

Humour and urology: “Nota bene dick doc”

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Urology is serious business. As John Trachtenberg, learned urologist and prostatectomist in Toronto, Canada, always said while operating when the situation called for immediate perspective: “Look down at the patient, he is the brave one here.....compared to him, we have it easy out here, always remember that.” Nothing could be closer to the truth. We all deal with illness in a professional manner; in most instances, we do so in a humble, caring and respectable way. However, in many instances, the ability to release tension has been lost. People are too busy catching up and debriefing and there is a separation of work and life that is probably healthy, but perhaps at the cost of “taking work home” in more subtle, subconscious ways.

To deal with this, we use humour. It has always been a part of medicine, particularly in surgery. Oftentimes, the humour was black. The healing powers of humour and humour ability to soften difficult situations are well-described.^{1,2} However, in recent years, humour has evaporated and been replaced with political correctness.³

So it was refreshing when a technician found a written message to the operating team from the patient on the operating table. The message, in the form of a poem, was carefully folded in the patient’s underpants:

“Nota bene dick doc”

Hey dear doc,
I love my cock
and have a girlfriend
young and hot.
Now I may not be the world’s best bard
but my girlfriend likes it when I’m hard.
So I won’t ask
if you can spare a dime,
perhaps another place
and another time.
But my sex life
Is on an upward curve.
So hey there buddy
Can you spare a nerve?
Brien Priestly, 2011

What did this humour, initiated by the patient, do? It made us laugh, it broke the tension and it focused us on the job at hand – to do the very best to achieve not only “our” goals, but “his” goal. The team, nurses, anesthetists, technicians, surgeons, were “one” that day. Several staff members responded to the poem and the patient’s positive attitude had him bouncing out of hospital on day two.....yes even for an old-fashioned “open” procedure. The whole ward knew of his exploits, as did most of the operating suite. I saw him the other day, eight months post-surgery. His final pathology was favourable and his PSA undetectable; he was continent and back riding his motorcycle – his wishes, expressed in the poem, granted! Rather than just being (all too often) “that radical from the other week,” he became “that funny guy Mr. X who wrote the poem before to his surgery; how’s he doing?”

He was thrilled with the responses to his poem from the surgeons and anaesthetists, and has now collated a book along with poems from other family members.

In a recent study, authors found that patients wished health care staff initiated and reciprocated humour. They concluded that a chasm exists between what patients’ apparently want with regard to humour use in health care interactions and what actually transpires. It was also noted that initiating humour involves risk, and risk-taking requires a degree of self-esteem and confidence.¹ In our case as mentioned above, the patient had the latter.

We must never forget the human element in our practice. Humour may not always be divisive, but a cohesive force to achieve a better environment, and perhaps better outcomes in some situations.

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