



*Samuel Shem*

## 290: Writing a Sequel Decades Later

**Gabriela Pereira:** Hello, and welcome, word nerds, to DIY MFA Radio, the show that will help you write more, write better, write smarter. I'm Gabriela Pereira, instigator of DIY MFA, and your host for this podcast. Now, let's talk writing.

Hello. Hello, word nerds. Gabriela here, and welcome back to DIY MFA Radio. Our show notes are over at [diymfa.com/290](http://diymfa.com/290) because it's Episode no. 290. Also, if you're enjoying the podcast, please subscribe on iTunes, Google Play, and you know, all the places where you might listen to podcasts, and please leave us a review. This will help other Word Nerds out there discover the show as well.

Now, today I have the pleasure of interviewing Samuel Shem, who is a novelist, playwright, and activist. He is a Professor in Medical Humanities at NYU School of Medicine, and Visiting Artist at the American Academy in Rome. His novels include *The House of God*, *Fine, Mount Misery*, *In the Heart of the Universe*, and *The Spirit of the Place* (which won two national "Best Literary Novel" awards in 2008 and 2009).

He is coauthor with his wife, Janet Surrey, of *The Buddha's Wife* – and the award-winning Off-Broadway play *Bill W. and Dr. Bob*, which is about the founding of Alcoholics Anonymous; and also the book, *We Have to Talk: Healing Dialogues Between Men and Women*.

Now, listen in because in this interview, we're going to be talking about Shem's new book called *Man's 4th Best Hospital*, which is a follow up to his first novel, *The House of God*, which kind of took the medical world by storm and kicked off the genre of the Medical Novel.

Now, I do want to add a little language warning; toward the end of the conversation, we get really into a whole bunch of different issues. It's a lot of stuff that we want to talk about. We have a lot to say; and a little bit of salty language comes out.

Now, usually, we might bleep these things out – but because it kind of captures the spirit of the conversation, it just didn't feel right to me. So, you have been warned; if you happen to be around small children or listening to this in a place where other people who are sensitive to that sort of thing might be around, this will be a good time to put on headphones.

Otherwise, let's get down to the interview. Welcome, Shem. It is so great to have you here.

**Samuel Shem:** Thank you.

**GP:** So, I always like to start my interviews with the story behind the story. What inspired you to write *Man's 4th Best Hospital*, and why?

**SS:** I had written, you know, my first novel 40 years ago, *The House of God*, about my medical internship in the Beth Israel Hospital in Boston, just miraculously did incredibly well.

Nobody knew about it when it came out, except other interns. I refused to do any publicity for it. I didn't think that was what writers did. I was a purist. I was in my psychiatry residency at that time.



I always wanted to write a sequel because, I mean, the sales after 40 years are higher than ever. I'll puff myself a little bit; in Publishers Weekly... a couple of years ago in Publishers Weekly's list of the 10 Best Satires of all time, *The House of God* was number #2.

**GP:** Wow.

**SS:** Below *Don Quixote*. So, when I got this news, I said, "Hey, what's so great about *Don Quixote*?"

[laughter]

**SS:** But I agreed with that, *Don Quixote*; and number #3, *Catch-22*. And it's actually got listed just, you know, doctors listed as the most important book they ever read to this day after 40 years. I think the second was *Grey's Anatomy*; and the third was *The Bible* – so, go figure.

So, *The House of God* has been this incredible novel that just keeps growing and growing and growing. So, everybody knows it. I always wanted to write a sequel, of course – but I wasn't in medicine anymore; I was just a writer. I was able to just write, which was what I wanted to do.

And as I said, I published, you know, plays, novels, non-fiction. Worked with my wife Janet Surrey on *Bill W. and Dr. Bob*, which ran off Broadway for over a year; story of the founding of *Alcoholics Anonymous*. And we wrote a book together, also called *The Buddha's Wife*.

And anyway, I wanted to write a sequel, but I wasn't in medicine anymore. And then, you know, like the flicker of a butterfly's wing in all of our lives, out of the blue, I get a call - I live in Boston – I get a call from NYU Medical School, and the dean said, "How'd you like to be a Professor of Medicine in NYU?"

And I said, "Well, why?" And he said, "We'd like you to come teach in our Medical Humanities Department." And I said, "Yeah, what do you want me to teach?" And he said, "Dummy, we want you to teach *The House of God*." Now, you have to realize that *The House of God* was a very radical book when it came out.

I mean, the hospital that it's based on and the older generation of doctors – it's the story of the medical internship with sex and laugh and, you know, laughter; and rides on humor, to a large extent.

I was hated at Harvard for writing it because it's about Harvard Hospital. And here these guys were going to pay me a salary to come and teach it at NYU School of Medicine. So, I leaped in and, all of a sudden, I was back into Modern Medicine after not being a doctor, practicing doctorate, anymore.

And I was totally blown away by the miracles that could be done now, that couldn't be done before – but at the same time, my first visit on the rounds there, I saw two things that made me say, what I always say if I start a book... I call them these, Hey, wait a second moments.

