

The House of God

30 Years Later

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THE HOUSE OF GOD

By Samuel Shem.
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EVERY PHYSICIAN RECALLS WITH RELATIVE CLARITY HIS or her first day of medical school. A quarter of a century after mine, I can still conjure up images of entering the dimly lit, badly ventilated auditorium that became my class' central headquarters and ad hoc clubhouse. In particular, I recollect my intense anticipation as I took my assigned position in the anatomy suite that afternoon—a passage representing both physically and symbolically my entry into the medical profession.

My class' initiation began with the dramatic entrance of our anatomy professor, a revered and skilled dissector who reeked of formaldehyde and was armed with a holster containing 57 varieties of colored chalk and pencils that he used to illustrate his pedagogic lectures. The rotund, precise anatomist sternly announced at this first formal gathering and, at each class thereafter, that we were charged with attaining an absolute intellectual mastery of the human body's architecture. Indeed, he emphasized, our patients' lives would depend on it, since anatomy was the foundation for understanding the function and dysfunction of the body and the manipulation of it by therapeutic means and procedures.

But somewhere during the professor's macabre discourse on the myriad means of skinning a cadaver, my laboratory partner—a clownish guy I had known since high school and who later made a fortune selling nutritional supplements to the worried well—nudged me with a broad grin on his face and a dog-eared paperback in hand. "Have you read it?" he asked. "It's called *House of God* and all the third- and fourth-year medical students say it's practically required if you want to understand what it's really like to be a doctor."

House of God. Those 3 words, and the many thousands that comprised its raunchy, troubling, and, at times, hilarious text have spoken to millions of medical students and physicians-in-training over the past 30 years. Indeed, it has served as the essential underground travel guide to the once closely guarded lives of interns and residents at prestigious

hospitals across the United States.¹ Written by a psychiatrist named Stephen Bergman, under the nom de plume of Samuel Shem, the novel was based on his experiences as an intern at one of Harvard Medical School's teaching hospitals, the Beth Israel Hospital (now Beth Israel Deaconess Hospital).

Publisher Richard Marek was so confident of the novel's literary merit that at its 1978 debut he took the unconventional step of distributing 10 000 copies to bookstores and book reviewers, free of charge; when that generous supply ran out, Marek produced and distributed 3 more printings of 5000 each.² While the reviews of this "brutally frank account" ran the gamut from enthusiastic to uneasy,³⁻⁵ the 25 000 gratis copies initiated a buzz that continues to hum to the present and has resulted in the sales of millions of copies.

The daily activities of interns, residents, and attending physicians in busy hospitals has been a staple of US popular culture since 1925, when Sinclair Lewis published his glorious Pulitzer Prize-winning medical chronicle, *Arrowsmith*.^{6,7} On its heels came a flood of novels, stories, plays, motion pictures, radio and television dramas, documentaries, and docudramas.⁸ In recent years, medical fiction has been overwhelmed by medical memoir as an increasingly large number of glib students and interns (many of them, it seems, from Harvard) describe their experiences and the potentially crushing effects that graduate medical education can have on the humanity of those who deliver as well as those who receive health care.⁹⁻¹⁵ This veritable library barely scratches the surface of the growing cadre of physician-scribes currently writing books and articles on virtually every aspect of the medical life.^{16,17} But none of these volumes has had as universal an impact on US physicians during the late 20th century. Perhaps it is because *The House of God* is a direct descendant of the wildly popular *Catch-22*, Joseph Heller's absurdly satirical exploration of the insanity of war. As with all soldiers who read Heller's literary vision of military life, virtually every medical reader who has spent time on the wards of the largest US hospitals in the last 30 years will recognize profound, albeit disturbing, veracity in the pages of *The House of God*.

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Shem describes the emotionally and physically draining experiences of an intern named Roy Basch during the 1973-1974 academic year, an era when attending physicians were ethereal presences in the hospital at night and the intern's mandated 80-hour workweek was merely a gleam in the eye of the most radical of medical reformers. Somehow, thanks to a supportive girlfriend, Berry, who inexplicably puts up with Roy's roller-coaster and sleep-deprived emotions; a disgustingly ribald yet warm senior resident known only as "the Fat Man," who will forever be remembered in medical literature for coining the term GOMER (get out of my emergency room) in reference to the elderly, chronically ill patients he did not want to admit to his service; an orgy of sexual affairs with sundry nurses; and some of the bleakest (if not side-splitting) medical hijinks ever recorded on the written page, Roy completes his internal medicine internship. By the book's end, however, Roy (as well as the author) rejects and leaves the internists, once considered to be the elite ruling class of academic medical centers, for a residency in psychiatry.

Often vulgar and crudely sexist, it is difficult to deny the novel's raw accuracy in documenting the realities of the academic medical center as they existed in the early 1970s.¹⁸ The education of Roy Basch coincides with a historical moment that witnessed the twilight of the civil rights movement, the crumbling of the Nixon White House, and the corrosive social effects that Watergate had on the public's perceptions of once-trusted institutions and so-called role models. As Shem later explained this fomenting ethos, his cohort of interns came of age in an era of protest. When confronted with what they considered to be inhumane medical practices, "We stuck together and used classic, nonviolent methods—including humor—to resist."¹⁹

These years also marked the explosive expansion of academic medical-industrial complexes in every corner of the nation. But at the same time the most august physicians promised great scientific and therapeutic hopes to their colleagues, patients, and patrons, the profession was forced to contend daily with the realities of powerfully stubborn chronic diseases and a growing awareness of the limits of scientific medicine. For many, it seemed that every clinical success was countered by 10 greater skirmishes, marred by diminished access to health care for those who needed it most, exponential growth in health care costs, and the emergence of a plethora of complex ethical, social, and legal dilemmas related to caring for elderly, young, and dying patients.

