

# All the Light We May Fail to See: Learning from Talking to Strangers

Curt Tribble, MD

Division of Cardiac Surgery, University of Virginia, Charlottesville, VA, USA

*No man is an island,  
Entire of itself.  
Every man is a piece of a continent,  
A part of the main.*

*Any man's death diminishes me,  
Because I am involved in mankind.  
And, therefore, never send to know for whom the bell tolls.  
It tolls for thee.*  
—John Donne, 1624

## INTRODUCTION

It's Spring in Virginia, and the senior medical students have gotten their Match results and are sending emails and texts thanking their mentors for the guidance and help provided in this final stage of their medical school trajectories. Their gratitude, of course, has reminded me of my own appreciation for those who advised, taught, and mentored me at similar points in my own trajectory. However, those recollections have also called to mind some other less traditional and, perhaps, underappreciated 'mentors' that I had the great fortune to encounter and to be influenced by. These thoughts have prompted me to reflect on my appreciation for these people who, especially in retrospect, helped me become a better doctor.

*There are moments in life that change us forever. We move forward from them different, our course altered in some way.* —Wendy Stead [JAMA, 2021]

Unfortunately, many of these folks whose stories I will recount, are 'no longer with us,' so my appreciation will be offered in the abstract, with hope that others may be prompted to pay closer attention to these kinds of people at various points in their own lives or, at the very least, reflect on some of the lessons that those people may have provided to them, in their trajectories towards becoming physicians. These people I am referring to are among those I encountered

at several junctures in my life who helped me understand a broader spectrum of our society than would have been possible had I not encountered them.

I have included in this essay some lyrics from a number of songs that I believe will add some 'flavor' to the points being made. I urge you to use the links provided in the reference section to listen to each of the songs in its entirety, as I think that the feel of these songs will supplement the themes that I hope to convey. I will suggest that you consider listening to each of them before reading the corresponding section of this essay.

## THE HEALER'S ART COURSE

Earlier this Spring, I was invited to participate as a faculty member in 'The Healer's Art' course which is based on the writings and teachings of Rachel Naomi Remen, MD. [Remen, [Kitchen Table Wisdom](#)] This course is taught in many medical schools around the country and was designed for students in the first year or two of medical school. [The Healer's Art Website] My understanding is that the course, as well as its timing, is offered not only to prepare the students for their more clinically oriented years of medical school but also to provide a bit of recovery from the rigors of their formal education up to this point in their lives and careers.

I accepted the invitation to participate in this course thinking that, as the only surgeon participating in this year's course at my institution, I might be able to contribute to the range of what our student participants would hear and talk about, and, second, I believed that I myself would benefit from contemplating the concepts of this course. As I routinely do with any activity in which I participate, from surgical operations to lectures or mentoring, I have reflected on this initial experience of participating in The Healer's Art course, thinking about how I might be able to improve my ability to mentor future participants. In many decades of teaching residents how to do complex thoracic and cardiovascular operations, I have often said that if I can find the 'just right words' the resident that I am teaching will be able to do exactly what I want them to do. I believe that a similar principle can be applied to teaching the 'soft competencies' of medicine. I will, therefore, consider what the 'just right words' might be, especially for our younger, less experienced protégés, as they prepare to move into their clinical years of training and, eventually, practice.

[Tribble, 2014; Tribble, 2016a; Tribble, 2016b; Tribble, 2017]

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Correspondence: Curt Tribble, MD, Professor of Cardiothoracic Surgery, University of Virginia Health System, Division of Cardiac Surgery, Box 800679, Charlottesville, VA 22908; 434-243-9250 (e-mail: [ctribble@virginia.edu](mailto:ctribble@virginia.edu)).

*I have seen things you will never see.*

—Try Not to Breathe, REM

Therefore, in this essay I will attempt to remember and reflect on some of the people I have encountered in my own life prior to entering medical school, as well as some I have encountered at various points in my training and in my career, from whom I learned lessons that have helped me in my clinical practice, hoping to prompt similar reflections from our younger students, at a time when their exposure to actual patients has been quite limited.

## HIGH SCHOOL DAYS

The high school that I attended in my home town of Columbia, South Carolina was the oldest high school in the area, and it was in the downtown area of this fairly large city. My brothers (there were six of us) and I were bussed into the city to attend this school from the suburb in which we lived, separated from the city by The Broad River. There were many state institutions in the city because of its being the capital of the state, including the oldest state supported university in the state and The South Carolina State Mental Hospital, which was founded in 1821 as The South Carolina Lunatic Asylum, one of the oldest public mental hospitals in the United States.

