

Professional Cosmopolitanism in the Medical *Bildungsroman*: Narrating the Global Relevance of the Doctor's Local Practice in Abraham Verghese's *My Own Country* and Atul Gawande's *Complications*

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This essay explores two instances of nonfictional variants of the medical *Bildungsroman* to argue that this predominantly novelistic genre is being reformulated in unique ways. I herein examine two memoirs written by second-generation Indian immigrant doctors in the United States, Atul Gawande's *Complications: Notes from the Life of a Young Surgeon* and Abraham Verghese's *My Own Country*, and demonstrate that the coming-of-age genre must be reconsidered to emphasize its relevance in the contexts of illness, narrative and identity. These memoirs are key texts: firstly with respect to the socialized identities they construct for narrators who see themselves as strangers professionally (within a certain *practice of* and *approach to* medicine and its subjects) and culturally (situated in a community/family whose members display varying degrees of assimilation in America and at home in India). Secondly, these memoirs by medical practitioners are illustrative of the emerging genre of the medical coming-of-age story where the narrators' growth and development is negotiated via various institutionally governed roles like the "medical student," "the practitioner" and "the expert." These roles are examined in the doctor memoir as key moments in the ordering of an experience of learning and eventually treating, ailing bodies and disease. Physician tales (autobiographies, popular medical fiction, journalistic writing by doctors) have been studied as a genre within the field of narrative medicine (Donald Pollock, 2000; Rita Charon, 2006) in the context of medical ethics, life-writing and socio-cultural contexts of illness and its treatment. Postcolonial contexts/inquiry into the field of narrative medicine in general and the work of Verghese and Gawande specifically have received little or no critical attention and is thus a very significant gap in scholarly literature related to a genre like the *Bildungsroman* and its reinvention within contexts of narrating experiences of treating illness.

I will argue hereon that the narrative circumscribing of the period of youth (medical education) and the performance of acquiring expertise (medical practice) in the doctor memoir takes the form of a medical *Bildungsroman*. The medical *Bildungsroman* is an important genre to define and understand on account of its suitability in *enabling* narratives of transformation, creativity and agency in social and

cultural contexts of biomedical discourse. Medical narratives, specifically the narrating of individual and particularized experiences of illness, have received critical attention on account of their importance in enabling us to think about our lack of control, the limits to our autonomy, the threat of extinction and our attitudes towards chance, choice, and authority.¹ The medical *Bildungsroman* is a variant of the classical coming-of-age form which has recently been rethought to include “mid-life” stories of “growing up” with or managing chronic ailments (Hunter, 153). Here, Hunter argues, the author and hero-narrator merge into one figure, in an “autobiographical (or autobiographically fictional) account of an individual’s growth in circumstances not of his or her own choosing” (153).

Contemporary studies of the *Bildungsroman* genre have thus expanded to include the “autobiographically fictional” while emphasizing various novel and significant threats to the narrating “self” in our times. As Joseph Slaughter argues, the modern *Bildungsroman* is characterized by an individual’s struggle to attain “fixity” for his/her “self.” Any restriction to the resistance to oppression and to security, property and liberty, tend to limit an individual’s ability to attain fixity. The self’s fixity is dependent, in the modern *Bildungsroman*, on an ability to narrate one’s story (Slaughter, 412). The modern *Bildungsroman* and the medical *Bildungsroman* in particular, give rise to questions of agency and voice that are central to postcolonial contexts of the genre, within which Verghese and Gawande’s memoirs can be studied. Some other contemporary studies of the *Bildungsroman* that are relevant here in terms of challenges to conventional formulations of the genre are Gairola (2005) and Hartung (2016). Gairola draws attention to the classical *Bildungsroman*’s exclusion of questions of race and sexuality in addition to emphasizing that “youth” be seen as a non-essentializing conception of age that takes into account varying social situations and historical junctures intersecting with an individual’s life. Hartung identifies ageing and gender as important variables in narrating individualized “growing up” stories in varying social dimensions. Hartung is also significantly linking the genre’s origins with medical and biological discourses (specifically, theories of physiological development in the field of embryology that influence notions of human development seen in the 18th century *Bildungsroman*).

In emphasizing the importance of the socio-cultural contexts of disease and illness, I am building on arguments made by Turner (1997) and Treichler (1998) about the rich diversity of individual lives with which the universal aspects of medical science must necessarily interact. The medical *Bildungsroman*, this article will argue, instantiates a labouring doctor-body whose “professional” or “expert” self attains social sanction/relevance through the development of a cosmopolitan attitude. This cosmopolitan doctor-as-expert is simultaneously able to engage local/individual and global/plural contexts of medical practice, seen as a necessary precondition for socially viable professionalism and the result of “cultural body work” performed during medical internship.

