



## Perspective / Opinion

# Is Humor Appropriate in Clinical Medicine?

By Charles J. Harkins, MD

*Otolaryngologist Charles Harkins, MD (known to everyone as “Charlie”), is famous for his sense of humor and ability to see the ironic twist in any situation. We asked him to reflect on how he sees the use of “humor” in clinical care ...*

As I mused over this topic, lots of ideas came to mind: Should we use humor in medicine? Is there anything very funny about being sick? If we use it, when should we use it? Should we all use it or just a few “funny” people? How do we know if we’re one of the “funny” people?

I settled on, “Of course we should use it in medicine!” We use it in virtually all human interactions. Have you ever laughed or smiled at a funeral? Has the eulogizer ever made a joke at the deceased’s expense? If you can do it when someone just died, you should be able to do it while they’re still alive. Medicine, at its core, is human interaction. Therefore, using humor certainly seems appropriate.

How is humor potentially helpful in medical interactions? Certainly, it can be a great icebreaker. Going to see a medical provider is anxiety-provoking for many patients. If we share a smile, a giggle, or a laugh with a patient, that can ease the anxiety for them. It is also humanizing. From the patient’s perspective, the patient and the provider are not equals (and, all too often, in the mind of the provider, as well, but that’s another topic). When we laugh together, we are showing them our human side, the side that demonstrates that we care about them as people, not just as a disease we are there to cure or treat.

Humor can also send the message that their medical concern is not the end of the world. Not that you are treating what they have lightly, but you are reassuring them that what they have is not life threatening. There are worse things to have. This is particularly important when your treatment options are not curative, but rather supportive as, for example, when you reassure someone that it is not a problem when they experience nasal drip every time they go to a Packers game in December.

I have also spent a lot of time thinking about *who* should use humor. I wondered, maybe it is not for everyone. I think you need to do a little self-evaluation to see if it's right for you. Here is my own self-devised, completely unsubstantiated, and not validated test. Only one question: Do you like to laugh? or Do you laugh easily? Maybe that's two questions. Don't quibble. Your answer, like everyone else is, of course, I like to laugh! Right?

Let me ask you to think about it a little differently. If someone asks us if we are adventurous, we *all* think we are adventurous. *We're* not sitting on the couch all day! Now, if that same someone asks us if we want to go bungee jumping or parachuting with them, how many of us are *still* adventurous? With that, rethink the laughter part.

And, don't confuse laughing easily with happiness. While there may be some correlation, they are mostly separate. You can certainly be happy, even if you just don't find [\*Caddy Shack\*](#) to be that funny. If you don't laugh *that* easily, I'd be cautious about trying to incorporate it into your patient interactions.

Another way to look at it is this: How many of your interactions outside of the clinic or at the bedside involve laughter? Does the two-minute morning meeting with your AA usually have a chuckle in it? How much laughter is there in the non-stressful parts of a surgery or rounds with your team? Do you share light moments with the surgical techs, hospital staff, and residents?

Timing and insight are important. As we surgeons often say, some of the best surgical procedures I have ever done were the cases I decided not to do. Take your cues from your patients. If they don't give you an opening for humor, don't force one.

Finally, just a little parting wisdom. Never let humor interfere with the serious nature of what you do. Concentrating on your own humorous instinct instead of the patient's suffering is disrespectful of the patient and their concerns. If you're not sure if it's the right time for humor or not, it's not.

Like the entire medical interaction, the use of humor is a two-way street. As anyone who knows me can attest, I love to laugh. It's a tough day in the office if I don't have laughs to share with my patients. Sometimes all you need is a cue from the patient to help get things rolling. That's why I absolutely love it when a nervous four-year-old patient farts ...

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