

THE REST OF YOUR LIFE

Revering the Work of Physician Writers

Well before he attended medical school at Columbia University, New York, Dr. Daniel C. Bryant had been captivated by reading and writing, underscored by an undergraduate degree in French literature that he earned from Princeton (N.J.) University in 1961.

In the 1980s, he began to notice that scores of physicians both past and present had written books on nonmedical topics, so he started combing through reference books and secondhand book shops to collect them in earnest.

"The original motivation to collect these books was a combination of my own interest in writing and vicarious writing in a way," explained Dr. Bryant, who practiced internal medicine for 28 years in Portland, Maine, before retiring in 1999. "But also it occurred to me in my practice that doctors are so privileged in their access to human experience. They generally have such wonderful educations and wonderful opportunities to see all sorts of people and to travel and to have cultural experiences. They are the ideal people, it seemed to me, to comment on human experience."

Names of physician writers such as Dr. William Carlos Williams (1883-1963), a pediatrician and poet, came to mind right away, Dr. Bryant said. To locate nonmedical works by other physicians, he tapped into a number of sources, including the reference guide "Contemporary Authors"; "Poetry and the Doctors" by Charles L. Dana (Woodstock, N.Y.: The Elm Tree Press, 1916); "Literature and Medicine: An Annotated Bibliography" by Joanne Trautmann and Carol Pollard (Pittsburgh: University of Pittsburgh Press, 1982); and secondhand book shops in the United

States and abroad.

During occasional trips to England with his wife he located many books in Hay-on-Wye in Wales, which is "just a village in Wales, but it's almost entirely book shops," Dr. Bryant said. "We would often spend a few days there, and I'd get a backpack full of books."

Before the Internet, "the only way to really find out who had what books was through catalogues," he said. "I was on the mailing list of many secondhand book shops. I'd get these lists in the mail and spend a few hours a week going through them."

Favorite books he collected include Dr. William Carlos Williams's first editions and "The Silver River" (out of print, 1938), the first book by Dr. Alex Comfort, who is perhaps best known for "The Joy of Sex" (New York: Crown 1972).

Dr. Bryant also became a fan of the poet Dannie Abse, a radiologist in Wales who writes poetry and plays, and has penned five novels. "He did incorporate his medical experience into his work somewhat," Dr. Bryant said. "He represents what I was hoping to find: using the medical experience as a window into the bigger human experience and commenting on human experience as a doctor."

By 2004, his collection grew to more



Dr. Daniel C. Bryant donated his collection of physician-penned books to New York University's Ehrman Medical Library.

COURTESY DR. DANIEL C. BRYANT

than 1,100 physician-penned books, so he donated them to New York University's Ehrman Medical Library, which established the Bryant Collection of Physician Writers, a permanent collection that is believed to be the largest of its kind (library.med.nyu.edu/library/eresources/featuredcollections/bryant).

"I always liked the idea that physicians have a little bigger perspective and humanistic outlook on things and figured that if these books were in an area where medical students, residents, and staff passed by, they would think about that," said Dr. Bryant, who lives in Cape Elizabeth, Maine. "I thought that a medical library would be a good place for them."

Over the course of his 20-plus years of collecting the books, he came to realize that he's not alone in his high regard for the craft of writing. "I've had many e-mails and contacts from doctors who

write or try to write," said Dr. Bryant, who has published poems and essays in medical journals, written half a dozen short stories for literary magazines, and written crossword puzzles for the New York Times and Los Angeles Times. "It does seem that a lot of doctors write about medical subjects; there's a lot of interest in medical thrillers. That seems to be a common theme."

His interest in collecting more physician-penned books "has waned a bit in the last few years, but occasionally I'll send a few more to the Ehrman Library that I come across."

He called the avocation "an escape into something that I quite enjoyed. It was my golf, I guess."