Abraham Verghese's *My Own Country* tells the story of an epidemiologist's struggle to cope with the outbreak of AIDS (Acquired Immune Deficiency Syndrome) in America, set during the 1980s. Verghese is Professor of Medicine and Chief of Infectious Diseases at Texas Tech University Health Sciences Center, El Paso. Verghese's memoir encapsulates the case histories and testimonies of his many patients, while simultaneously narrating the story of AIDS itself—a fascinating narrative mapping of the route taken by the virus from its “arrival” at the port cities to its eventual contamination of even small-town America in Tennessee. In contrast to Verghese's text, Atul Gawande's *Complications: Notes from the Life of a Young Surgeon* is based on the author's experiences during his eight-year surgical residency. Gawande is a 2006 MacArthur Fellow and a General Surgeon at the Brigham and Women's Hospital, Boston. Verghese and Gawande are now familiar names in leading dailies in the US, part of an emerging canon of “physician-writers” who engage in critical public dialogue about the ethics of practicing medicine alongside others like Jauhar (2008) and Mukherjee (2011), (2016). In *Complications*, Gawande examines a variety of subjects, while narrating his own experiences of treating illness and working in a medical institution that range from fatal errors made by doctors, mysteries and unknowns in medicine, to what it takes to make a “good” doctor. I will now proceed to examine the medical *Bildungsroman* as it is instantiated in Verghese and Gawande's memoirs via three main sections.

Section I of this article, on the Individual, will examine how the doctor-narrator performs the embodiment of knowledge and expertise. Section II, on Filial connections in the Doctor Memoir, will argue that the doctor-narrators of *My Own Country* and *Complications* present a “doctor-self” that depends upon a departure from, or an elision of, the filial. In section III, on the Community, I explore how the physician-narrator labours to make individual “body work” communally relevant. I argue here that the doctor's professional/expert self, via a cosmopolitan attitude, is able to bring a range of professional and cultural experiences to bear on the study or interpretation of the individual body and the performance of his individual, particular role. A cosmopolitan attitude² in the case of the Indian second-generation immigrant physician's memoir translates to a recognition of a pre-existing condition of being cosmopolitan (belonging to families that integrated before them). In *My Own Country*, for instance, Abraham Verghese sees his immigrant status in America, as being the result of his parents' “herald migration” to Ethiopia that “presaged their own subsequent wanderings and those of their children” (16). Gawande similarly narrates the story of his parents' migration and decision to settle in Athens, even if only to demonstrate the greater difficulty his parents faced in settling into a different climate and culture.

This filial transfer of cosmopolitan values is transcended in order to make way for the “professional” cosmopolitanism of the new generation that is fashioned by individual work. Professional cosmopolitanism in the medical *Bildungsroman* is an exercise in the

building of a community through, in Appiah's terms, an "alignment of responses" (29). For Appiah, conversation across cultures is possible through a "language of value," where what is shared are not only the stories narrated/nurtured by civilizations but a vocabulary of evaluation. The doctor as professional critically evaluates medical practice in the narration of his own life experiences. In doing so he shares not only stories of suffering and healing but performs the "work" of developing a shared criteria of assessment that shapes how we think about and react to illness and its treatment. Professional cosmopolitanism as performed in the medical *Bildungsroman* thus instantiates:

a) an ethical imagining of shared social and cultural contexts. For instance, Verghese sees in his gay patients, a social outcast status he identifies with professionally (as infectious diseases specialist) and culturally (a "foreign" doctor).

b) an imagining of shared values, made possible through professional contexts. Both memoirs studied here for instance, articulate norms for various community building initiatives they identify and endorse. While these communities are performed *in* narrative (the doctor-narrator in the medical *Bildungsroman* defines doctors as belonging to a "professional tribe" whose conventions exclude even their families), they have significant implications for the material reality of disease. Shared values among these professionals will form the basis for the transaction of knowledge across/to bodies that also exist outside this community. This includes the patient-body and even the doctor-body who is unmarked by filial/professional advantage. Filial/professional advantage with respect to the doctor-body includes a pre-existing immersion in professional medical practice via filial inheritance - Verghese and Gawande's parents for instance, are both first generation immigrants in the US and both writers testify to a degree of immersion in the professional practice of medicine in the States prior to becoming doctors themselves.

c) the building of a catalogue of diversity/difference/individuality in the face of universalising norms of medical science. Verghese and Gawande both testify to the limits of medical knowledge in the face of increasingly complex individual circumstance/lived experience of illness.

The Individual: Performing the "Body Work" of Expertise

The medical *Bildungsroman* charts the development and transformation of the doctor from novice "trainee" to "professional." The period of youth in the classical *Bildungsroman*, that is finite and must eventually give way to maturity and socialization, shifts to fit the doctor-writer's chronicles of his/her period of education, learning, errors and experimentation that must also necessarily end to give way to expertise, perfection, and professionalism. The medical *Bildungsroman* marks a shift from the individual to the social with the filial/familial intervening. This section studies the medical

Bildungsroman at the level of the Individual and the following subsection examines the doctor-narrator's performance of the embodying or integrating of medical knowledge/training.

Embodying Medical Knowledge/Training

The physician-narrator in the medical *Bildungsroman* is embodied and set apart in the performance of a labouring, expert, cosmopolitan self who can, by virtue of this "cultural body work," identify and be identifiable to others whose embodiment is similarly marked. The physician-narrator's journey from trainee/novice to professional/expert is staged as a process of physical transformation through a *marking* (symbolic) of personal and professional experiences on the body. The physician-narrator is shaped by the many bodies he/she encounters (the patient body, the body of the pathogen) and bears the marks of these necessary integrations. Suzanne Poirier has demonstrated that the "role" of the physician's body and those of his patients are significant for the work of medicine and in "preparing" the physician for positioning himself in the world (525). The ritualized professional practices of the medical history and the physical exam are inseparable from the idiosyncratic cultural and material contexts in which the physician (as reader of the body-as-text) and the patient (as the body presented to medical knowledge) are embedded. The physician-narrator is *marked* by the process of growth from the filial/novice trainee to the expert/professional, manifest as dramatized encounters between the physician's body and the patient, the pathogen and the institution, and thus embodies the inherent tension of medical practice.

