PERSONAL VIEW

Portrayal of negative qualities in a doctor as a potential teaching tool in medical ethics and humanism: *Journey to the End of Night* by Louis-Ferdinand Céline

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Fictional stories about physicians and patients are increasingly used as a powerful teaching resource for medical students. Very often, but not exclusively, stories of physicians as positive role models are selected to teach students virtues and ethical values. Negative role models are rarely used and if so, physicians are rather described as medical quacks in such fiction then exhibiting primarily a corrupted character. I suggest that a fictional story that presents exclusively a negative role model of a physician could also be a valuable, admittedly difficult, teaching resource to demonstrate the consequences of absolute loss of ethical standards and virtues in physicians. A not widely known example of this genre is Louis-Ferdinand Céline's (1894–1961) novel *Voyage au bout de la nuit* (*Journey to the End of the Night*), published in 1932. Having a strong autobiographical background, the novel described the adventures of the medicine student, Ferdinand Bardamu, during the first world war, in the African colonies as a trader, in the United States of America as factory worker, and later after finishing his education, as a doctor for the poor. Unfortunately, Dr Bardamu develops an unprofessional, even criminal behaviour, and may serve as a negative role model for the virtues of physicians. This article will familiarise the reader with the novel and its physician author.

There is an increasing interest in using poems and novels as a powerful resource to teach medical students ethical behaviour, virtues and to illustrate the complexity of the doctor-patient relationship.^{1,2} This approach as part of a narrative medicine provides a framework for approaching a patient's problems more holistically and also offers a method for addressing existential inner qualities such as grief, hope, and despair that are part of illnesses.³ It has been proposed that great works of fiction about medicine allow physicians to recognise the power and implications of their acting. Some universities have developed a course on literature and included in their curriculum.⁴

Several proposals for a core canon of medical literature have been made and such suggestions often include similar works such as George Eliot's *Middlemarch*, Sinclair Lewis' *Arrowsmith*, Thomas Mann's *Magic Mountain*, Leo Tolstoy's *The Death of Ivan Ilyich*, and William Carlos Williams' *Doctor Stories*.^{5–7} This approach focuses on doctors as positive role models, best exemplified by Dr Martin Arrowsmith, often shown as medical hero.⁸ Even complex characters such as Dr Tertius Lydgate in Eliot's *Middlemarch* who starts as an idealistic young man and ultimately became a cynically society doctor are often viewed rather on the positive side.⁹ It is very rarely that a complete negative role model is selected. I

believe that reading a story such as Céline's *Journey to the End of the Night*¹⁰ in which Dr Bardamu is a thoroughly negative character could teach an important lesson. Although being on the first view a fictional novel, the writer Céline was a physician and the novel has many elements of an autobiography. I will first provide some information on Céline's life and then describe the plot of the story and Dr Bardamu's behaviour in more detail.

WHO WAS LOUIS FERDINAND CÉLINE?

Céline was born as Louis Ferdinand Destouches into a middle class family on 27 May 1894 in Courbevoie, a village on the west bank of the Seine (for a detailed account of Céline's life see Vitoux¹¹). Louis Ferdinand's grandmother maiden name was Céline Gulliou and her first name became later the writer's pseudonym. Céline's parents wanted him to become a salesman and thought a thorough education in foreign languages would be a great advantage. After passing his certificate of primary studies in 1907, he was sent abroad to Germany to learn German. He started working in a fabric store and later in the jewellery trade as salesman with a frequent change of employers. In 1912, at the age of 18, Céline enlisted into the 12th Cuirassiers, a cavalry regiment at Ambouillet. During the battle of Ypres, he was gravely wounded and the injury left him with a permanent damaged right arm, chronic recurrent headaches, and tinnitus that lasted all his life.

