

# *Gallows Humor in Medical Practice & Medical Education*

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“Was it wrong to make a joke?”

# There's No 'My Kid Has Cancer' In Team

All right, team! Look alive! This is the big one. This is the week we finally pull into the sales lead, and that means total focus.



By Jake Dobbins  
Sales Manager

we must ?  
Every one  
sales

Now, as you  
doubt k  
free tri  
for  
h  
c  
c  
c

not happy your kid has it, either. But the way I look at it, cancer's not a reason to get slackin' it's a reason to get on with it

ha, I'm just pulling your leg there. C  
What it comes

**Gallows humor:**  
“Humor that makes fun of a life-threatening, disastrous, or terrifying situation.”

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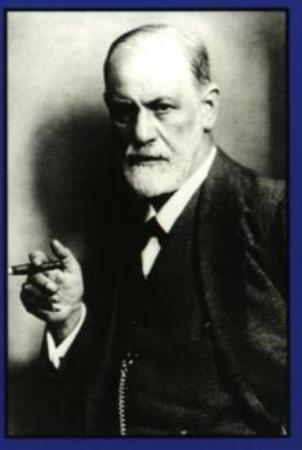
# Sigmund Freud

## Jokes and Their Relation to the Unconscious

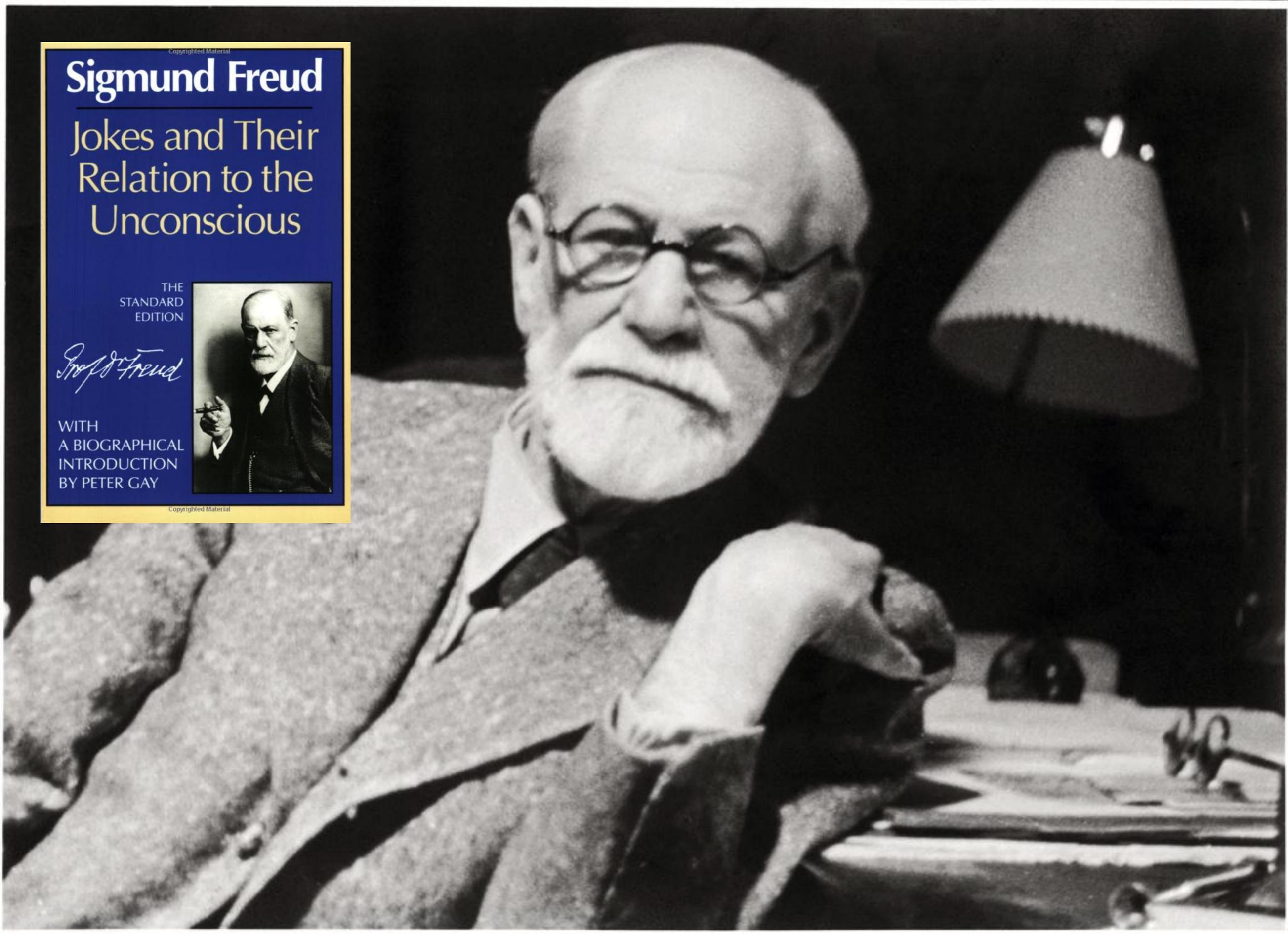
THE  
STANDARD  
EDITION

*Sigmund Freud*

WITH  
A BIOGRAPHICAL  
INTRODUCTION  
BY PETER GAY



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Ted Cohen  
Jokes: Philosophical Thoughts  
on Joking Matters (1999)





**“Doctor, your patient is on fire.”**

“Rapid-truthing”?