I started working part time jobs when I was 14 years old, initially in the summers on a farm, and I later worked for several years in a relatively small, inner city grocery store that was located near my high school and that was also near that mental hospital. While I enjoyed the work, the customers, and the people with whom I worked (some of them high school classmates), there were two groups of people that I encountered with whom I probably never would have come in contact without this experience. One group included the homeless people who frequented the area, while the other group included the so-called ‘high functioning’ patients from the mental hospital. I learned different lessons from each of these two groups.

*I've got a candle, and I've got a spoon*

*I live in a hallway with no doors and no rooms*

*Under the window sill, they all were found*

*A touch of concrete within a doorway, without a sound*

—Save Me, Shinedown

On Saturday mornings, one of my tasks was to get the homeless people out of the dumpster at the back of our store before the trash truck came to empty the dumpster. At first I was startled to know that these folks often stayed in the dumpster at night, but I eventually realized that the dumpster was relatively safe and somewhat warm and dry. Furthermore, there was often some edible food (depending on one's perspective) inside the dumpster, usually out of date products from the store. I would help these people out of the dumpster and get them over to the chain link fence that surrounded our parking lot where they could sit in the morning sun. These

folks often tied their wine or liquor bottles to their wrists for safe keeping. However, more often than not, the bottles were broken by morning, so I would whip out my pocket knife and cut those strings in hopes of keeping them from getting cut by the sharp edges of the broken glass. On one particular morning, one of my co-workers, who had worked at the store for quite a while, mentioned to me that the guy I was moving over to the fence that morning was known around town to have once been a successful accountant. Of course, the unspoken lesson was some variation of the old saying: ‘There but for the grace of God go I.’

*Be kinder than is necessary because everyone you meet is fighting some kind of battle.* —JM Barrie

The denizens of the State mental hospital, I soon discovered, were seeking different types of mind and mood altering substances than those favored by the homeless folks, though it took me a while to understand that. Virtually every one of them would buy a carton of cigarettes (which were astonishingly cheap in those days) and a jar of instant coffee, almost every time they came into our store. I didn't think too much about those purchases until one day, when one of those patients asked me for a plastic spoon. When I asked her why she needed a spoon, I was surprised, at least momentarily, when she said “so that I can eat my coffee.” I realized that eating the coffee crystals was not only much more efficient than the rigmarole of actually making a cup of coffee but it also made it easier to take ‘small hits’ of the coffee throughout the day. (I actually adopted this strategy later myself, when, as a resident, it was hard to get ‘real’ coffee in the middle of a tough call night!) My epiphany was that these folks were buying the only two legal, mind altering substances (nicotine and caffeine) available to them and that they were using them in hopes of feeling better, somehow and in some way. Of course, this realization called into sharper focus their mental and psychological challenges and struggles, which made their life situations all the more poignant. I have never forgotten these people and the demons that they seemed to be fighting, almost certainly through no fault of their own.

## COLLEGE DAYS

I ended up going to college in the small town of Clinton, South Carolina, where my grandfather lived and ran a building supply company that had been founded by his father in the late 1800's. Having held some type of job throughout my teenage years when I wasn't practicing and playing basketball, it seemed only natural at the time that I would work for my grandfather in the afternoons, at least when I wasn't in a class with a required lab in the afternoon. My grandfather did the glass cutting at the lumberyard, so, naturally, he taught me how to cut glass as well, which ultimately translated well to my eventual career in Surgery, I later realized. I also waited on the patrons of the business, which included carpenters, handymen, and homeowners. This job provided me with a bit of spending money and had the additional perk of being

allowed to fill my car up with gas from the company gas pump once a week.

*Old Curt was a black man with white curly hair,  
When he had a fifth of wine he did not have a care,  
He used to own an old dobro, used to play it across his knees,  
I'd give old Curt my money, he'd play all day for me.*  
—The Ballad of Curtis Loew, Lynyrd Skynyrd

While the job itself was interesting, the most educational part of that experience was getting to know the people who worked there, most of whom drove the delivery trucks or unloaded train cars of building supplies on the side track beside the company's warehouses. I had known one of these men, James Dunlap, since, as a youngster, I would visit my grandparents, and my five younger brothers and I would always want to go down to the lumberyard to ride around with James on the front loader tractor that scooped up sand or gravel for the contractors or to cut some small pieces of mirrors that our grandfather would let us take home and that we considered to be valuable treasures. Whenever we would go to the lumberyard in our younger days, we would stop on the way and buy James some King Edward cigars, knowing that he considered them to be special treats.