In spring 1915, Céline was assigned an administrative job at the French consulate in London and was later discharged from military service. In March 1918, he went to Rennes and met Dr Follet, a professor of clinical medicine at the local university. He enrolled at the Rennes Faculty to study medicine. After finishing medical school, Céline took up a job with Health Section of the League of Nations and moved to Geneva. He travelled widely, visited New York, the American south, Cuba, and again travelled to Africa. Many of his experiences made during his travels provided fertile rough material for the soon coming *Voyage*.

The contract with the League of Nations expired and Céline opened an office for General Practice and Childhood Diseases in Clichy, a Paris suburb, in the autumn of 1927. Céline started to work on *Voyage au bout de la nuit*. He required three years for this task and finally published the *Voyage* in October 1932.¹⁰ The literary critics tore the new novel to pieces because of its slang style. Céline was still making daily rounds at the Clichy clinic and escaped the frustrations of the failed new book with a journey to the Soviet Union. During this time, many writers and intellectuals travelled there for curiosity and to show their support of the political system. However, Céline was deeply disillusioned by the Russian bureaucracy, chaos, tyranny, and the poor living conditions. Céline was so deeply disappointed by the situation in the Soviet Union that he wrote *Mea Culpa*, an anticommunist

pamphlet. This piece was only the beginning of Céline's political writings. Shortly thereafter, he completed *Bagatelles pour un massacre* (*Bagatelles for a Massacre*), a rude antisemitic book of the worst kind. In this book, he argued for the existence of an international Jewish conspiracy that was bent on starting a world war.

The French draft board confirmed Céline as disabled to a 70% degree. None the less, he briefly served as a volunteer doctor on a French naval vessel. Céline took up a position in a municipal clinic in Bezons, a Paris suburb. Here, he cared for destitute and homeless people and opened in the winter a heated waiting room for them. Céline wrote further antisemitic pieces. He had close connections to the Nazi government and was consequently denounced by the French resistance as a traitor. In September 1944, Céline fled to Berlin where he learned that the Nazis had created an enclave for the Vichy government and other collaborators in Sigmaringen, a small town in the south of Germany. Céline was officially named physician to the French colony and provided medical care for many of the refugees under very difficult circumstances, but not necessarily for the members of former Vichy government who were temporarily housed in the local castle. Later, he fled to Denmark that was still under German occupation in March of 1945. In December 1945, a newspaper revealed Céline's presence in Copenhagen. Almost immediately after this disclosure, Céline was arrested for breaking the law pertaining to the status of foreigners. In June 1947, Céline was finally freed and the Danish government decided not to extradite him. Proceedings for a trial in absence were started, but an amnesty was eventually granted in 1951. Céline returned to France and settled in Meudon on the outskirts of Paris. On 1 July 1961, Céline who had been hypertensive for years, died from a left sided cerebral haemorrhage.

JOURNEY TO THE END OF THE NIGHT

The main character, who also functions as a first person narrator, is named Ferdinand Bardamu. This name is derived from *Barda*, the "pack" carried by a soldier of the first world war, and *mu*, the past participle of the French verb *mouvoir* (to move).¹² As already implicated by the similar first name, Bardamu is Céline's alter ego and the *Voyage* has many features of an autobiography.¹¹ The novel can be divided into four sections reflecting a stage in Dr Bardamu's evolution. The plot goes roughly as follows: Bardamu, after suffering a nervous breakdown during the first world war, was admitted to a mental hospital but eventually signed up with a company to run an outskirt trading post in West Africa. However, matters got worse rather than better and the life in the jungle was at least as bad as on the battlefield. Bardamu became ill, sought help in a Spanish missionary hospital, and was sold by the priest as working slave to the captain of a galley. Fantastically, Bardamu made it all the way to America on this ship and escaped. He then travelled to Detroit, where he worked at the Ford Motor Company factory. Finally, Bardamu returns to Paris. His experiences as a physician, practising among the poor, take up roughly the second half of the book. As can readily be imagined from this short plot, the various episodes of Bardamu's life and journey are only loosely interconnected and the book does not have a logical chain of events.