In his study of the "culture of dissection" in the Early-Modern period, Jonathan Sawday illustrates how the body during this period is understood as an unexplored territory that demanded the kind of "heroism" and skills from the anatomist-explorer, as those demonstrated by real-life voyagers to various parts of the terrestrial globe at the time. This gives rise to a "new figure" of the "scientist as heroic voyager and intrepid discoverer" (24). The doctor-narrator in the medical *Bildungsroman* is thus embodied through an individualized articulation of a process of learning and practicing medicine through varying levels/stages of expertise, like the anatomists who "came of age" during the seventeenth century with a new map of the body and a new grammar of understanding its inner recesses. At the level of the Individual, the physician-narrator's novice/trainee self is presented as being in a state of *becoming*, a not-yet-integrated self that performs the "body work" essential for a future identification as expert/professional. The physician-narrator as a novice *labors* to make his/her body identifiable, in the various official and unofficial contexts in which he/she is simultaneously embedded. The physician-narrator's process of self-discovery is rooted in the labor necessary for the accumulation of expertise.

Moreover, the physician's body labors officially, to detect and cure disease in an individual body by translating universal medical principles into local, particularized knowledge and unofficially, to

make his/her productivity easily identifiable. Chris Shilling has argued that in order to maintain the viability of their embodied self within the waged labor environment, individuals perform a set of unofficial tasks or “body work” (73). Indeed, work is the primary marker of identity in the medical *Bildungsroman*. The doctor-narrator circumscribes his/her youth (the period of medical education/learning/training) through performing the physical rigor of professional work, embodied as the laboring, cosmopolitan expert self. The professional/expert self via a cosmopolitan attitude is able to bring a range of professional and cultural experiences, acquired through professionalization and socialization, to bear on the study or interpretation of the individual body and the performance of his/her individual, particular role. The necessary “body work” performed in the medical residency, returns metonymically as the more *valuable* education that the physician-as-expert embodies (as opposed to the theoretical training and learning that takes place in the pre-training period of medical education).

The medical residency is thus a period marked by an anxiety of identification. The physician-narrator during residency is alien to his/her own self on account of the irreconcilability of the individual case with the universalized body of medical theory. He/she is also alien to the patient (while the physician-narrator’s identity as expert is premised on his/her identification in such terms by the patient, as a novice/trainee, the physician-narrator articulates an anxiety about the inability to perform just yet, the role of the expert). Writing about his first day as a surgical resident, Gawande recalls the “body work” necessary when he meets one of his first patients:

I tried very hard to look like someone who had not just got his medical diploma the week before. Instead, I was determined to be nonchalant, world-weary, the kind of guy who had seen this sort of thing a hundred times before. (8)

Gawande draws attention here to the necessity of posturing or the performance of expertise carried out by the novice, even before his training has begun, in order to be identifiable to a patient whose body and authority are relinquished on the basis of this “performed expertise.” We are speaking here, therefore, of the symbolic, semiotic posturing and marking of/on the physician’s body that helps the patient identify Gawande as a trained, expert physician.

Physician training tales are also characterized by the “body work” necessary during medical residency on account of the unintegrated medical knowledge that weighs on the physician-narrator’s sense of self. Consider, for instance, the following passages from Verghese’s *My Own Country* and Gawande’s *Complications* that describe their narrator’s experiences with the intern’s coat—the first, from *Complications*, describes Gawande in his fourth week of surgical training:

The pockets of my short white coat bulged with patient printouts, laminated cards with instructions for doing CPR and using the dictation system, two surgical handbooks, a stethoscope, wound-dressing supplies, meal-tickets, a penlight, scissors, and about a buck in loose change. As I headed up the stairs to the patient’s floor, I rattled (3).

Recalling his and fellow interns' coats, Verghese writes:

We strutted around with floppy tourniquets threaded through the buttonholes of our coats, our pockets cluttered with penlights, ECG callipers, stethoscopes, plastic shuffle cards with algorithms and recipes on them. (25)

And later:

Carried casually in sterile packaging in our top pockets were seven-gauge, seven-inch needles with twelve-inch trails of tubing. We were always ready—should we be first at a Code Blue—to slide needle under collarbone, into the great subclavian vein, and then to feed the serpent tubing down the vena cava in a cathartic ritual that established our mastery over the human body. (25)

In the above passages, it is evident that the medical intern literally “bears” the weight of his/her yet-to-be-integrated expertise. For the physician-narrator’s sense of self, this is literally “rattling”—as suggested by Gawande’s deliberate pun on “rattled” in the first passage. The passage from *My Own Country* does not merely describe the intern’s accumulated “mastery” over the human body but instead serves the physician-narrator in highlighting the impotent nature of this mastery as it fails in the face of the AIDS epidemic. The “cathartic ritual” learned during the internship is reminisced sardonically by Verghese, an AIDS specialist whose experience with treating what is essentially an incurable disease as a professional is at odds with his pre-AIDS internship. Verghese is retrospectively narrating the confidence that he and fellow interns exude during their medical training, believing that were AIDS to arrive (which it hasn’t as yet at the time of internship) then they would certainly be able to offer a cure, or “swallow it and digest it in the great vats of eighties technology” (25). However, as Verghese soon discovers when he chooses to practice at Tennessee, not only is he unable to cure those patients who exhibit symptoms of HIV, he also struggles to maintain a professional distance from their individual circumstances.