When I say, "Hey, wait a second," something's not right here, somebody has to write about this. I guess it's you, right? And motivation, my motivation is resistance against injustice; that's what *The House of God* was about.

That Hey, wait, a second moment was about the thing that I saw as the narrator says at the beginning, *Man's 4th Best Hospital* – the same narrator as *The House of God* – he says, "I'm called to write this novel because it was a time when medicine could go one of two ways; toward more humane treatment... or toward money and screens, meaning computer screens.



...”which”... he goes on... “because this is the truth about those screens,” which are billing machines, money and screens. And then he says, “And money,” since these are cash registers, right? Basically, which the lay public does not know; they think these are for your care.

No, they’re to make money for the insurance companies. Okay? And so, all of a sudden, I dived in. I mean, I published only one medical paper in my life called Fiction as Resistance; and this is a resistance novel, it rides on humor.

It’s funny. It’s not as sexy as the House of God, but it looks at medicine now. The House of God really for other doctors, right? And this book, Man’s 4th Best Hospital, is for doctors and patients and nurses and other healthcare workers.

And so, all of a sudden, this little boy said, “You got to write this book.” And I started, you know, about three years ago. And lo and behold, here it is; and I’m going to get into a lot of trouble.

But I have hopes that this book will not be for doctors only. This is about how patients are treated in the healthcare system, and what we can do about it. Because it’s a total disaster for your doctor, a disaster for the patient, disaster for nurses; and it’s only better for profit insurance companies.

It’s a crime, sort of a crime against humanity. And as they say, I have bigger wishes for this book out in a more general place in the American populace, because what are the two main issues of the 2020 election? They’re healthcare and healthcare.

So, this hits it right where it is. And you know, what I found out is if you can make people laugh and you can bring them along with a great story – Sinclair Lewis, like Orwell, like Harriet Beecher Stowe... on and on, it can go – you can have a bigger effect in bringing social change than you can by all the medical articles that are written on healthcare, who reads them? And if they read them, where do they stick? Well, you know this, all your writers know this. A successful book sticks in the heart and the belly.

**GP:** So, there’s so much in there that I want to unpack. So, I wanted to circle back to what you said about the narrator, because that to me is really interesting you refer to this as the narrator. When I was reading it, I almost thought it was like, it felt like an author’s note – but clearly, if it’s a narrator, you see yourself as a different being than the narrator.

So, can you talk a little bit about the role of that narrator and, you know, why frame the book as being from a narrator as opposed to just leaping into the story, right off the gate?

**SS:** Well, when I wrote The House of God, it’s the same narrator in both books, of course.

**GP:** Mm-Hmm.

**SS:** I didn’t know how to write a novel. I’ve never tried a novel. I’d never even tried a short story, you know. And I wrote it close to the bone, at first, as a catharsis; and I’d get my guys together, you know, the other interns – their names in the book are “Eat My Dust” Eddie, and Hyper Hooper, and The Hunt, and Chuck, you know... and the hero who, those who don’t know, is called The Fatman.

And we got together after this horrific experience of internship at the Beth Israel Hospital; a lot of them were still around Boston. We’d get together at night, and we’d, you know, I was drinking an awful lot at that time – and smoking, you know, cigars and pipes; and we’d get drunk and we’d laugh.



I mean, there's a couple of tapes of this; and it's so, they're so funny. And actually, if anyone's interested, the website I have now is mans4thbesthospital.com, Samuel Shem. And on it, believe it or not, is on the 40th anniversary of The House of God at NYU Medical School. We had a panel of all these old guys, right?

**GP:** Oh, how cool.

**SS:** With my wife, who's in the book too as Barry, 40 years later. And it was so marvelous. JAMA – the Journal of the American Medical Association – who hated The House of God when it came out, they made me a buddy; you know, and they filmed it, they videoed it, and it's terrific. Go to mans4thbesthospital.com, and you'll see a typewriter about the video.

**GP:** We'll definitely put it on our show notes page as well. So, for our listeners, hop over to the show notes page; and we'll link to that resource.

**SS:** Okay. And it's so good that JAMA, this medical, main medical magazine got it accepted at the South by Southwest film festival; and it's going to be shown there.

**GP:** Oh, cool.

**SS:** I mean, it's unbelievable. Anyway, so the narrator – so it's the same narrator when I came to writing The House of God, but the fact is the narrator in The House of God, because as I say, I didn't know how to write, was very much first-person narrative of me, you know?

And here's the beauty that you never can count on. I was also this other character called The Fatman, who's the hero of the book, outside of myself, who is this huge roly-poly guy from Queens, who is brilliant and knows everything. And he's a year ahead; and he's the main teacher and inspiration person for me and the rest of the residence.

So, I was totally glad to bring the hero, The Fatman, back as the hero of Man's 4th Best Hospital. And I'm still in the first-person narrative because that's the only thing I could do. And I'll just-- You know, this is the fun you can have as writing, I'll just say it. The first line of The House of God is, "Except for her sunglasses, Barry is naked." Right? In France.