When I showed up at the lumberyard as a college stu-



The D.E. Tribble Building Supply Company, Clinton, SC

dent, James established our 'new' relationship as co-workers by saying: "Now Curt, I called your great-granddaddy 'Mr. Tribble.' I called your granddaddy 'Mr. Tribble.' And, I called your Daddy 'Dr. Dave.' But I'm gonna call you 'Curt'." I said "Yes Sir" as I had been brought up to say to anyone who was

more than a few years older than me. Soon, however, I realized that James had a wealth of knowledge and wisdom and that he was happy to indulge someone like me who would listen to whatever he wanted to talk about, for as long as he wanted to talk. I was startled to learn that James's grandparents had been enslaved. I also learned that the same was true for most of the other older men who worked at the lumberyard.

The more I talked to James and the better I got to know



James Dunlap

him, the more I understood things about his life and about the conditions under which he and his family, friends, and neighbors had lived and worked for generations. I am fairly certain that I could never have gotten a more accurate understanding of these things in any other way than I did from these conversations with James and the other men who worked with him. I am sure that my 'education' during my college years was immeasurably enhanced by my days of sitting around the potbellied stove or on the back loading dock, talking with James, though I didn't fully appreciate that fact at the time. When James died, 20 years after I graduated from college, I, and most of my family, attended his funeral in the small country church in Clinton that he had been a member of for decades.

## MED SCHOOL DAYS

*In the Second World War, Europeans noted that American troops drank too much, and when they got drunk they made a lot of trouble.... But on the other hand, European military commanders rated the stability of American troops under fire as high....* — Robert Pirsig, *Lila: An Inquiry into Morals*





[Warren Library Archives]

I hadn't really known many veterans prior to my time as a medical student at The Nashville Veterans Administration Hospital. I was quickly struck by how many of these vets seemed chronically ill. At first, those issues seemed understandable because of their age and, at least to some degree, their generally unhealthy habits, such as smoking, alcohol consumption, dietary habits, and, perhaps, their general lack of exercise and other healthy activities.

I did come to realize something about these former soldiers that was not initially evident to me at that stage of my training. I learned that these same men, as some would say, had not only 'lived life to the fullest' after serving in the military, but had also parlayed their hard livin' and devil may care attitudes into being the best soldiers in the world, when they were young. Thus, while it was obvious that we, their health care providers, owed them proper care, as well as considerable respect for their service, it was also appropriate, and useful, to understand that the same characteristics that had made them formidable and successful warriors were also associated with some of the unhealthy habits that frequently seemed to be associated with their health issues, later in their lives.

This realization was important to me and my fellow medical students as we learned to avoid 'blaming' or 'shaming' our patients, not just these veterans in the VA Hospital in which we worked, but also others in the larger public. To cast a broader net over these concepts, we learned that not only was it unfair to blame a patient's health issues on choices made by that individual, but it was also important to realize that our care of such patients would be different, and likely better, even if only in subtle ways, than if we 'blamed' them for their unhealthy choices.

*Whoa, thought it was a nightmare, Lord, it's all so true.  
They told me, don't go walkin' slow, the Devil's on the loose.*  
—Run Through the Jungle by Creedence Clearwater Revival

Later, in my residency training, the veterans I cared for were more likely to have been veterans of the war in the jungles of Southeast Asia than were those I had encountered in medical school, who had been mostly World War II or Korean War veterans. Of course, these Vietnam War veterans were closer to me in age, than were the WWII and Korean War vets, as I only narrowly missed being old enough to be drafted during that war myself. Once again, understanding and respecting the context of the service experiences of all of these veterans helped us take better care of them.

To some degree, these reflections have led me to think about adding these concepts of respect and understanding, to those of the 'mystery and awe' that are part of the focus of The Healer's Art course. I suppose that one way to talk about these issues is to say that we should 'respect the mystery,' acknowledging that we might not always be able to fully understand or elucidate it. Many, if not, most of the medical students and residents in the United States will care for veterans during their training, so it is important to understand the circumstances of their time served in the Armed Forces and the impact those circumstances had on these veterans.

I also came to realize that many of these veterans, though justifiably proud of their service, often did not want to talk about their experiences. Those who confided to me about why they would rather not talk about their memories of those days (including one of my own fellow Surgery interns, who had been a helicopter pilot in Vietnam) told me that the memories were just too searing, troubling, and uncomfortable and that talking about them served only to bring back haunting images and feelings rather than to assuage them. I quickly learned to understand and respect those sentiments.