On several evenings in early September 1982, after definitively shutting my textbooks and capping my highlighters, I turned to a used copy of *The House of God* I had purchased for 25 cents. Always an avid rereader, I returned to that volume during my third year of medical school and again as an intern. Some might recall this period as Ronald Reagan's "go-go eighties," but those entering the halls of medicine at this point seemed much more preoccupied with how

US hospitals and physicians were scrambling to adapt to the newly mandated diagnosis related groups (DRGs) and their severely prescribed hospital length of stays and billing expectations for specific disease processes. I can recall chuckling at how *The House of God* predicted the DRG tidal wave with its outraged descriptions of an attending physician named Dr Putzel [which, probably not coincidentally, is a bastardization of the Yiddish word for a diminutive male sex organ]. Putzel was infamous at the House of God for admitting patients for weeks on end and racking up insanely high bills by ordering useless batteries of diagnostic tests. Little wonder that hospitals of the late 1960s and early 1970s, swimming downstream in that great river of medical revenue occasioned by Medicaid, Medicare, and the rise of health care benefits for the employed, loved the Dr Putzels of the world.

Born in 1960, I missed the endless protest marches and political causes that characterized Shem and his generation's high school and college years. Yet in my day there still existed a wary, if not adversarial, relationship between medical students and faculty that permeated the classrooms and, later, the wards as students were examined for intellectual fitness with questions we dismissed as trivial "rat-facts" having little to do with "real doctoring" or confronting the looming economic and social storm we now refer to as "the health care crisis." In this miasma of professional insecurity and hostility, *The House of God* proved simultaneously thrilling and disturbing.

Like many first-year medical students, I often awoke feeling as inconsequential as Sisyphus after a grueling day of hauling an enormous rock up some hill only to watch its predictable downward slide each evening. By turning to *The House of God*, instead of memorizing the pages of Lehninger's *Biochemistry* or Grant's *Atlas of Anatomy*, I grew envious and inspired by the adventures of Roy and his fellow "terns." These were the guys who thumped on the chests of arresting GOMERS; "turfed" the patients they did not want to admit; "buffed" and "polished" the charts of patients they desperately wanted to transfer to the care of others; ignored the LOL in NAD (little old lady in no apparent distress) admitted at the whim of mercenary attending physicians; entertained and then dismissed obscure or "zebra" diagnoses; and spoke truth to the pompous, potbellied, long-coated cadre of men who once controlled the internal medicine professoriate. And then there were those hilarious 13 laws of the *The House of God* (p 420) that seeped into daily conversations in the hospital cafeteria with appropriate changes depending on what specialty one was pursuing.

By the time I became a pediatrics intern in 1986, my internal medicine colleagues had grown weary of the term GOMER and instead concocted the acronym HONDA (hypertensive, obese, noncompliant, diabetic, asthmatic); patients once considered to be "going sour" were now charted as CTD (circling the drain). But the internists were

hardly alone in creating disrespectful and unbecoming nicknames for patients they were obliged to care for. Late at night when our attending pediatricians were tightly tucked in their beds at home, I must confess to laughing at the coinage of the term “gomette,” in reference to the neonatal intensive care survivors, chronically ill, and neurologically impaired minors who resided in virtually every US children’s hospital during this era. Astoundingly, we either never admitted to ourselves that there was something remarkably wrong in our behavior, or we blithely dismissed it as sophomoric sarcasm, a mere Freudian defense mechanism.

Years later, I came to understand our dehumanizing lingua franca as a convenient shorthand for the ethical, and often bizarre, quandary we found ourselves actively participating in during this discrete period of medical history. We would gladly “play God” in extending a child’s life, often without regard to the quality of life they or their parents would experience as a result of our medical heroism; at the same time, we fervently vowed never to play God in the negative sense of simply not doing anything, let alone the traditionally more unmentionable act of withdrawing life support.

At the medical school where I teach, there is a student society devoted to the history and philosophy of medicine. Every month since 1929, a few withered faculty and a dozen or so medical students have met for discussion and refreshment. In ambitious years we tackle a novel or two about medicine and, frequently, we read *The House of God*. While pouring over the same, and increasingly fragile, copy I bought so long ago and listening to medical students comment with revulsion about Roy Basch’s picaresque but horrifying experiences, I recall a youthful, positive energy I once commanded. In its place is a disappointment over those long-ago moments when I was a student or intern and did devolve to using such epithets as GOMER or gomette. This is shameful and, like many physicians, I need to say a slew of mea culpas. Fortunately, I have that opportunity with every new medical school class and each time we read *The House of God* together.

The best books, after all, are those we read at several points in our lives. Unlike earlier literary attempts to describe the intense and often traumatic rite of passage called internship and residency, *The House of God* neither sugarcoats nor ignores a host of bad medical behaviors that existed long before the novel was even published. Revisiting and reconsidering the anger and derisive verbal cracks we once expressed at patients who refused to bend to our efforts to “cure” them reminds us that such so-called defense mechanisms have the potential to harm the very people we once took an oath to heal.

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