

of the Ill” and “Physicians’ Generosity.” The stories of illness are often those of individuals suffering from cancer or longstanding chronic conditions. Through these stories, Frank calls for

More generous representations of the ill and disabled, generosity in expanding the scope of moral participation for the ill and disabled, and finally “health ecology,” which questions the boundaries of who, or what, is sick and needs healing.

With respect to doctors, Frank describes the work and writing of four physicians who “tell a collective story of how medical training and practice demoralize them.” Another concern of these physicians is summed up in the title of Rafael Campo’s book of poetry, *The Other Man Was Me*. “[H]ow to be generous toward the other” — that is the problem. Each physician “is concerned with how to encounter patients who are radically different in the material, intellectual, and spiritual conditions of their lives.”

The philosophical concepts in *The Renewal of Generosity* can be difficult to

grasp, partly because of the unfamiliar terms Frank uses to identify and discuss them. As I worked my way slowly through what is really a slim volume, I continued to imagine how my hospital colleagues would react to such jargon as dialogical, hypergoods, alterity, *daimōn*, remoralization, non self-sufficiency and unfinalizability. I also anticipate a skeptical resistance to Frank’s proposal to substitute “guest–host” for the more familiar physician–patient.

All this may sound like one more onerous demand for harried physicians to give just a little more of themselves 30 or 40 times a day. Frank counters by saying that a reconsideration of the physician–patient relationship in the light of “moral possibility” rather than “moral burden” could ease the doctor’s daily load. It is at this juncture — in what Frank cogently describes as “the contemporary medical moment” — where we doctors and patients come face to face with the considerable challenge of spinning moral philosophy into clinical practice.

Frank offers no tidy evidence-based algorithm or care plan on how this can

be achieved. What he does, more through the collected stories in his book than through its philosophical framework, is alert us to the possibility that our interpersonal relationships in the examining room may not be as healthy as they could be. When the discussion gets a little ethereal, Frank brings it sharply down to earth through someone like Vanessa Kramer. She writes about her aunt’s treatment for ovarian cancer, between her own recurrences of breast cancer:

Sometimes I think there’s a regulation that we are not allowed to be real people. Sometimes I think professionalism is a handicap we all labor under. On really bad days, I have had the urge to tap on the shoulder of a particular nurse or doctor or technician and shout, “Hey! Is anybody in there?”

The Renewal of Generosity deserves a wider readership than I expect it will receive in our less-than-ideal world.

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Room for a view

Frogs

Though no one had been in the mobile home for seven years, I wasn’t prepared for the total wreck of the place. My grandmother, on the other hand, barely noticed that our weight on the linoleum threatened to push right through the bruised wood underneath. She didn’t notice the lizards clinging to the rotten curtains, the smell of wild animals or the scurry of little feet overhead. All she saw was a place she was stubbornly going to reclaim after losing her mate of fifty years.

While she went to inspect the other rooms, I cranked the windows open in the kitchen. On the sill, I noticed three tiny frogs between the double-paned windows. At first I thought they

were little ceramic frogs, kitschy art fading in the blistering Florida sun. But, on a closer look, I saw that they were real.

They were laid out like some sort of triptych, a study of the different ways death was met. One frog had died on its stomach. Another had died sitting up, fixed in its own dried juices. There was a remarkable impression of movement in its body, as if it were, even now, trying to dislodge itself from its own quicksand of fear. The third one had died on its back with its arms and legs flung open, like a trusting baby sound asleep. Over time, it had dried out to such a degree that a small circular piece of its belly had fallen off, revealing its innards. In con-

trast to its gray body, its organs had retained their individual colours, especially the heart.

I pointed them out to my grandmother, who unceremoniously swept them with her hand onto the floor and pushed them out the door with her broom.

So we began cleaning in earnest, reclaiming some civilization in all that wild chaos. We worked for five days straight, morning until night, to make the place hospitable. After we were done, my grandmother sat on the couch where my grandfather used to fall asleep in front of the television at night. She was happy to be here, away from the Canadian snow she hated so much. And I was happy for her, even

though I couldn't stop thinking about the frogs.

On the plane home, I looked down at the receding Florida landscape. I wondered why those frogs had turned their backs on the purple waters that snake through the marshes near us. Why they had climbed up hot aluminum siding to squeeze through the crack of an abandoned trailer's win-

dow. Probably for flies, I figured, and once they had gorged themselves on this unexpected feast, they must have been too fat to fit back through the crack. And so they were stuck there.

Their fate seemed to demonstrate some sort of cautionary tale, like "be careful what you wish for" or "the grass always looks greener," but to me they were a reminder that you can

never go back. No matter how much you miss something or want it back, it never is the same. Yet how remarkable that after all this time under the scorching sun, a heart can still be red.

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The doctor in the street

Several years ago, as a pediatric resident, I worked with a distinguished professor from whom I anticipated learning a great deal. I recall one busy day at the clinic, in the course of which my professor pointed out several "clinical pearls" arising from each case. During one of our conversations he thought I was being disrespectful to him. He informed me that I should remember I was not talking to the man on the street. My first thought was that he must be joking, but the flash of anger in his eyes told me otherwise. I was devastated; I apologized for any misunderstanding and assured him I had meant no disrespect. But a few moments later I began to feel angry. What made him think he was better than the man on the street? The man on the street would have treated me with more respect.

The rest of the day passed with minimal interaction between us, and the incident was not mentioned again.

Doctors are professionals; presumably, this is what separates us from many men or women in the street. A professional is someone with a defined set of knowledge and skills — a good communicator who exhibits honour and integrity, altruism, leadership, compassion, responsibility, accountability ... These were qualities I wanted to have. Certainly, I aspired to be a professional.

However, provoked by that exchange with the professor, I also started to pay more attention to the men and women I met in the street. A man gave me directions when I could not find my way. Another helped me to pick up my books when I dropped them. A woman stopped her car to let me cross more quickly on a rainy day. There were several such incidents. I wanted to be the woman in the street who was not too busy to give directions or to stop her car to let someone cross. Indeed, as a person in the street, I did extend such courtesies. But I began to wonder what sort of human being I was in the hospital.

A few months ago I was doing quick rounds on all the patients in the emergency department at the beginning of an evening shift. I went to assess a 14-year-old; he was in the resuscitation room, in a confused mental state. After ensuring that all the medical care was appropriate, I talked to the mother and asked if I could do anything for her. She said she needed to go to the washroom. As I turned to show her the way, she said, "Doctor, I don't want to leave him alone. He gets agitated if I don't hold his hands. Could you please sit with him and hold his hands until I get back?"

She was asking me, the attending staff physician at a busy tertiary care pediatric emergency department, to sit with her son for two minutes — just as she would ask any woman in the street. I sat down and took hold of her son's hands, feeling honoured.

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A letter to cancer

I watch for you,
Scoundrel.

You sneak and hide.
You tease and devour.

How do you choose your next
morsel,
pick names
from a cosmic spinning drum
some of them more than once?

Why don't you beat it
to a decadent lair,
play video games
and
drink blood?

Or take an interplanetary vacation,
long and far
sip martinis
near the pounding purple surf,
put up your scrawny gnarled legs
and read a horror novel?

Leave us alone,
give it up
get your own life.

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