## RESIDENCY DAYS

*Now the revenue man wanted Granddaddy bad  
He headed up the holler with everything he had  
It's before my time but I've been told  
He never came back from Copperhead Road*  
—Copperhead Road by Steve Earle

When I arrived in Charlottesville, Virginia over forty years ago, to start my surgical residency, I did not know much about the area nor the people who lived in the region. My first rotation as a Surgery intern was in the Emergency Room, where we worked twenty-four hour shifts, every other day. (There were NO work hours restrictions in those days!) On my first night of work in the ER as an intern, my resident asked me, about 8 o'clock that evening, if I had eaten since starting to work that morning. I had not and said so. He suggested that I go across the street to get some chow before the ER got so busy that there'd be no time to eat. There was an array of different kinds of places to eat on 'The Corner,' as that stretch of Charlottesville's Main Street is known locally. He described

each of those places and concluded by saying that he'd recommend a burger joint known as 'The White Spot.' I learned later that the name came from the building having originally been a barber shop. When the barber's chair had been removed, the hole left where the chair had stood was filled in with white linoleum tile, while the surrounding tile was a darker color. Hence, the name of the establishment became 'The White Spot,' which, I later learned, has been affectionately known to generations of UVA students and residents as 'The Spot.' I learned that night that the signature 'delicacy' of this diner was called 'The Gus Burger,' which was a cheeseburger with a fried egg on it. My resident said that a Gus Burger would 'stick to your ribs' and that, after eating one, you would likely not be hungry again for ten or twelve hours. I learned the accuracy of that assertion that very night. Thus began a long trajectory of enjoying eating at The Spot, made all the more convenient by the fact that it was literally twenty giant steps away from the front door of the medical center, as it existed at that time.



However, little did I know that I would learn, while eating there, an incredible amount about the people that I would be taking care of at our hospital for the better part of the next forty years. You see, Charlottesville, while having a reputation as an urbane college town, is actually immediately adjacent to the eastern side of Appalachia. While I had lived in somewhat similar areas of Tennessee and of North and South Carolina, none of those areas were truly part of Appalachia. So, I quickly realized that those who worked at The White Spot were, at least mostly, Appalachian natives, as were many of the other people who ate there regularly. I listened to and talked with these folks for years, coming to understand not only their culture but to also their dialect, one that I later learned was said to have evolved from the dialects of

Elizabethan England, brought to the area by settlers in the 1600's, settlers that included the first of my own progenitors to arrive in America, William Tribble, who arrived in Jamestown in 1638.

I can still easily recall the stories they'd tell, all of which I would listen to with rapt attention. Many of these folks who worked at The White Spot, or members of their families, eventually became my patients, at one point or another in the ensuing years. I was grateful, even at the time, to get know these folks: people like Pete, Fred, Roosevelt, Harold, Nate, and Shot, all of whom became almost like family to me. I suppose they realized that I was one person, at least, who would listen to anything that they wanted to tell me about, from their romantic escapades to how they and their families made moonshine and eluded the 'revenooovers.' I, of course, had no way, nor any need, to fact check their stories. To paraphrase Ernest Hemingway, it was fair to say that their stories were likely truer than if they had really happened the way that they described.

*"There's nothing wrong with loving who you are,"  
She said, "Cause he made you perfect, babe.  
So hold your head up girl and you'll go far."  
Listen to me when I say I'm beautiful in my way,  
Cause God makes no mistakes. I'm on the right track, baby,  
I was born this way.*

—Born this Way, Lady Gaga

Around the same time that I was 'eating my weight' in Gus Burgers on a regular basis at The White Spot diner, I found myself working on our Plastic Surgery service and realizing that The University of Virginia had one of the busiest 'gender-affirming' programs in the world. Of course, at that time we had not started using that description for these procedures. Rather, they were called, more simply, 'sex change' operations. Admittedly I, and most of my fellow residents, were startled to learn about these operations, at least at first. However, as we came to know these patients and their families better, we gained a deeper understanding of them and their lives. In fact, I found myself thinking that these gender reassignment patients were among the most mature, balanced, and thoughtful people that we cared for. It certainly became clear to me that they were, indeed, 'born this way.' At the very least, I was reminded that you could not truly understand another person until you took the time to really get to know them. In essence, we came to realize that these patients were, obviously just as deserving of our care and respect as any of our other patients. I suppose I could say that this evolution of my own thinking was as close to moving from 'mystery to awe' as any single experience I had during the early years of my residency. [Almazan, 2021]

## FACULTY DAYS

After finishing many long years of training in Surgery and in Thoracic and Cardiovascular Surgery, I was asked to stay on the faculty at The University of Virginia. My position,

of course, entailed not only operating on people but also seeing these patients and their families in the hospital and in my increasingly busy clinics. [Tribble, *The Well-Tempered Clinic*, 2020] While my patients ranged from fairly ordinary blue collar workers to some of the wealthiest people in the world, I had many very colorful patients who inspired a mixture of respect and awe. I loved getting to know virtually every one of them and their families.