Indeed, this conflict surfaces since, as a “master” of his profession, Verghese still feels incompetent as he loses more of his patients to the AIDS epidemic. “I was a doctor,” Verghese later writes, “a scientist, trained in professional detachment, but all the usual procedures seemed satirical in the face of AIDS” (229). The physician-narrator’s identification as expert is thus rooted in this metonymic recurrence of the “body work” of internship. The physician-narrator stages his process of growth through this yoking of experience and reflection, where the “body work” of internship appears as a valuable lesson. The physician-narrator as expert/professional may have shed the trappings of medical education (the intern’s coat, for instance), but bears the marks of this period of learning nevertheless. Therefore, the mark becomes, in one sense, invisible, auratic, even without the visible signage. The signage becomes “invisibilized,” where the value and meaning of the trappings are transferred onto, and translated as, the expert body: the physician, after a point, *is* the sign. This section has examined the doctor-narrator’s staging of a process of symbolic physical growth or transformation, where the doctor-body, once

transformed as expert, comes to signify the “body work” carried out to attain expertise. The next section will explore filial connections in the Doctor Memoir.

The Filial: Eliding Personal Advantage, Forging Professional Ties

The young doctor-narrator in the medical *Bildungsroman* is first introduced to a professional role via a filial network of relations. The formation of the doctor’s *self* as expert or professional, however, depends upon a departure from/an elision of the filial, to present to the reader, a seamless and uncomplicated route from individual to professional. This elision is in part due to an anxiety about the extent of influence exerted by the physician’s *filial self* over his carefully fashioned professional identity. The filial in the doctor’s *Bildungsroman* signifies those sets of relations in which the doctor-narrator perceives himself/herself to be embedded passively, with a relatively small or no measure of agency. In addition to family, the filial in the doctor’s *Bildungsroman* encompasses the medical institution, education/training and cosmopolitan inheritance. The doctor’s narrating self, however, seeks to transcend and circumscribe what is perceived as an *inherited self*, as a necessary precondition for adequately representing the *professional self*. Franco Moretti has argued that youth in the *Bildungsroman* has to represent features opposed to those characterizing modernity—it is thus circumscribed and is perceived as having to “end” (5). Youth thus, rather than being symbolized as similar to modernity (seen as a bombarding, hostile force that threatens with an “excess of stimuli”), establishes a formal constraint on the depiction of modernity.

Modernity is thus “humanized” and integrated into our intellectual and emotional system. The doctor as professional is thus “humanized” and can be integrated, only through the circumscribing or elision of the novice, *filial self*. This doctor circumscribes his/her novice self, by performing a transcending of his/her passively acquired inheritance (medical education and filial advantage/influence) to become a professional. The professional reflects this overcoming or circumscribing of the filial, but also alters in new and unanticipated ways, the scope and degree of transformation and socialization for the doctor protagonist in the medical *Bildungsroman*. In the stories narrated in *Complications* and *My Own Country*, though the young doctor or “rookie” is portrayed as inexperienced, idealistic and prone to errors and disillusionment, he/she is still marked by a distinct social advantage, which is enabled by the filial network. Gawande, for instance, records visiting the hospital ER with his parents as a child. He writes:

We’d go to the hospital together, and I’d be put in a chair in the ER hallway to wait. I’d sit watching the sick children crying, the men bleeding into rags, the old ladies breathing funny, and the nurses scurrying everywhere. I got more used to

the place than I realized. Years later, as a medical student entering a Boston hospital for my first time, I realized I already knew the smell. (xi)

The institution of medicine and the “smell” of disease have already come to signify a sense of familiarity and intimacy for Gawande, even before he becomes a medical student. It is interesting to note, however, that the narrative establishes a distance between the youthful memory of passively “being put” in a chair to watch the internal workings of a hospital and the subsequent recollection of “entering” a Boston hospital as a “medical student.”

Despite his filial intimacy with the medical institution on account of doctor parents, Gawande still describes his entry into a Boston hospital as his “first time.” Verghese similarly describes his advantageous position as an Indian medical student in the United States:

By the time I completed medical school in India and returned stateside, a few of my seniors from my medical school in India had begun internships at county hospitals across America. Through them and through their friends and through their friends’ friends, an employment network extended across the country. ... And the network invariably provided me with the name of someone to stay with. (17)

Through filial culture, Verghese has access to no ordinary employment network, but a culturally specific one. Through this employment network, Verghese is able to map cultures of medical residencies across the US, with respect to their treatment of foreign graduates. Yet in *My Own Country* too, the narrator performs detachment, by opting out of this filial employment network. “Now that I had returned to America,” he writes, “with my medical degree, a certain perverseness and contrariness made me want to buck this system. What was the point in coming to America to train if I wound up in a little Bombay or a little Manila” (19). So instead, he travels with his wife to rural America, to be a resident at the East Tennessee State University. The relative advantage of the filial is thus glossed over to make way for the forging of the doctor-narrator’s professional self.