The book was written in the then unprecedented vernacular slang with short sentences that are typical of spoken, rather than written language. This particular style serves Céline well to transmit to the reader the horrors of Bardamu's adventures and his relentless pessimism.

DOCTOR BARDAMU AS NIHILIST

Dr Bardamu treated many different kinds of patients, but his nihilistic attitude shines through every patient-physician

encounter: "When we were alone with no one listening, she'd touch me for a free consultation. It was flattering in a way. 'Bébert, doctor, I have to tell you because you're a doctor, he's a little pig!...He touches himself! I noticed it two months ago, and I wonder who could have taught him such a filthy habit...I've always brought him up right!...I tell him to stop...but he keeps right on...' I gave her the classic advice: 'Tell him he'll go crazy'" (pp 209–10).¹⁰ In another case dealing with an illegal abortion, Bardamu is called to the bedside of the victim, but did nothing: "Finally, amid bumbblings and exclamations, we reached her daughter's bedside. She lay prostrate, her mind wandering: I'd have liked to examine her, but she was losing so much blood, there was such a gooey mess, I couldn't see anything in her vagina. Blood clots. A glug-glug between her legs like in the decapitated colonel's neck in the war. All I could do was put back the big wad of cotton and pull up the blanket. The mother was looking at nothing and listening to nothing but herself.' It'll kill me, doctor! I'll die of shame!' I made no attempt to dissuade her. I didn't know what to do." (p 224).¹⁰ Another patient, an older man with heart failure, is described by Bardamu in a cynical and sarcastic way: "The wife left me alone with her husband. He was in bad shape. Not much circulation left. The trouble was in his heart. 'I'm going to die' he said simply. Cases like this were my special form of luck. I listened to his heartbeat just to be doing something, the few gestures people expect under those circumstances. His heart was racing, no doubt about it; shut up behind his ribs, it ran after life in fits and starts, but run or not, it would never catch up with life. Soon, the way it was stumbling, his heart would fall in the muck, all juicy and red, gushing like a crushed pomegranate." (p 322).¹⁰ Bardamu has the suspicion that a wife has poisoned her husband, but failed to bring this incident to the attention of the authorities: "'I can't feel my feet anymore!' he groaned.... 'I'm cold up to my knees...' He tried to touch his feet, but he couldn't. It was almost over. Handing him the tisane his wife has made him, I wondered what she could have put in it. That tisane didn't smell very good, but smell proves nothing. And the way he was suffocating, it didn't make much difference whether the tisane was spiked or not. ...I didn't go to the funeral. The autopsy that I had kind of feared never came off. It was all done on the quit" (pp 323–4).¹⁰

Dr Bardamu's general behaviour as a physician is unprofessional and ruthless. For example, he started a sexual relationship with the girl friend of one of his patients who was temporarily blind. Furthermore, he is also bribed by relatives of patients to sign an affidavit declaring the grandmother insane because the other family members wanted to get rid of her. The second half of the novel is full of such stories.

DOCTOR BARDAMU AS A NEGATIVE ROLE MODEL OF A PHYSICIAN

Taking into account the autobiographical approach of the *Voyage* it is probable that Céline's own values as a physician were, at least to some extent, reflected in the Bardamu character. In contrast, according to some colleagues Céline was a caring doctor for the poor.¹² However, Céline as well as Bardamu felt guilty about accepting fees: "Medicine is a thankless profession. When you get paid by the rich, you feel like a flunkey, by the poor, like a thief" (p 227).¹⁰ Although this suggests that Bardamu has some sense of shame and guilt, his general behaviour can be described as a cynical and sarcastic interaction with patients, without much empathy and respect for them. As a doctor, Bardamu shares his creator's pessimistic view of humankind that he experienced since the moment when he enthusiastically joined the army. Nihilism, a materialistic world view seeing only decay everywhere without any real or metaphysical hope, seems to be the underlying reason for the lack of compassion in these doctor-patient relationships. Perhaps, Bardamu started his office as a more idealistic man, but the poor neighbourhood with rampant infectious diseases and no sanitation and

the fact that he lived as impoverished as most of his patients destroyed his initial enthusiasm. Dr Bardamu regularly uses words that harm and frightening metaphors in conversation with his patients.¹³ He destroys the hope in his patients and hopes nothing for his own life and profession. Yet, the psychological and physiological effects of hope as an important component of the healing process have been recently reviewed.¹⁴