*And your hands are really shakin' somethin' awful,  
As you light your twenty-seventh cigarette,  
Oh how long have you been sittin' in the darkness,  
You forget . . . . .*  
—Crazy Baby, Joan Osborne

One of these patients, Mr. Y, suffered from a manic / depressive disorder. He was somewhat estranged from his family, some of whom I later got to know, as well. He smoked 'like a chimney,' which was, of course, one of the reasons that he became my patient. I probably did at least three, maybe more, vascular operations for him. While it seemed that many of my co-workers felt that they couldn't understand him, Mr. Y and I got along well. I also learned, at an even more granular level than I had up to that point, what it was like to live with the challenges of mental illness. One of the old sayings that I was reminded of during some of Mr. Y's hospitalizations is that we, as caregivers, should never allow someone to be humiliated in our presence, as that is part of the difference between being a spectator and being a witness. Mr. Y always knew that I would 'have his back.'

*He is one of Satan's Disciples!* —Mrs. B.

Another colorful patient that I took care of and grew very fond of came to see me from a valley about an hour's drive west of Charlottesville to get advice for her ischemic leg. It quickly became evident that she had undergone a vascular operation by a surgeon that I knew, who worked closer to her home than Charlottesville was. I asked if that prior operation had gone well, and she assured me that it had. I then asked why she was coming to see me rather than returning to her first surgeon. I'll never forget, as long as I live, what she said. She said she would never go back to see that surgeon because "he is one of Satan's Disciples!" I figured I had to find a way to stay in the good graces of this patient and her family to avoid being viewed as another of Satan's Disciples! We did perform the lower extremity bypass that she had come to see me for. And while the bypass itself turned out well, she had a bit more of a rocky postoperative course than we would have liked, dealing with some wound healing issues. Still, we somehow managed to stay in her good graces. I think I operated on her at least one more time, and I later operated on her husband several times as well, doing both vascular and heart operations for him. As time went by, I, and my team, became like family to her and her family. I suppose that we managed to avoid qualifying as Disciples of Satan in their eyes. I still receive notes, letters, and pictures of their children, grandchildren, and, more recently, their great-grandchildren.

*I'm still kickin' .... Just not as high as I used to.* —Lamar D.

More recently, I met a man named Lamar who needed a coronary bypass operation. He worked in a used car auction business, and his wife, Sally, worked at the same place, running a restaurant for the workers and customers. Lamar was a heavy smoker and, upon questioning, acknowledged that he drank 'a lot' of vodka and orange juice. He had been told that he would have to go 'cold turkey' and not drink while he was in the hospital. I told him that Sally and I would work on getting him just enough of his 'recipe' after the operation to avoid any kind of withdrawal, a strategy that was not completely aligned with hospital policy at the time, I will admit, but which I had used, with uniform success, on numerous occasions over the years. We did carry out our plan, which worked out just fine (as did his heart surgery). When I saw him back in follow-up, I asked him about his drinking and smoking. He said that he had not smoked another cigarette since he had been home and that he had switched to 'heart healthy wine,' as he called his new libation of choice. Lamar has called me on the anniversary of his operation every single year of the decade since his operation to thank me for our care and to report that he has never smoked another cigarette nor taken "even the first sip" of anything other than his one glass of wine each evening. Most recently, just a month or so ago, he called to report that he was "still kickin' . . . . just not quite as high."

These patients, and many, many others like them, have reminded me, over and over, that everyone has a story and that, if we can step into their worlds and at least try to understand them, we can provide good care that is both fun and enjoyable, at least in the long run, for all concerned.

## MYSTERY & AWE, WONDER & RESPECT

*It's in the deep unknowable blue, of the silent night sky  
It's not being able to talk to you, and not knowing why  
Maybe knowing we'd never make it, made it so right  
Shooting stars burn the brightest, we were meant to be . . . .  
Blazing out of sight*  
—Blazin' Out of Sight, Storyhill

The Healer's Art course is designed to help students see into their future lives and careers in medicine. One session asks the students to think about and reflect on examples of the 'mystery and awe' from their own lives. When some of my students mentioned that they had not really understood what 'mystery and awe' were supposed to mean, I wondered if that was simply because of their youth and relative inexperience.