As Tobias Boes has argued, the process of translating historical time into a narratable pace in the *Bildungsroman* always contains a culturally specific component (278). I argue here that in the case of the medical *Bildungsroman*, the culturally specific component of the protagonist’s translating of historical time, is via a territorialized vernacular cosmopolitanism. As defined by Emily Johansen, a cosmopolitan worldview entails moral and ethical accountability to the world, as well as a specific local place (3). The doctor as professional is committed to the global (the challenges and changing contours of medical science/knowledge) and the local (the everyday practice of medicine on individual bodies that exist at multiple cultural locations) contexts of medical practice and is ethically and morally responsible to both. Identity is thus articulated in the doctor memoir within the realm of social and public responsibility, rather than as a reification of national/cultural/ethnic origins.

The “territorialized” cosmopolitanism of the doctor-as-professional does not resort to the “abstract” and “deterritorialized” hybrid identity that Arif Dilrik has identified as a feature of diaspora writers in our current “transnational situation” (231). In Dilrik’s view, the diaspora or transnational writer is often appropriated/misrepresented as ethnographer, or cultural translator and therefore seen as a representative member of a culture whose unity and homogeneity is imagined, constructed. The medical *Bildungsroman* however preserves individual and social complexity and is rooted in particular spaces and places. The doctor’s professional and cosmopolitan selves thus transcend the filial, precisely to elide the “imagined homogeneity” of an ethnic/cultural identity. As professional, the doctor-narrator forges an ethical and moral self who reflects the social complexity and differences in the learning and practice of medicine in a global context. The doctor’s ethical and moral accountability to disease prevention and cure in local and globalized cultural contexts sets his professional self apart from the filial. The following subsection will further detail the doctor-narrator’s forging of a professional and cosmopolitan self with respect to the family in the medical *Bildungsroman*.

The Doctor Family

The family in the medical *Bildungsroman* is narratively located outside the professional practice of medicine to allow for the distancing of the filial from the professional. Moreover, the doctor-narrator always places filial interests either on a par with or outside his practice, as this determines the extent of his integration in a given community. The doctor-narrator is thus presented as relinquishing the personal in favor of the public and is thereby integrated into a wider social network.

Writing about the inevitable isolation that results from practicing medicine, Gawande says:

Doctors belong to an insular world—one of haemorrhages and lab tests and people sliced open. We are for the moment the healthy few who live among the sick. And it is easy to become alien to the experiences and sometimes the values of the rest of civilization. Ours is a world even our families do not grasp. (78)

It is interesting to note that despite Gawande’s exposure to his doctor-parents’ experiences, he emphasizes the family’s *lack* of understanding of the workings of the medical profession. The “insular” world of the doctor is thus not only “alienating,” but a necessary precondition for professionalism. The filial is thus portrayed as existing *outside* the professional practice of medicine. Verghese’s account of an infectious diseases practice echoes several of Gawande’s characterizations of surgical practice as “insular.” While Verghese recognizes the vulnerability of his own family in the context of his intimate interactions with deadly and infectious diseases like AIDS, he perceives their fears and anxieties about his profession as a lack of comprehension of the many roles he is expected to fulfill in addition to

the professional—father, husband, son and mentor to his marginalized AIDS patients, to name a few.

Reflecting on his father's queries about whether or not he takes adequate precautions with his AIDS patients, Verghese is indignant at his father's suggestion that he should wear gloves. He should think of his young child and pregnant wife, his father goes on to recommend. At this point, Verghese reflects:

I seemed to be living in a separate world which those who had not been touched by the disease could not enter. I felt alone at my own table, alone and unclean, chastened by my father's attitude. I thought at that moment of the gay men I had met during the last months. I thought of how often they had felt alone at the table among family and friends. (168-169)

The threat to the doctor's family on account of disease is superseded by the doctor's concern for the community and the community of patients. Verghese's family cannot enter the world in which he is an AIDS specialist, a world in which he is the heroic savior of a community of marginalized people. Verghese makes empathetic connections with his patients rather than his family, based on ties of professional but cultural affiliation as well.

The doctor/narrator transcends the filial by expanding, as I have earlier demonstrated, its scope and degree (he/she makes a move from the local (filial) to simultaneously engaging the local and the global (professional)). However, this transcendence elides the filial advantage described earlier to present a professional self that charts a new trajectory or *directs the plot* of the doctor-narrator's life. For instance, Gawande recalls being taken along with his doctor parents to medical conventions—a necessary routine for any doctor, “big deals in medicine,” as he describes it (67). He writes that as a young boy, he “vaguely remembered” the convention as “dense, enormous and exciting” (67). Years later, as a senior surgical resident, Gawande is invited to attend the eighty-sixth annual Clinical Congress of Surgeons, since he had at the time “reached the stage in training” that allowed him to be a part of this medical tradition. Despite being introduced to the tradition of conventions as a child, Gawande's detailing of his experiences at the convention as a resident are premised upon being able to reinterpret and transcend his filial baggage.

