worthy of such a distinction. There are many mundane letters familiar to us all, such as letters of recommendation, letters of thanks, and letters of commendation. However, I would like to offer some suggestions about other less common, but useful, types of letters that might prove valuable to physicians both in training and in practice. These include letters of inquiry, condolence, reflection, and explanation, as well as some notes about missives that are often best written but not sent.

LETTERS OF INQUIRY

I have tried to be a man of letters in love with ideas in order to be a wiser and more loving person, hoping to leave the world just a little better than I found it.

—Cornel West, PhD (Union Theological Seminary)

I stumbled into a career-long habit of writing letters to well respected physicians when I was in medical school. One of these was Dr. J. Willis Hurst, who was, at the time, Chair of Medicine at Emory University School of Medicine and a very prominent cardiologist. The impetus for my first note to Dr. Hurst was my reading his defense of Dr. Lawrence Weed's problem-oriented record keeping system. To my surprise, he responded to my note and, even more surprising, he asked his assistant to send me subsequent essays and editorials that he wrote over the ensuing decades. We last exchanged notes nearly 40 years later in the week prior to his death when he

was in his tenth decade of life. Encouraged by these early exchanges, I subsequently initiated and maintained similar relationships with Dr. Edmund Pellegrino (one of the world's preeminent medical ethicists); Dr. Clifton Meador (a prolific and keen observer of how physicians practice medicine); Dr. Frank Spencer (after his Gibbon Lecture at the 1979 American College of Surgeons Congress); Dr. Norman Shumway (inspired by his Presidential Address at the American Association for Thoracic Surgery); and many others who caught my attention as sources of inspiration or of some specialized knowledge. This practice led to lifelong relationships with many of these gracious respondents. I would, therefore, recommend that others take advantage of the likely willingness of those you might have come to admire in our profession to graciously answer inquiries or requests for copies of some of their written musings of one sort or another.

LETTERS OF CONDOLENCE

We are losing something precious. We have lost the art of letter writing. There is something special about knowing that one is reading the words and thoughts in the sender's own handwriting. ... These truths sink in and give the letter a more intimate and personal contact that can never be achieved across the distance [of an electronic means of communication].

—Jacqueline E. Willis

I extrapolated from my practice of contacting thought leaders by seeking out some of the well-respected senior physicians in my own institution to ask them for advice that they might offer a younger colleague. Once again, I found that many of these gracious physicians were eager to share with me lessons learned in their lives and careers. Some of these venerable faculty members included Dr. Harry Muller (Chair of Surgery at The University of Virginia for nearly 30 years and a pioneering cardiac surgeon), Dr. Lockhart McGuire (a cardiologist who was an early adopter of pacemaker therapy), and Dr. Byrd Leavell (Chief of Hematology and Oncology at The University of Virginia for many years).

Dr. Leavell told me that he had always written letters of condolence to the families of patients who had died while under his care. I was very impressed by this practice and resolved to follow this example when I finished my training and had my own practice. And, indeed, I have written such letters to the family of every patient in whose care I was

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involved and who had died. In such notes, I always offered to be available at any time to answer any questions anyone in the family might have. I made clear in these notes that I would respond to letters, emails, or requests for a personal meeting. Many family members accepted these offers. In one memorable instance, the sister of a patient who had died as a consequence of an automobile crash contacted me just after the anniversary of her brother's death, saying that she had needed that time to get to the point that she could have a conversation about his death without breaking down. We met in my office and discussed her brother's care, and she said, as we parted company, that this meeting had contributed very significantly to her ability to obtain closure. The wife of another patient who had died after a major operation accepted my offer to communicate and chose to do so via email. I answered each email she sent and this correspondence continued for almost two years. She later copied all these emails, bundled them up, and sent them to me, expressing her profound appreciation for my willingness to stay in touch with her during this period of recovery from her loss.