How can Bardamu's (and Céline's) behaviour be explained? Certainly, he experienced all the traumatic events of the first world war, his time in Africa, and even the new world, were only disappointing for him. This state of affairs apparently transformed a young man into cynical nihilist. In the case of Céline, this emotion later found an outlet in his antisemitic pamphlets and his racism. The *Voyage* also contains element of a radical critic of modern capitalism (for example, the working conditions at the Ford Motor Company), but no solution is offered. Even a Marxist ideology is rejected, and one is left with only destruction, decay, and cynicism. Thus, it is not surprising that Céline was fascinating by fascism that offers apparently easy solutions by providing law and order.

There is evidence that medicine is becoming increasingly "deprofessionalised" and young doctors oftentimes exhibit a similar cynicism and nihilism towards patients as Bardamu showed.¹⁵ Increasing bureaucracy, technocracy of medicine with reduced direct patient-physician contact, the view of medicine as a high tech industry with patients becoming customers, managed care, health maintenance organisations, and economical pressure may all contribute to the lost art of healing.¹⁵

How can we teach medical students compassion in a curriculum that is overcrowded with technical aspects of medicine and the ever-increasing latest advances in cell and molecular biology? Jerome Lowenstein, MD, an experienced internist at the New York University Medical Center involved in teaching students for decades and founder of a programme in humanistic aspects of medicine, argues that: "The question is not whether we can teach compassion, but rather whether we will teach compassion or its opposite"¹⁶ Lowenstein convincingly points out that students adapt unprofessional behaviour of negative role models of house staff leading to a learned insensitivity to the needs of patients.¹⁶ In addition to avoid teaching the opposite of compassion, an active approach to help to develop moral values and to teach medical virtues of a good physician is pivotal.

The power of role models, negative and positive ones, to shape professional behaviour should not be underestimated. The introduction of virtue based ethic in modern medicine, as spearheaded by Pellegrino and Thomasma, to supplement a principle based ethic is an excellent way to start shaping the character and behaviour of the future physician.¹⁷ A virtue based approach may also serve to overcome scepticism, nihilism, and disillusion found in current medical students and young physician.¹⁷ Such virtues that are totally lacking in Dr Bardamu are fidelity to trust, benevolence, intellectual honesty, courage, compassion, and truthfulness.¹⁸ Valuable programmes have been introduced to teach professionalism and to cultivate humanistic values and attitudes in residency

training.¹⁹ However, such mentor programmes focus on positive role models and negative role models will be not selected for obvious reasons. Thus, students and residents will be often exposed only to the positive side of the coin. I propose that looking at Dr Bardamu and the social circumstances that influenced his unprofessional behaviour as described in this novel could be used as a framework to teach the contrasting positive virtues and professional behaviour.¹⁸

CONCLUSION

The use of narrative fiction in the education of medical students has often, but not exclusively, emphasised the use of positive doctor role models to teach human and professional behaviour. However, reading a novel such as the *Voyage*, students may also learn by looking at a fictional physician who has a real model in the writer Céline how nihilism, a lack of empathy and sensitivity, and unprofessional behaviour develops and how it will influence their care of patients. Although the novel is difficult to digest, in my opinion the *Voyage* could be used to show students how an enthusiastic young man turned into a moral corrupt physician, to analyse the reasons for this transformation, and to build up the virtues of the good physician.

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