As otherwise isolated professionals whose world precluded any wider professional/social interaction, the convention strikes Gawande as possessing several “good, practical” considerations for anyone interested in “networking.” While the convention itself is only partly academic and almost “carnival” in its display of the latest medical gizmos and merchandise, Gawande finds a “deeper,” more “poignant” and “vital” reason that draws doctors to these conventions—the desire for contact and belonging. Providing an illustration of these “deeper than mere carnival” moments at the convention, Gawande describes the paradoxical familiarity with which doctors speak to one another on the bus rides between the convention centre and their respective hotels. As Gawande puts it, rather than choosing to keep an anonymous

distance from co-passengers on these bus rides who are almost always strangers, the doctors instead talk to one another. “You were,” he says, “you felt, among your tribe—connected though knowing no one” (77). Attending the convention as a resident, Gawande forges connections with a professional tribe and the filial now returns merely as an “anecdote,” a moment in the past shared casually with a co-passenger.

For example, in a passage from *Complications* that again reveals Gawande’s cosmopolitan inheritance, he narrates to his co-passenger on the bus the migratory tale of how his parents chose the city in which they would practice:

I told him of how, almost thirty years before, my parents had narrowed their choices of where to take up practice to either Athens, Ohio, or Hancock, Michigan, in the upper peninsula. Arriving in Hancock by prop plane for a mid-November visit, however, they found three feet of snow already on the ground. Stepping out in her sari, my mother nixed the place immediately and chose Athens, though she had yet to visit it. (77)

In Gawande’s words, his co-passenger, “like my parents, was a native of India”; although, unlike Gawande’s parents, his co-passenger believes like “all deep northerners” that the bitter cold is “really not so bad.” The trading of this filial anecdote is interesting because of the transition it evidences from one generation to the other. As senior residents on the road to becoming professionals, these two doctors share not only the connection of being members of a “tribe”, but together sense the transition they have made from their own local, native past. The connection that Gawande shares with a stranger-member of his “professional tribe” is premised upon an elision of filial discomfort with a foreign culture and terrain. The native of India has transformed into a “deep northerner” and it is this transformation that Gawande identifies with rather than a filially shared connection.

Similarly, Verghese senses the increasing Indianization of medical practice in rural America—through the same employment network that allows him an entry into this culture. However, he also recognizes how he and his wife are from a generation that is able to move easily between cultures—their identity more malleable than the many “foreign” physicians who look to practice and settle into Indian communities in America. “For the Indian parties,” he writes:

Rajani wore a sari and we completely immersed ourselves in a familiar and affectionate culture in which we had our definite place as the juniormost couple; but at night we could don jeans and boots and go line dancing at the Sea Horse on West Walnut or listen to blues at the Down Home. (23)

Once Verghese begins to practice in Tennessee as an infectious diseases specialist and becomes the town’s only “AIDS doctor” however, his professional expertise is in conflict with the filial harmony he shared with his wife and the Indian community in the rural town. At another Indian party, like the one Verghese referred to earlier, he finds himself alienated by his Infectious Diseases specialty (at these parties, where financial success determined the basis of the hierarchy, procedural specialists like thoracic surgeons were at the top of the pecking order).

Verghese draws attention here to the lure of financial success as a crucial determiner of membership in a community of postcolonial, immigrant doctors. His alienation from this community has to do with his choice not to participate in the most lucrative kind of medical practice but to show a commitment to its improvement in local and global contexts. Verghese arguably thus also transcends what is seen as the postcolonial, immigrant preoccupation with being financially at the top of the “pecking order” and forges instead an ethical and empathetic connection with other kinds of cultural outsiders. Moreover, Verghese also emphasizes how choosing infectious diseases at the end of his residency made him different from both American and foreign residents at the time, most of whom “flocked to cardiology or gastroenterology or pulmonary medicine-specialties rich in invasive procedures (and therefore very lucrative)” (26). The preoccupation with financial success is thus also broadly seen as an aspect of American culture that Verghese’s cosmopolitan ethos opposes. Verghese eventually finds his niche alongside the teenagers at this party, who flock towards him—the boys are attracted by his motorcycle (other doctors in the community, many of the teenagers’ fathers, drive expensive cars) and the girls (with ambitions to get into medical school) are drawn towards his heroic tales of AIDS care. Describing the East Tennessee Indian doctors as “staunch Republicans,” Verghese recalls “deliberately planting a seed of dissension in their family” by “marshalling a passionate argument against Reagan” to the group of teenagers gathered around him.

His wife, however, “is perfectly at home” in this party, demonstrating the varying degrees of assimilation they now enjoy in contrast to earlier times when they both slipped in and out of what is seen as a “familiar and affectionate culture.” Verghese is ill at ease at this party precisely because his professional self/identity as an AIDS specialist is now set apart from the filial, represented by his wife and others who are “at home” in a situation that alienates him. The filial has thus come to represent passivity and homogeneity, while the professional is premised upon a critical and ethical commitment to the practice of medicine that extends beyond the local. The doctor/narrator, as this section demonstrates, transcends the local and filial in an attempt to integrate into a larger, more global community. The next section examines the integration of the doctor-body within a community, through the designation of conditions necessary for membership in such a community.