Having been an English major in college, I have always had a fascination with words, their meanings, their sounds when read aloud, and their evocative power when used optimally. I have looked back through Dr. Remen's book, *Kitchen Table Wisdom*, for the source of the emphasis in The Healer's Art course on 'mystery and awe.' There are eighty short chapters, including the Epilogue, in this book, but only one of them has the word 'awe' in it (Section II) and only one has the word 'mystery' in it (Section IX).



*When I use a word, it means just what I choose it to mean....  
neither more nor less.*

—Lewis Carroll, *Through the Looking Glass*

While Lewis Carroll, in *Through the Looking Glass*, has Humpty Dumpty say that a word has only the meaning that he, who spoke it, intends, the fact is that most words have a range of potential meanings or intimations, for both the speaker and the listener. And, so it is with words like ‘mystery’ and ‘awe.’ Synonyms for the word ‘mystery’ include: enigma, riddle, conundrum, and question. Synonyms for the word ‘mysterious’ include: inscrutable, puzzling, and perplexing. Synonyms for the word ‘awe’ include: wonder, amazement, admiration, reverence, and respect. I suspect that, in The Healer’s Art Course, as well as in our day to day interactions with our students and residents, it may be appropriate to consider using a word like ‘wonder’ as well as the word ‘mystery.’ And, similarly, we might, perhaps, focus as much on words such as ‘dignity’ and ‘respect,’ as we do on words such as ‘awe.’

*The English language is one vast San Andreas fault, where things are slipping and sliding every moment.* —Joseph Epstein, 1997

In my four decades of interacting with students and residents in our educational and clinical environments, trainees who range from being fresh out of college to being very senior trainees who are ten to fifteen older, I have observed that their everyday, vernacular language is constantly evolving. [Garner, 2016] Therefore, I suppose that it might be better to suggest that our younger students approach each of their patients with wonder and respect, as well as mystery and awe. I suspect that this rather subtle change in words might feel more familiar, be more understandable, and, therefore, be more useful to our current students and trainees.

*Start where you are. Use what you have. Do what you can.*  
—Arthur Ashe

As David Slavitt wrote in his book, *Physician’s Observed*, many, if not most, students in college, at least once they have decided to apply to medical school, end up “living in the basement of the science building.” Most would agree that times like those may not provide all that much mystery or awe. Perhaps we could assure our mentees that they will, eventually, experience plenty of mystery, awe, and wonder in their chosen profession. I suspect that they might benefit from hearing, from those of us who have had those experiences, that they will also have their share of them, eventually. Furthermore, we might also encourage our students to recall people that they have encountered earlier in their lives that, at least upon reflection, may have helped to prepare them to deal with the range of humanity that we will all see in our patients. [Slavitt, *Physicians Observed*]

Perhaps, we could also help these younger students think about what drew each of them to a career in medicine. For nearly twenty years, I was the Director of the Surgery Clerkship at the University of Virginia. I used to start each new Clerkship session with this question for the students: Why did you decide to come to medical school? We would ask them to talk in small

groups about their reflections on that question and then choose one of the students in each group to share their own specific story with the larger group. The stories told in those sessions (four times a year for twenty years, which includes nearly three thousand medical students) were absolutely amazing. At the end of those sessions, I would read the following passage to them, which is one of my all-time favorites:

*We all start out knowing magic. We are born with whirlwinds, forest fires, and comets inside us. We are born able to sing to birds and read the clouds and see our destiny in grains of sand. But..... then we get the magic educated right out of our souls. We get it church-ed out, spanked out, washed out, and combed out. We get put on the straight and narrow and told to be responsible. Told to act our age. Told to grow up for God’s sake..... The truth of life is that every year we get farther away from the essence that is born within us. We get shouldered with burdens, some of them good, some of them not so good. Life itself does its best to take that memory of magic away from us. You don’t know it’s happening until one day you feel you’ve lost something, but you are not sure what it is. It just happens.* —Robert McCammon, *Boy’s Life*

I would then point out that most everyone does have a certain magic to bring to bear in life and that we should do our best to preserve that magic, for our protégés, for ourselves, and for our patients. Those sessions rarely ended with a dry eye in the room.