After years of this practice, I found myself raising money for a lectureship to be named after Dr. Leavell, and I approached his son, who had overlapped with me in training at The University of Virginia, for help with this project. I told the younger Dr. Leavell of how I had been inspired by his father's advice to write these condolence letters. The younger Dr. Leavell responded, "Well, it's good that you have followed his advice, but I'll bet anything that your notes are not handwritten." I confessed that he was correct, but I resolved that, from then on, I would indeed write these notes in my own hand, rather than dictating them. I have continued this more personal approach to hand-writing these condolence letters ever since.

LETTERS OF REFLECTION

We do not learn from experience ... we learn from reflecting on experience.

—John Dewey

Another very valuable strategy that I learned from the aforementioned Gibbon Lecture delivered by Dr. Frank Spencer was that dictating a letter of reflection immediately after dictating an operative note could be a valuable means of reflecting on the just completed procedure [Spencer 1979]. He pointed out that these notes will turn up in one's dictation folder with just enough lag time to allow some additional reflection. This advice from Dr. Spencer led me to suggest to my residents that they send such a letter to a referring doctor with the residents' own home addresses. It seemed that transcriptionists typed so fast and almost without conscious thought, that they rarely, if ever, questioned the propriety of this practice. Obviously, one can write out by hand one's reflections after operations. But sending off these dictated letters to oneself has the virtue of efficiency and, possibly, the additional value of reminding oneself of the lessons learned a second time, just long enough after the initial event to help solidify those reflections in one's mind [Tribble 2016].

LETTERS OF EXPLANATION

We cannot change the cards we are dealt, just how we play the hand.

—Randy Pausch, "The Last Lecture"

Dictating notes to referring docs while seeing patients in clinic can be a very worthwhile, and appreciated, practice. First of all, if these notes are dictated in real time, the visit, and your thinking, will still be very fresh on your mind. Second, if you are writing a letter to the referring physician, you will not only outline your thoughts about what should, or should not, be done but you will also, very frequently, think of additional issues as you dictate. Of course, one can and should edit these notes later, and in doing so, add even more context and thoughts. Such a missive is virtually always greatly appreciated by the referring doctor, as they will often understand much more completely your thinking about the clinical situation. In turn, they will be able to explain and reinforce your plans and recommendations, as they will, inevitably, see these patients and their families in their own offices at some later time. As a practical matter, in the current era of the electronic medical record, these documents can be easily imported at an appropriate time into the records system used by one's institution..

LETTERS DICTATED BUT NEVER SENT

When a man sends you an impudent letter, sit right down and give it back to him with interest ten times compounded, and then throw both letters in the wastebasket.

—Elbert Hubbard

I stumbled across what I later learned was a time-honored strategy of having a file of "letters dictated but never sent" in an essay in some now defunct journal or newsletter. One famous practitioner of this strategy of writing but not sending letters was Abraham Lincoln, who aptly called such letters "hot letters." This approach has proven its value time and again over my own career. First of all, it's cathartic, of course. Secondly, this practice allows one to organize one's thoughts, which will at least occasionally prove valuable during a later discussion, should one arise, about a difficult issue. Another virtue of keeping a file of such letters is that they will, almost always, be a source of amusement to the author at some later time. One can, perhaps, then enjoy not only the now long-past consternation but also the satisfaction of realizing that such a letter was, indeed, best kept in one's own possession and not actually sent to anyone else.

A POOR SUBSTITUTE FOR LETTERS: E-MAIL

Letter writing is an excellent way of slowing down this lunatic, belter-skelter universe long enough to gather one's thoughts.

—Nick Bantock

Nearly all of us have gradually become accustomed to relying heavily on e-mail to keep in touch with many in our lives. However, there is significant risk that one will fire off an

e-mail in the heat of the moment that one will later regret. An often-overlooked strategy is to assiduously avoid putting an address in the e-mail until one is completely ready to actually send the note; this can reduce the chance of such a missive being sent before the issue at hand has been given “a quiet hearing.” A suitable alternative to this strategy is to send the e-mail to yourself, which will allow it to sit in your inbox long enough to be properly contemplated [Friedman 2016].

SUMMARY

We should not allow the practice of letter writing to fade into oblivion.

However, we must write letters compassionately, reflectively, respectfully, calmly, and cautiously. If these principles are adhered to, one can be an effective, respected, and appreciated Doctor of Humane Letters.

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