The Community: Local Expertise, Global Relevance

Rajini Srikant (2004) has argued that Verghese functions as a “cultural insider” in his memoir, by transforming relative disadvantages like being a “foreign” doctor in America to the position of an ultimate insider in rural America. Through the “conduit of AIDS,” Verghese is able to integrate into the rural community in Johnson City, a part of the land that arguably exists outside the consciousness of most urban, city-

dwelling Americans. “Thus, being an insider in such a community,” Srikant argues, “may represent a kind of dubious belonging to America; on the other hand, in Verghese’s case, the particular nature of his doctoring enables him to move from the privilege of being an insider in Johnson City to being an insider nationally” (440). The doctor-narrator is integrated into the community through his role as professional doctor, achieved through an elision of the filial. However, the doctor-narrator as professional must necessarily recognize the significance of the filial for the rehabilitation of illness in the community.

The Laboring Doctor Body and the Community

At the level of the Community, the physician-narrator labors to make individual “body work” communally relevant. The relevance of individual body work is enhanced through the expert’s embodiment of his/her medical internship only as metonymic lessons, while constantly working to expand his/her expertise in the realm of real-life bodies. In *My Own Country*, for instance, Verghese is able, by virtue of his professional expertise (an infectious diseases specialist), to visualize for the reader and the people of Tennessee, the various routes taken by the AIDS virus (primarily believed at the time, to be a “city-disease”) to enter the rural town. These routes are inscribed on the *bodies* of the AIDS patients that he treats in the town, mostly homosexual men whose individual stories of travel are then re-plotted by Verghese on a map of America to dramatize the virus’s entry into the national body. Verghese is thus able to make the “city-virus” relevant to his rural town, while simultaneously engaging this locally acquired expertise to grasp the character of what is in fact, a global threat. Verghese describes himself as a “surrogate activist,” the rural town’s link to “the larger consciousness of AIDS” (276), thereby embodying the tensions inherent in treating a “city” epidemic in a rural town.

Verghese’s embodiment of this paradox in his rural practice is further complicated by the frequent foregrounding of his status as an immigrant doctor. As Anne Balsamo has argued, the body can be seen as a product and process where it is defined by a performance of health, personal identity and beauty as well as a way of “knowing and marking a self” (217). The laboring, cosmopolitan physician is often set apart in the medical *Bildungsroman* to promote a greater degree of identification for this body that is *professionally* marked. Chris Shilling defines “cultural body work” as forms of presentation that individual members of a group develop, to allow them to recognize “safe” and “familiar” others or “strangers” who pose a threat to their existence and lifestyle (77). For instance, Verghese constantly foregrounds his ability to adapt to his “foreign” setting, Johnson City, Tennessee, in America and make it his “home” and even sets himself apart from other “foreigners” in his community. Verghese moreover testifies to how he “cringes” when the other Americans on the hospital staff link another Indian doctor’s “boorishness to his foreignness” (45).

Rather, Verghese instead works at “blending-in,” to earn the local title of “good ’ole boy” (the highest compliment a “Johnson Citian” would pay another) by working to expand his “Appalachian folk lexicon” and making it a “challenge” for the locals to find food that he would not eat. Comparing his own personalized practice in rural Tennessee with those in big cities like Boston, Verghese finds that he is treating larger numbers of patients than the Boston University Hospital faculty. “Yes,” he writes, “the big city hospitals were following hundreds of patients. But since infectious diseases faculty like Stuart had with them a flock of interns, students, residents and fellows, they never personally assumed care for anyone, except perhaps one or two patients in their private clinics” (277). Verghese, with a practice spanning nearly fifty patients, reacts with anger when a fellow ID specialist recommends that he hire “drones” to take care of day-to-day clinical care, so that he can invest his time in the “intellectual” labor of laboratory research and academic lectures.

While underscoring the value of “physical” labor, however, Verghese suggests differently. He writes:

I spared him embarrassment by not pressing him on who these “drones” were. I could well imagine: Indians, Pakistanis, Koreans, Filipinos, Middle Easterners—all doctors with visa problems and the need to remain in a “training” situation until they could make the switch from a J1 visa to an immigrant visa. In Johnson City, I was my own drone. And I was getting very tired. And sometimes very angry. (279)

Immigrant doctors’ labor is thus foregrounded as the unacknowledged “work” of medical practice, in addition to setting apart the “physicality” of the ID speciality. As an immigrant doctor himself, Verghese embodies the cultural and professional markers of his identity, while simultaneously engaging in a critique of the medical institution that hierarchizes medical labor as well as institutional racisms. Verghese’s detailing of this exchange with a fellow ID specialist, also serves to highlight his personal critique of globalization that appears to benefit his colleagues—the free flows of cheap labor from relatively disadvantaged nations perpetuates the exploitative conditions under which such bodies labor.

Verghese as a practitioner of “professional cosmopolitanism” thus labors to be seen as different from those who have uncritically accepted elite, individual advantage conferred by a self-professed system of global advantage. Writing about the significance of doctors in the realm of palliative care, Atul Gawande argues that there exists a crucial difference between suffering and symptoms. The doctor’s role, he argues, is not confined to the interpretation and diagnosis of symptoms, but is premised on the alleviation of suffering. For example, for some patients he writes, “simply receiving a measure of understanding—of knowing what the source of the misery is, seeing its meaning in a different way, or just coming to accept that we cannot always tame nature—can be enough to control their suffering. A doctor can still help, even when medications have failed” (134). The physician’s labor is thus made viable, even in a context where it is threatened with displacement by the uncertainties of disease. Similarly,

while writing about the role of technology in medicine, Gawande argues that the two need not be viewed as incompatible, but can in fact be mutually reinforcing.