*Everybody is a wonderin’ what and where they all came from  
Everybody is a worryin’ ‘bout where  
They’re gonna go when the whole thing’s done  
But no one knows for certain and so it’s all the same to me  
I think I’ll just ... let the mystery be ...*  
—Let the Mystery Be, Iris DeMent

There will be plenty of opportunities for our young protégés to experience exhilaration and, at least occasionally, sadness and grief in the years ahead. [Tribble, *I Call That a Bargain*, 2018; Tribble, *Knockin’ on Heaven’s Door*, 2017] Thus, I also like to emphasize magic and wonder as well as mystery and awe. And, I have realized that our students do have stories of their own to recall and recount. Perhaps those of us working with less experienced learners could tell a story of our own and then encourage our students to tell their own stories, perhaps of their own atypical ‘mentors.’ As one of my more senior students noted about experiences like The Healer’s Art course, “When we engage with each other, we will be better prepared to engage with each patient we meet, day by day.”

## ON BECOMING A HEALER: GRANDMOTHER RULES

*The only reason you’re here in medical school is so that you will know just a little more than a grandmother.* —Bertran Sproffkin, MD

In the Surgery Clerkship orientation, I would also tell the students about how one of my own medical school professors,

Dr. Bertran Sproffkin, had pointed out that our society is a patriarchal society and that, because of this fact, we should always strive to sort out who the grandmother is in any given family that we are working with. [Tribble, Grandmother Rules, 2017] This advice was followed by the assertion that, if you could get the grandmother of a family on your side, the patient and the rest of the family would usually follow her lead. Throughout my career, I have found this assertion to be nearly uniformly accurate.

There are a number of programs that provide opportunities for young people to volunteer to work in under-resourced environments both in this country and overseas. Some of the best known are Teach for America and The Peace Corps. Eliot Wigginton was one such volunteer, and he worked in the Southern Appalachian region as a teacher in the 1960's. To encourage his students to learn to write, he had them interview the older folks in their area, asking them about all aspects of their lives. The writings of these students were eventually collected in a series of books that they called 'The Foxfire Project.' [Foxfire.org]

While it is interesting to read in these books about building log cabins, snake lore, 'reading the signs' (as the mountain farmers did), and, yes, making moonshine, I found the chapter in one of these books about the Appalachian 'faith healers' to be among the most interesting of these writings. These students, with Wigginton's help, noted in their writings that these "elderly healers ..... were quiet, simple, strong, and sure..... They do not accept money for their work. They work with neighbors and neighbors' children, individually, when asked to help, and they respond as a gesture of friendship and concern." I have read this passage to several generations of my medical students over the years. After reading it, I would tell them that most of their medical education is really designed to help them know just a little bit more than a grandmother and that they should approach the care of their patients as did the 'faith healers' that Wigginton and his students described, which should be by offering to help, however they are able, with "friendship and concern." After all, offering to help in this manner will virtually always be accepted and appreciated by patients and their families, which will, of course, enhance their care.

## SUMMARY

*Sometimes at night, I see their faces  
I feel the traces they've left on my soul  
Those are the memories that make me a wealthy soul  
Those are the memories that make me a wealthy soul*  
—Travelin' Man, Bob Seger

This essay is my attempt to recall and reflect on lessons learned from the many people I have encountered that had 'light that might have remained unseen.' [Doerr, 2014] My memories of these people, and many, many others, have, indeed, made me 'a wealthy soul.' I am confident that many current and future physicians have had similar experiences. For those of us who have chosen to live lives of service, recalling such people and their 'lessons' can help us see that 'light'

in all of our patients, light that can sometimes seem less evident but that we should all be open to seeing. This light, or sparks of it, is almost always present, and we can find it if we are open to seeing it. I believe that doing so will benefit not only our current and future patients but will benefit all of us as people and as physicians, making us all 'wealthy souls.' Therefore, suggesting that our younger students, such as those participating in The Healer's Art course, remember and reflect on similar people and experiences may be a useful way to see wonder and feel respect for their stories and their lives, likely facilitating and enhancing their future engagement with patients and patients' families.

*For sixty years I still have not lost my sense of wonder, amazed at how extraordinary the ordinary person is, if you know them well, and I try to know them well and it keeps me alive, wanting to know more.* —Gay Talese

I do believe that all of us in medicine, regardless of the state of our knowledge and experience, can approach the entire range of the people for whom we will care in our careers with a sense of wonder, knowing how extraordinary each of these patient's lives is likely to be, if we make an effort to get to know them. And, when we do get to know them, we can both respect and gain energy from the stories that each of these folks carries with them.

