

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 you 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.

THE OFFICE

Prevention Goes a Long Way in Medicine and in Law

Nothing's worse than having the first appointment of your day interrupted by an unexpected—and unpleasant—surprise. Instead of a child who is running a fever or a middle-aged man concerned about his blood pressure, you are faced with a sheriff serving a summons.

Here's a suggestion: Consider that preventive care in the legal world works much the same way as in medicine. Try adopting some common-sense methods, an "eat-right-and-don't-smoke" model of addressing the legal system. This will work to keep lawyers out of your office and out of your life.

The better care you take of yourself legally means the greater your chances of swearing off lawyers forever; the same way that taking care of your body may well mean that you can avoid some medical interventions.

Here are suggestions that we've gathered

from the trenches. Some might not apply to your specific situation, but many will:

► Return pages from your answering service with your cell phone.

People who sue frequently allege the doctor did not call them back in a timely fashion, or even at all. If you call from a land line, there is no guarantee that a record of the call has been made; call from a cell phone and a record is created. Won't patients abuse the privilege and call you directly on your cell? Generally not.

► Document what was said.

It is too easy to give advice and ignore the paper trail. If you use an electronic medical record, log in and record.

If you have access to call-in transcription service, use it. If not, create a separate voice mailbox on your office phone to be used for transcription of after-hours messages.

► Guarantee to patients they will receive

lab and radiology results in a specified time period or their office visit is free.

That's right. If you tell the patient they will hear from you regarding their results, they will never assume that no news is good news. This is a frequent source of litigation, particularly if the test reveals something such as cancer. The doctor often assumes the staff sent information to the patient. The patient assumes the absence of information is positive. Tie your office manager's bonus to how frequently such refunds are tendered, and you will find information gets transferred with near 100% fidelity.

► Document what you did NOT do.

Although it sounds counterintuitive, there are times it makes eminent sense to document what was NOT done. Sometimes, there is extensive literature explaining the merits of following a particular guideline for a condition, but, for a variety of reasons, you might choose, in your judgment, to forego such treatments. The default assumption by a plaintiff's attorney will be "that if it was not documented, you were unaware of such standards for treat-

ment, and you didn't even think about it." But, if you document your reasoning for avoiding such an established treatment, because in your judgment, in this particular case, the risks outweighed the benefits, you will sidestep the allegation you breached the standard of care. It takes 2 minutes to document. If you address it upfront, it's an explanation. If you address it after the fact, it's an excuse.

► Think twice before you send a patient to collections for a \$22 balance.

First, you'll never see the \$22. If the carrier has paid the physician hundreds or thousands, and the patient had an untoward result, the threat to send to collections might not be the best way to engender good will. Patients generally like their physicians. They do not want to sue their doctor. But no one wants to be sent to a collection agency for \$22. ■



BY JEFFREY SEGAL, M.D.

DR. SEGAL is the founder and CEO of Medical Justice Services Inc., a firm that provides doctors with a proactive way to defend themselves against frivolous lawsuits.