



## Operating on the Funny Bone: Poems from a Heart Surgeon

### Description

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### Author's Memo

The culture of medicine, a world of intense pressures, intimate moments, glorious triumphs, and horrific failures, has always been leavened with laughter. Humor, often of the dark variety, acts as a defense mechanism, a pressure release valve, a teaching tool. In my thirty-four years as a heart surgeon, I have used laughter for all these reasons and observed my colleagues doing the same. As a rule, we conceal quips and comic remarks of sometimes questionable taste from our patients, their families, and others outside our circle lest we come across as disrespectful or uncaring. But employed with discretion among medical professionals, black humor can ameliorate interpersonal, cultural, and class differences. It can alleviate anxiety and manage grief. It can permit transmission of important information that is difficult to express by other means. Think of it as surgery of the absurd, an operation on the funny bone.

Writing about medicine in a darkly humorous way has enhanced my ability to cope with the stress of a demanding medical practice. In this, I follow in the footsteps of literary physicians such as Anton Chekhov (whose humorous writings I considered somewhat neglected), William Carlos Williams, Mikhail Bulgakov, Abraham Verghese, and Richard Selzer. The poems in this submission peel back the curtain to expose laughter as employed in the often bewildering, often conflicted, world of medicine.





By Owen Beard for Unsplash

## **Samuel L. Jackson Pulls a Shift in the Intensive Care Unit at the Height of the Pandemic**

motherfucker in Room Eleven  
turning blue around the gills  
intubate the motherfucker  
ten more hours in my shift

turning blue around the edges  
week old donuts in doctors' lounge  
nine more hours in my shift  
can Dunkin make a ventilator?

doctors' donuts down disposal  
my home-made mask is one week old  
can anyone make a ventilator?  
I wonder if I can get the test

my home-made mask is one week old  
starting to grow a greenish coating  
I wonder if I fail the test  
I wonder if I can smash my pager

Room Eleven's started coding  
left a list of next of kin  
gave them the number of my pager  
Jesus Christ I hope they lost it

don't have time to call the kin  
motherfucker in Room Eighteen  
Jesus Christ he's gonna lose it  
intubate the motherfucker

## **Surgery Interns Know the Rules**

never let anyone see  
how scared you are

if anybody asks you if you've  
done one of these before

you say yes Iâ??ve done one  
because no one wants  
to take responsibility  
for helping you do your first  
but if you say youâ??ve done several  
you might not get the help you need

never say oops  
always say there

nobody grades you anymore  
on a scale from A to F  
henceforth those who judge your  
performance do so on a spectrum  
with Bugs Bunny at one end  
and Elmer Fudd at the other

thereâ??s one bad thing about  
in house call every other night-  
you miss half the good stuff

some of your mentors operate  
at the speed of light  
others at the speed of dark  
you can do nothing about this

if you need help managing a sick patient  
calling someone more experienced-  
a senior resident, an attending-  
will always be regarded  
as a sign of weakness

the only clue the patient has  
about the quality of the surgery  
is how well you closed the skin

## **The Anatomy Lesson of Dr. Nicolaes Tulp**

On an unseasonably warm day in January of 1632  
Aris Kindt made his dramatic debut before  
a capacity crowd at the Waaggebouw in Amsterdam.  
Hanged only a few hours earlier for petty thievery  
Kindtâ??s youth and absence of obvious pathology  
made him perfect to be cast as the lead.

Nobody else auditioned.

Directed by Dr. Nicolaes Tulp, doyen of Anatomy, whose cadaveric dissections had become an annual spectacle, Kindt offered a unique interpretation of the role. Instead of the traditional abdominal opening for extraction of the gastrointestinal system, Kindt's dismemberment began with the limbs.

Tulp's production proved a great success with both the Guild of Surgeons, members of which crowded closely to observe the anatomic minutiae, and with the paying customers, members of the aristocracy and the mercantile elite, proud of their city's claim to world leadership in advancing from the Dark Ages into a new era of Light.

So pleased was Tulp by the performance and by the attentive sketches Rembrandt made during the show that he never noticed the old master's mistake in the final painting, incorrectly portraying the dissected left hand as possessing the anatomy of the right.

Or did Rembrandt truly nod?  
Art historians speculate that this discrepancy may have been intentional, Rembrandt's silent protest to show his abhorrence of the annihilation of Aris Kindt?

The banquet that followed was said to be most felicitous as well.  
History does not record who carved the roast.

## Operating Theater

When I give the order to start the pump, and the maimed heart muscle collapses like the rotten rubber of a busted out two-ply tire,

I face the possibility that my meager vein grafts won't get this patient out of the room alive. He could die on the table, right in front of me.

Or he might succumb later tonight, following a brief struggle. Or  
linger a few days more, until my siege of drugs and machines

and consultant opinions prove futile. The answers must  
await the climax of the operation and the denouement.

When I think about this stage, these special effects,  
and the remote possibility of a happy ending,

I wonder why it took me so long to grasp the  
meaning of the words Operating Theater.

In this drama I play two roles,  
protagonist and spectator,

actor who does not  
know the ending,

audience member  
who cannot find  
the exit.

The AutoEthnographer

### **Doctors Are Passing from Our Lives** ***After Phillip Levine***

When the administrator threatens our group  
saying that our RVUs have fallen,  
I riff on possible meanings of  
the words Relative Value Unit.

Would it please him if I induced my cousin  
and closest Relative, to come here for care?  
His Medicaid wouldn't pay us shit,  
but his complicated cirrhosis would generate a ton of RVUs.

As for Units, singularities, individual things,  
we got that aced. One-of-a-kinds in this practice—  
the unique, the sui generis, the once-in-a-lifetime—  
are common as pennies.

Which leaves us with Value.



The regard we hold for something, its monetary worth,  
perhaps its comparative worth relative to . . .  
relative to . . . the price previously stated.

My colleagues start wadding their panties,  
taking the administrator's implied threat more seriously than I.  
They propose remedies ranging from advertising  
to working longer hours to better parking

to merging with another group  
to working longer hours  
to shortening the time we spend with patients  
to working longer hours.

The administrator believes we'll let him curl his claws  
into our nostrils, carry us on his hip  
like bowling balls, and send our heads  
spinning down the lane. No. Not this doc.

The AutoEthnographer

### **After Today**

After today, one of my partners asks me,  
what are you going to do? He means,  
what am I going to do in retirement  
after 34 years, and I answer  
"Something worthwhile. Just for a change."  
He laughs, but that's a question for tomorrow.

Today, I consider how I got it wrong.  
I thought I spent all those years holding  
those hearts in my hands. But it was  
those hearts holding on to me.

Today, for the final time, I don  
blue-gray scrubs, sun-bright headlight,  
three-point-five power optical loupes,  
comfy sneakers consecrated by the  
blood of thousands of patients and  
permanently stained despite countless washings.

Today, I enter the operating room where



my scrub tech has opened her trays and aligned my tools  
like knights on horseback ready to lay siege—  
scalpels and rongeurs, scissors and trochars,  
needles and lancets and osteotomes,  
instruments machined from nickel and steel and titanium,  
chrome and copper and lead—all the precious metals—  
each instrument imparting its unique gratification when I grasp it,  
when I touch it to the patient's heart.

Today, I await the arrival of my last patient,  
who will lie on my operating table,  
this marvel of ergonomic perfection  
that adjusts smoothly, remains immobile,  
and resists vibration when someone bangs into it.

After today, if I show up  
in this room again,  
I will be the one lying on this table.

The AutoEthnographer

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