

Do you pee two feet or on two feet?

Humor in urologic practice

Mark Bradley Noss

Unify Men's Health, Toronto, ON, Canada

Cite as: Noss MB. Do you pee two feet or on two feet? Humor in urologic practice. *Can Urol Assoc J* 2024;18(2):11. <http://dx.doi.org/10.5489/cuaj.8602>

Published online October 23, 2023

In the vastness of medical practice, one might wonder whether laughter and urology can coexist. The answer is a resounding “yes.” When employed skillfully, humor is a valuable tool in the physician's arsenal, impacting a myriad of aspects of our profession.

The multifaceted study of humor, as espoused by Bennett, divides its domain into six distinct categories: humor and health, humor and patient-physician communication, humor and patient care, humor and the health professional, humor in medical education, and humor in medical literature.¹ Though humor in medicine has seen much anecdotal exploration and opinion, empirical research remains surprisingly scarce. Nonetheless, certain studies have suggested the salutary effects of humor on health, ranging from stress reduction to improved immune function.^{1,2}

In the delicate dance between physician and patient, a dash of strategic, well-timed humor can substantially enhance the interaction. It can ameliorate patient anxiety, creating a more engaged experience for those who might otherwise feel alienated from the healthcare system;² however, the skill of discerning when and with whom to employ humor is of paramount importance. Understanding the context and gauging the patient's comfort level become crucial. For example, if a patient uses the adjective “small” or “little” when describing an issue, I would jokingly state that we never use those words in urology. Humor often arises organically from the patient as well — an opportunity for the clinician to reciprocate and foster a more harmonious atmosphere.³

Studies have borne out that patient satisfaction correlates with the duration of time spent with their physician and the atmosphere cultivated during that period.⁴ Levinson et al found a positive correlation

between the use of humor and a reduction in malpractice suits.⁵

Recalling a memorable anecdote from my medical student days, Dr. Robert Buckman, a medical oncologist and author with a comedic pedigree as a writer for Monty Python, demonstrated the power of humor during patient interactions. With deftness, he would quip about administering intravenous or intramuscular injections, “A prick with a needle, and an injection,” lightening the mood and soothing anxious patients.

Indeed, humor manifests in diverse forms, from jokes and stories to the selection of apt music in the operating theater. Crafting a well-curated playlist, including classics such as “First cut is the deepest,” “Cuts like a knife,” and the Monty Python classic, “Every sperm is sacred,” might prove therapeutic for certain patients, granting them a moment of levity amid their medical journey.⁶ The finesse of the practitioner lies in identifying when such injections of humor are appropriate and potentially transformative.

Understanding one's audience is a cardinal rule when it comes to the judicious use of humor in medicine.⁷ Embracing humor as a tool to foster connection and alleviate distress can elevate the medical experience from a mere clinical encounter to a uniquely human interaction, wherein both parties find solace and even a smile in the face of adversity. Let us embrace the power of humor, artfully wielded, to weave laughter into the tapestry of healthcare and illuminate the path to healing for physicians and patients alike.

REFERENCES

1. Bennett HJ. Humor in medicine. *South Med J* 2003;96:1257-61. <https://doi.org/10.1097/01.SMJ.000066657.70073.14>
2. Sigman, M. Humor in reproductive medicine—the good, the bad and the funny. *Fert Ster* 2021;115:1393-4 <https://doi.org/10.1016/j.fertnstert.2021.03.041>
3. Lawrentschuk N. Humor and urology: Nota bene dick doc. *Can Urol Assoc J* 2012;6:E110. <https://doi.org/10.5489/cuaj.12053>
4. Gross DA, Zyzanski SJ, Borowski EA, et al. *J Fam Prac* 1988;47:133-7
5. Levinson W, Roter DL, Mulloly JP, et al. Physician-patient communication: The relationship with malpractice claims among primary care physicians and surgeons. *JAMA* 1997;277:553-9 <https://doi.org/10.1001/jama.1997.03540310051034>
6. <https://open.spotify.com/playlist/6vBOATC2lTP7J2mf21CjxR>
7. Howes L. The most important thing to remember is you must know your audience. Available at: <https://www.azquotes.com/quote/760199>. Accessed Oct. 23, 2023

CORRESPONDENCE: Dr. Mark Bradley Noss, Unify Men's Health, Toronto, ON, Canada; mark@noss.org