

# BOOK CLUB Q AND A

## WITH JOHN LAWRENCE ON PLAYING DOCTOR

### 1. When did you start writing the book?

**A.** The material that I compiled to start the books was started when I was emailing friends stories from the hospital at 3 a.m. during medical school and residency. So, the genesis for writing the book came about when a friend asked if she could publish some of those stories and I said I would just write the whole thing. That phase, writing the book was something I undertook in the early 2000's, writing everything I could remember in chronological order, sitting down every day, and just writing—which left me with a 700-page tome I didn't think anyone would want to read, let alone pick up for fear of straining their back. I re-wrote and tweaked chapters over the ensuing years, but then, several years back, a screenwriting project was rejected, and out of desperation to get some creative work out into the world, I committed to working on *Playing Doctor*, except I divided that large volume into several smaller and more digestible books and spent a lot of times re-writing from there.

### 2. We could hear your voice in the book, is that something you worked on?

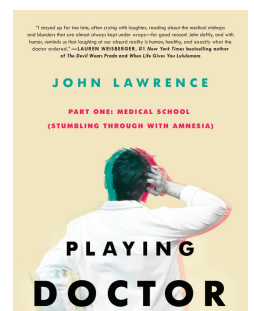
**A.** Yes, thank you, I hope so! The stories are all a bit personal since they mostly involve my ineptitude being on display, so I would read them out loud, over and over until they flowed similarly to my more natural speech patterns.

### 3. Did you become emotionally attached to your patients?

**A.** In a sense it is hard not to, because you are, especially in the hospitals, seeing people in really nervous or crisis type situations and your natural human reaction is to help them, and how can you directly be in contact with people needing help, comfort or support, and not feel some emotional attachment. But you also had to protect yourself against being too close, it's both exhausting and not healthy. The kids though, in the pediatric hospital, they can break your heart. And at the same time, with so much to do, you can turn it off and treat everything more methodically and like a job – which does not mean you care any less or give less thorough treatment. Every doctor I know mentally carries troubling cases home with them, unconsciously looking for answers to challenging problems. And on the flip side, just like life, plenty of patients you just don't become attached to whatsoever!

### 4. What made you choose those specific stories for each chapter?

**A.** I wanted to find a balance between describing what happens in medical training on a routine, day to day basis –but most of that is repetitive and kind of boring (my opinion) so I chose stories that I would be telling friends laughing over beers, or stories that I had emailed because they were so crazy, I wanted to share them. Not coming from a typical pre-med background, then having amnesia from bike crash-induced head traumas gave me a slightly atypical perception of medical training.



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### 5. Do you still get on a bicycle?

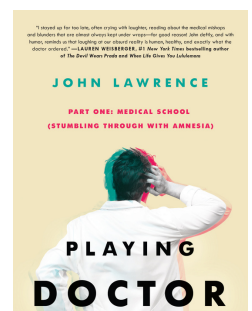
**A.** Yes! More bike stories to come in book 2. And it didn't stop there, I've had some nasty crashes in the last years, and the recovery seems worse each time! One day I might put the bikes away...but I doubt it.

### 6. What do you think of the long hours you had to work? It didn't sound healthy.

**A.** There's a much longer discussion in book two about the hours worked by residents. And some of what I discuss is based on what has now become the Libby Zion ruling. Libby was a young woman who showed up in an ER shaking and with high fevers. She died in hospital and there were lots of articles written because she was taken care of by resident doctors who were on a long shift and the attending physician was out of the hospital. Her father happened to be a New York Times reporter who focused on legal stories, and he made it his mission to try to reform the hours worked by residents. All that said, and again, it is in book 2 of *Playing Doctor*, my comments were that at the time, while you worked some long shifts, and surgical residents all the more so, it was just your job and you did it. While the long shifts and long weeks were not at all enjoyable, they also provided some of the best opportunities to learn how to handle cases. Not because you were tired and needed to know how to work under fatigued circumstances, but because you never knew what was coming into the hospital. The more you were there, the more you saw and treated different types of patient cases until they felt routine. And it required being there overnight and on weekends for calls, when there were less doctors to take the case. There is simply a massive amount of information and training to learn in several short years—that felt long at the time, all quite relative!