## CONCLUSION

*Educating the mind without educating the heart is no education at all.* —Aristotle

One of the goals of the Healer's Art Course is to inspire reflection on experiences and strategies that have, or might have, helped us all to be more compassionate physicians and to derive satisfaction and energy from our interactions with our patients. I like to start reflecting on issues of this sort by reminding myself of how the Navy's elite Blue Angel pilots start the debriefings that they conduct after every air show or practice, which is by saying "It's a privilege to be here" or "I'm happy to be here." I, therefore, try to have this concept in mind in any review I undertake of a clinical or an educational experience. There are always reflections to be made and opportunities for improvement to be considered. (Tribble, 2016b, Practical Minded Obsession).

I was inspired by my experience in the Healer's Art course to collect my thoughts about the eclectic group of people that I have encountered throughout my life with the goal of suggesting that many of us, at many stages of our education or practice in medicine, have likely had similar or analogous experiences. I was also prompted to consider some of my reflections on Dr. Remen's book [[Kitchen Table Wisdom](#)] upon which the course is, at least partially, based. Dr. Remen asserts in her book that that "Perhaps the worth of any lifetime is measured more in kindness than in competency." While I very much like the emphasis on kindness, I fret that considering kindness to be more important than competency could



send the wrong message to our younger protégés. The founding Chairman of The University of Virginia's Department of Family Medicine, Dr. Lewis Barnett (a mentor to me when I was in college in South Carolina), would often say that "you can kill people with kindness." [UVa Medical Alumni Magazine]. I, therefore, like the approach to these issues taken by another mentor from my younger years, Dr. Frank Spencer (a famous cardiovascular surgeon, who some say may have been the inspiration for the character of Dr. Hawkeye Pierce in M.A.S.H.), who gave a memorable lecture at the American College of Surgeons entitled 'Competence and Compassion' that very much influenced me in the early days of my own career. [Spencer, 1979] To practice medicine optimally, in any realm, I agree with Dr. Barnett and Dr. Spencer that we must be both compassionate and competent. Still, I do recognize that compassion can, in our busy professional lives, be relegated to a lower level of priority than competence, when, in fact, these qualities should always be part of every physician's commitment to his or her patients, regardless of the specialty of the physician or the condition of the patient.

*But you know if we can't do it with a smile on our face,  
If we can't do it with love in our hearts,  
Then children, we ain't got no right to do it at all.  
Because it just means we ain't learned nothing yet.  
We're supposed to be some kind of different .....*  
—Stephen Stills, America's Children from 4 Way Street

In closing, I will say that I understand the old adage that 'patients won't let you care for them if they don't believe that you care about them.' I once gave a Baccalaureate Address to a graduating class of The University of Virginia School of Medicine, entitled 'Namaste,' which means, as I had learned from my yoga teachers, 'from my heart to yours.' We, and our younger protégés, can, and should, seek that kind of connection with every person and every patient that we meet and care for. Doing so is good for our patients, and it is good for us, as well.

*And rise with me forever, Across the silent sand,  
And the stars will be your eyes, And the wind will be my hands.*  
—Far From Any Road, The Handsome Family

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- Save Me, Shinedown: <https://www.youtube.com/watch?v=T8dyxGiBx3g>

The Ballad of Curtis Loew, Lynyrd Skynyrd: [https://www.youtube.com/watch?v=35Ipe\\_0kadM](https://www.youtube.com/watch?v=35Ipe_0kadM)

Run Through the Jungle, Creedence Clearwater Revival: [https://www.youtube.com/watch?v=EbI0cMyyw\\_M](https://www.youtube.com/watch?v=EbI0cMyyw_M)

Copperhead Road, Steve Earle: <https://www.youtube.com/watch?v=xvaEJzoaYZk>

Born this Way, Lady Gaga: <https://www.youtube.com/watch?v=3Vzrr64ZrVU>

Crazy Baby, Joan Osborne: <https://www.youtube.com/watch?v=ebu9tkSrJ9g>

Blazin' Out of Sight, Storyhill: <https://www.youtube.com/watch?v=ZzgyvkgcU8>

Let the Mystery Be, Iris Dement: <https://www.youtube.com/watch?v=nlaoR5m4L80>

Travelin' Man, Bob Seger: <https://www.youtube.com/watch?v=AVtwWeGuBi0>

49 Bye-Byes / America's Children, Stephen Stills: <https://www.youtube.com/watch?v=0oxmP15Dk6A>

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