As “systems” take on the technical work of medicine, he says, “individual physicians may be in a position to embrace the dimensions of care that mattered long before technology came—like talking to their patients” (37). The doctor can thus return to his/her traditional role as “healer,” to ensure a better integration of technology with medicine. With the renegotiation of roles performed by the doctor, he/she is integrated into the larger culture. “Maybe machines can decide,” Gawande concludes, “but we still need doctors to heal” (38). His message here is loud and clear: we still *need* doctors therefore, if we are willing to recognize the value of traditional medicine. Shilling has posited that work can be viewed as a “project,” as something that has to be assembled in “contingent and creative ways” (85). The “productive” body is similarly viewed as something to be constantly “worked upon” in order to retain its viability. Gawande writes, “I am in my seventh year of training. Only now has a simple slice through the skin begun to seem like nothing, the mere start of a case. When I’m inside, the struggle remains” (14). At the end of his training thus, Gawande still acknowledges the presence of “struggle.”

The doctor’s laboring cosmopolitan body is thus in a state of “becoming,” constantly worked upon—through self-improvement and through constant work on other reproductive bodies—to ensure its continuing viability. Moreover, the doctor-narrator’s “work” as expert, in his individualized articulation of an experience of treating illness in the medical *Bildungsroman*, is seen as “requiring” constant assembling to retain its viability. The doctor-narrator, this section has demonstrated, “works” to make viable his own embodied cosmopolitan practice within universalizing practices of medicine through a translation to the particular, individual case and through “cultural body work.” Thus, as I have argued throughout, the medical *Bildungsroman* as an enabling narrative plotted by the two Indian immigrant doctors studied here instantiates a professional identity that is insinuated in a community via a cosmopolitan attitude to the practice of medicine that extends beyond the local, filial and cultural to become socially and publicly responsible.

Anne Hudson Jones (1996) has noted a decline in the image of the heroic physician in her study of two medical *Bildungsromans*, Sinclair Lewis’ *Arrowsmith* (1925) and Samuel Shem’s *The House of God* (1978). Jones signals to a difference in the image of the physician in both novels as reflective of the changing attitude towards the physician and medical science in the twentieth-century medical *Bildungsroman* (the doctor-protagonist’s heroism in the early-twentieth-century *Arrowsmith* for instance, emerges in his commitment to the pursuit of scientific truth while in *The House of God*, the jaded doctor-protagonist leaves his mechanistic, technology-driven internal medicine internship for a career in Psychiatry). The late-twentieth-century medical *Bildungsromans* studied in the present context, however, differ from those in Jones’ study in certain aspects. They are

fictional-autobiographical rather than being situated in the context of the history of the development of the novel and also evidence a resurgence/re-fashioning of the heroic doctor-narrator in creative ways. While Verghese and Gawande's memoirs present doctor-protagonists whose tone is critical and reflects disappointment with the current state of medical science/practice, they simultaneously express a desire to transform the doctor's role *within* the professional practice of medicine rather than abandon the practice to save oneself, as suggested by Jones' study of the protagonist and medical interns in *The House of God*.

In conclusion, the doctor-narrator's articulation of an ethical commitment to the practice of medicine and his/her recognition of diversity in the bodies that labor and are labored upon in medicine comprise a critical cosmopolitanism, inasmuch as the doctor's practice of and attitude to cosmopolitanism is seen as an individual commitment to be distinguished from (filially) "received" notions of cosmopolitanism. Walter Mignolo warns us of the dangers inherent in cosmopolitanisms that seemingly arose from local histories but eventually became global designs that were to other local histories merely an "abstract universal" to be followed (182). To challenge these hegemonic cosmopolitanisms, Mignolo suggests what he terms "border thinking"—a practice of thinking from the perspective of those "local histories" that were all the while marginal to global designs (174). The medical *Bildungsroman* in the case of Verghese and Gawande's texts provide us with an interesting instance of "border thinking," where the (critical) professional cosmopolitanism of the doctor-narrator comprises learning to think from the perspective of subjects marginal to the global designs of medical science (patients, practitioners in diverse cultural contexts). While thinking from the perspective of border subjects/bodies, these narrators are also simultaneously critical and anxious of their own "centrality" within this border in terms of filial advantage. Border thinking thus also enables the doctor-narrator in the medical *Bildungsroman* to perform guilt and anxiety about relative advantages that need to be overcome and undervalued to make way for a (critical) professional cosmopolitanism.

Notes

1. While the recording of an experience of illness is by no means a new phenomenon, as Michael Bury (1982) and Kathryn Montgomery Hunter (1991) have noted, it is only recently, with the rise in "chronic" illness and the "lengthening" of human life made possible by advances in medical science, that stories about the "individual's" experience and examination of illness have been written and made possible.

2. It is important here to invoke the definition proposed by Sheldon Pollock et al in their introductory chapter to *Cosmopolitanism*, where they caution against specifying the concept "positively and definitely" (1). I am relying on this definition of cosmopolitanism as a "project"

whose conceptual content I argue should expand to fit a genre like the medical *Bildungsroman* as an instance of a cultural form of story-telling that has very significant implications for identity and subjectivity in our present times.

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