### 7. What do you think about bigotry, racism, sexism in hospitals?

**A.** The program here at the University of Utah, when I attended attempted to have a diverse population – but in Utah, known for a somewhat homogenous population, that might have been more challenging. The women in the medical school classes dominated the top of the class rankings. In residency there were certainly some medical fields, like surgery, where it felt a bit like an “old boys club” type atmosphere. I think that has mostly changed, and at the time, the women I knew in those programs, perhaps felt the need to prove their worth a bit more because they were all known to have outstanding reputations. But the programs here at the University of Utah are also known to be quite friendly compared to other places, (in, ahem, Texas, for example) which were routinely described as “malignant” or “toxic” and seemed to thrive on being tough on their students and residents – and maybe that is also just rumor? But I don't think outright racism, bigotry, etc. would be tolerated...not that it doesn't exist everywhere, but it's mostly a hard-working environment where discipline, mutual respect, and willingness to work are valued more than anything else.



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### 8. What happened medically with the girl who took antibiotics? And what happened to her later?

**A.** She received a prescription for amoxicillin from her primary care doctor for a common cold. She started having a mild reaction at home, a skin rash, and her parents tried treating naturally at home. Unfortunately she developed TENS which is a horribly severe reaction. The resulting inflammation and infections led to her being treated in the Burn ICU. It was such a sad case and the senior resident spent countless hours standing at her bedside watching for the slightest change in any of her vital signs to see if any improvement was being made with our attempts to help her. Last I knew she had received bilateral lung transplants. Not sure how she did after that surgery.

### 9. How did they let you back for a second rotation in Telluride when the first was difficult to get?

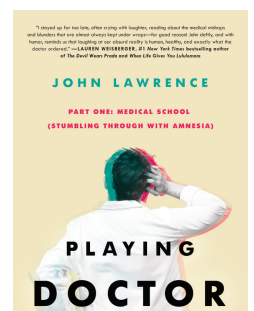
**A.** Haha! Good question. As much as I mock myself in the book, I did work hard and while it was difficult to convince them to take an out-of-state student, once there I did a good job, and most importantly, got along with everyone. Like any job, you want to like the people you work with. Also, I think I made a pretty good impression as I showed up after months of working on surgical rotations, so doing the work in the clinic, with trauma was easy and routine for me and I had just spent months being drilled on working hard and thinking through cases with a surgeons mentality, so, the timing was good for me to make a decent impression!

### 10. Are you going to write a book about the stories from when you actually practice medicine?

**A.** Maybe I should! Some of those stories occur at the end of book three.

### 11. How come you didn't talk more about the doctors having affairs in the hospital?!(This question from a lawyer!)

**A.** I don't think anyone had time for affairs! I recall going to law school parties with my law school friends, and there was a lot more emphasis put on who was seeing who...and certainly, there were a lot of commonly known extra-marital affairs occurring in the New York City law firms I had interned at during college, but either I am super-naïve, doctors are more discreet than lawyers, or there was just no time and no energy left for doctors to have affairs. That said, I think it was said that only 9% of relationships survive medical school or residency.



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### 12. How did you find your authentic voice?

**A.** (see above) It was a lot of reading, re-writing, and re-reading the chapters aloud so that the pacing and words felt natural to me. But I think the chapters or stories that people found authentic were less about the actual words, and perhaps more deeply about why I enjoy writing. Maybe I just stumble over spoken words, but when I write, I'm sure similarly for many people, it seems to tap into a deeper, more sub-conscious set of thoughts?

### 13. Did you work with an editor? How do you find one?

**A.** I did. I was very fortunate to search out and find a group that seemed legitimate (New York Book Editors) and they connected me with an editor with a lot of experience who worked on non-fiction books. She did a trial edit on ten pages and I never looked for anyone else. Anne got my voice, my humor and so I have trusted her to help make everything better. All the way from correcting grammatical errors, to equally importantly giving recommendations on content edit, areas she thought I could cut down, or in other areas, go further and deeper. It's quite easy to be in the proverbial forest after reading the same chapters over and over and over, so having a clear set of eyes to pick out where I thought I had explained something, but to a reader, it felt rushed, was essential. I am also fortunate that my wife has worked as a copywriter and was willing to read everything over and suggest great edits.

READ MORE OF JOHN'S ADVENTURES IN THE MEDICAL FIELD IN  
PLAYING DOCTOR; PART TWO. RESIDENCY