As for the Bryant Collection of Physician Writers, he hopes that "it will be added to, that it will inspire medical students and other medical people to take down a book and look at it or even spur them on to do a little writing themselves." ■

By Doug Brunk, San Diego Bureau

E-MAIL US YOUR STORIES

Do you subscribe to DogSport magazine and pine for your border collie to be "le pooch du jour" on www.agilityevents.net? Have your trained your pug to round up sheep and walk the length of a seesaw? Can your beagle play extreme Frisbee better than you can? If so, you may be a dog agility fanatic, and we would like to hear from you. Please send your story to d.brunk@elsevier.com.

Health Care Equality Views Shaped by Med School Diversity

BY DAMIAN McNAMARA
Miami Bureau

White students attending more racially diverse medical schools consider themselves better prepared to care for patients of racial and ethnic minority group, according to a study of more than 20,000 graduates.

Attitudes about providing equivalent access to health care for everyone also were stronger among students at more diverse schools. These students' responses were 50% more favorable toward equitable access to care, compared with their counterparts at the least diverse schools.

The associations were particularly strong at medical schools that foster positive interactions and sharing of opinions among students from different backgrounds, Dr. Somnath Saha and colleagues reported (JAMA 2008;300:1135-45). The investigators also found a "threshold ef-

fect" regarding minority student enrollment. Specifically, diversity outcomes were positive among the 118 medical schools in the study if the proportion of underrepresented minority graduates (URMs) exceeded 10%, or the total nonwhite student population was more than 36%. The authors had no disclosures.

Policies and programs devised to achieve racial diversity in medical schools and to increase the numbers of underrepresented black, Hispanic, and Native American students "have come under increasing scrutiny as being unnecessary and discriminatory," the authors wrote. Dr. Saha is an internist at the Portland VA Medical Center and Oregon Health and Science University.

Affirmative action and addressing prior injustices are the justification for most programs to increase URM student diversity.

However, Dr. Olveen Carrasquillo and Dr. Elizabeth T.

Lee-Rey wrote in an editorial, "the well-documented history of widespread racism within organized medicine and the American Medical Association's apology is a reminder of how pervasive and tolerated such practices were only a few decades ago" (JAMA 2008;300:1203-4).

Dr. Saha and colleagues assessed results of the online graduation questionnaires administered by the Association of American Medical Colleges in 2003 and 2004. They assessed anonymous responses from 20,112 individuals, representing 64% of all graduates during those 2 years.

Race and ethnicity were self-reported. The 9% of URM respondents included black, American Indian, Alaska Native, Mexican American/Chicano, mainland Puerto Rican, and Native Hawaiian students. Minorities not considered to be underrepresented in the physician workforce, primarily Asians and non-URM Hispan-

ic or Latino students, comprised the 23% nonwhite/non-URM group. The remaining 68% were white students.

A total of 21% of the 13,764 graduates in 2003 and 22% of the 7,472 graduates in 2004 strongly agreed that "everyone is entitled to adequate care." Also, 42% of the 2003 graduates and 44% of the 2004 graduates strongly agreed that "access to care is a major problem." A total of 59% of the 2003 cohort and 60% of the 2004 cohort indicated they felt prepared to serve diverse populations.

Interestingly, white students at more diverse medical schools did not indicate they were more likely to care for underserved populations. "This may reflect confounding by the urban versus rural location of schools," the authors wrote. "Rural schools are likely to have both fewer nonwhite students and more students who plan to practice in rural, underserved locations." ■

In contrast, a total of 49% of URMs planned to work with underserved patient populations, significantly more than both white (19%) and nonwhite/non-URM students (16%).

"The finding by Saha and colleagues in this issue of JAMA that . . . increased medical school diversity is associated with white students feeling better prepared to care for diverse patients is an important contribution to the medical literature," Dr. Carrasquillo and Dr. Lee-Rey wrote. "Findings from this methodologically rigorous study can inform efforts to elicit continued support by the Supreme Court for admissions policies favorable to URM diversity." Dr. Carrasquillo is director of the Center for the Health of Urban Minorities at Columbia University Medical Center and Dr. Lee-Rey is codirector of the Hispanic Center for Excellence, Albert Einstein College of Medicine, both in New York. ■