# Conclusion

Katie Watson. 2011. "Gallows Humor in Medicine." *Hastings Center Report* 41(5):37-45.

- Gallows humor is inappropriate when it's used as a "cover for cruelty" or a means of inadequately dealing with pain.
- But "blanket dismissals of gallows humor as unprofessional misunderstand or undervalue the psychological, social, cognitive, and linguistic ways that joking and laughing work."
- So it may be acceptable when used "backstage" (out of earshot of patients & families) as a coping mechanism.

# Analysis

## The Joke

1. Who/what is the true target?
2. Harm to patient care?
3. Harm to profession?
4. Harm to others?

## The person making the joke

1. Intent?
2. Impact?
3. Frequency?



“How much you think we ought to tip him?”

TRAINEES:

Piemonte's rebuttal

Nicole M. Piemonte.

Last Laughs: Gallows Humor and Medical Education

J Med Humanit (2015) 36:375-390

“Watson’s piece fascinates me, troubles me, and challenges me—  
and I find myself coming back to it time and again.”

“Overall, Watson’s argument is powerful, articulate, and  
convincing.

And yet, something about it leaves me deeply troubled.”

# NUFSM M3, Jan 2016

Staff nicknames for psych patients: “The Bulldog,” “Princess.” Student observes that collectively, these instances “point to a larger systemic issue.”

“Does the use of language to refer to patients by a nickname or other term (be it ironically or sarcastically) engender a working environment that allows for a certain amount of disrespect towards patients?”

Or are these terms...not meant to belittle patients so much as they are used to bring humor in an oftentimes tense, challenging job?”

# NUFSM M3, Feb 2016

“One fairly continuous ethical dilemma that I struggle with is finding humor in patient stories. ... Our team often laughs once we are out of earshot of the patients, and it is considered completely normal.”

Eg, p says “he was born with his eyes half closed in Denver, and had to be rushed to sea level to equilibrate.”

“No one would laugh at someone who just had a heart attack [CP example], and yet the degree of sickness is nearly equivalent [to inpatient psych]. I feel like there is something in appropriate about laughing at someone else’s illness – especially when that illness could very well kill them.”

# TRAINEES:

## Piemonte's rebuttal

1. KW's "most compelling insight": Existential  
incongruity
  
2. NP's alternate response:
  - a. Find better coping mechanisms?
  - b. Go bigger – structural critique

“If this were to happen, it is possible we would no longer find ourselves concerned with whether or not we should ‘allow’ gallows humor in medicine, as students and physicians would be equipped to face, reflect, upon, and discuss traumatic experiences instead of using humor as a means of temporary coping.”

PATIENTS:

The corporeal cases

1. Virginia anesthesiologist  
(colonoscopy)

## 2. Nurse & Orthopedist (butt slap)

3. Gynecologist & Student  
(she's enjoying this)

4. OB Resident & Student,  
Anesthesiologist  
(La Cucaracha)

“We all need the strength to act like the anesthesiologist in this story and call our colleagues ‘assholes’ when that label is appropriate.”

Editorial: On Being a Doctor: Shining a Light on the Dark Side

*Annals of Internal Medicine* 2015; 163:320.

1. Virginia anesthesiologist (colonoscopy)

VERBAL

2. Nurse & Orthopedist (butt slap)

PHYSICAL (non-medical)

3. Gynecologist & Student (she's enjoying this)

VERBAL plus PHYSICAL (medical)

4. OB Resident & Student, Anesthesiologist (La Cucaracha)

VERBAL plus PHYSICAL (medical & non-medical)

# OUTCOMES

1. Virginia anesthesiologist (colonoscopy)

Patient sues; wins \$500,000 - defamation & malpractice

2. Nurse & Orthopedic surgeon (butt slap)

Nurse fired; no consequence for surgeon?

3. Gynecologist & Medical Student (she's enjoying this)

4. OB Resident & Medical Student, Anesthesiologist (La Cucaracha)

No report/outside consequence

When are you “backstage”?

What’s the difference between joking & bullying?

Gallows humor & making fun of patients?

**Are we capable of making these distinctions in  
practice?**

*Thank you!*

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MEDICAL HUMANITIES  
& BIOETHICS PROGRAM

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