The first line of Man's 4th Best Hospital is, and they're in Costa Rica; the two of them now married with a daughter, "Except for her eyes, Barry is fully-clothed." I've grown. It is not as sexy as it was the other, but there's-- That's too much of a long answer, I'm sure.

**GP:** No, I love it. And so, I love how there's part of you in those two characters as well. And I think that's-- One of the things that a lot of writers struggle with is when they're writing a story that; even though it's fiction is, you know, taps into autobiographical elements, it's very easy to feel shackled by the truth.

Did you find that by having both The Fatman and the narrator being sort of, each of them partially you, that it kind of freed you up to take liberties with the rest of the story?

**SS:** Oh yeah. It was-- I mean, it was the key to the book. It really was. I don't know how that happened. I really have no idea how it happened. You know, we think we're thinking things; we're not thinking things, you know?

Something comes in, you know, and says, "Well, there are laws of The House of God, you know, which are about medicine – like at a cardiac arrest, the first procedure is to take your own pulse, stuff like that. And actually, in this little film, I said, there should be a law of, listen to The Fatman--



**GP:** [laughs] Love it.

**SS:** -which surprised me. The other guy, the JAMA guy figured that out; it's very funny. Anyway, so yeah, I've never talked about this before quite, but I sort of found myself too dull to carry a novel. You know? I mean, who'd want to read about me.

And so, all of this-- I mean, you know, the character winds up to be interesting, and a wild guy and a leader of the interns and doing incredible stuff in the book that's based on me, the real guy.

But The Fatman is so different and so wonderful, and so encapsulating; this fat Jewish guy from Brooklyn who knows everything, kind of, and coins these different rules – like the most important rule or law of The House of God is the delivery of medical care is to do as much nothing as possible.

**GP:** Oh, I love it.

**SS:** Very sensible law. The laws are now all up in on-call rooms in hospitals for young doctors all over the world. Can you believe that?

**GP:** That's amazing. So, I wanted to also circle back to another element that you touched on at the beginning of this conversation; the idea of the audience for the book.

So, you mentioned that The House of God was clearly written for other doctors, although my guess is that it's probably got a much broader appeal than just doctors, but that was definitely the primary audience.

But now, Man's 4th Best Hospital is both doctors and patients. Did that sort of broadening or shifting of the audience change your approach to writing the book? Or was it more like you wrote the book you wanted to write; and then you realized like, 'Oh, this is a different audience'?

**SS:** Well, no, I don't-- I don't ever write for audience. I mean, sometimes with plays, you have to consider how it's coming on with audience; this is why you have readings and stuff. And I'll get back to that in terms of the new works, remind me to do new work with you. But with The House of God, obviously, I was writing for my guys.

**GP:** Right.

**SS:** You know, I didn't think anyone else, but I was writing for my guys and other guys going through this. They're mostly guys in those days. And there was only one intern who was, out of 16, who was there. What happened was, as I said, I was at NYU, the issue in The House of God was the abuse of medical training.

Now, I knew that's what it was about. You know, in general, I subliminally maybe I don't say this is about that, but when I got to Man's 4th Best Hospital – well, when I got to see about healthcare and then named it a hospital named 4th Best Hospital for various reasons, not NYU Medical Center, I immediately saw the most important thing going on in a hospital, right--- which is for doctors and patients and nurses and everybody, the worst thing that's happened to American medicine, and that was the electronic medical record.

**GP:** Right.

**SS:** That's the huge problem. And how there's a dehumanization of doctors and patients and nurses and anyone who has to deal with this stuff. You see what I mean?



**GP:** Absolutely.

**SS:** The fire was, it got me, “Hey, wait a second. This is not right. This is awful. This is a fire under medicine and under my ass.” It said, “Get up, start writing.” And it was different from *The House of God*, as I think you hinted at, because *The House of God* was very close to what I went through; *Man’s 4th*; it didn’t happen.

But I’m 40 years old as a novelist so I can write things that didn’t happen. You know what I mean? I imagine, I mean, *Bill W. and Dr. Bob* is set in 1935. You know, I wasn’t there; so, I with confidence imagined this, but once you have an imagined frame, you put all of the real experiences in it that you have or learn about, et cetera.

And I also learned one thing from my first editor woman named Joyce Engelson, may she rest in peace. I want to tell you another story about her. When I was writing *The House of God*, I didn’t know how to write, you know, at all.

And I got out, I went way out on a spin – I don’t know, it’s something I sent her along the way – and she called me back, eh, she had this voice like a *New Yorker* voice. And she was always nasty to me, you know, like that, it’s amazing.

[laughter]

**SS:** Terrible, I’ll tell you that story in a minute. And she said, “Oh, you don’t know how to write a novel?” And I said, “No, I’ve never written one before.” And then she said, “You know, there’s one thing about a novel, you know what it is? It’s about how characters come in and go through something, and change. Okay? Your characters are not changing. Get to it. You know, do it, do it.”

[laughter]

**SS:** I got to tell her story, okay? Because this is for writers, right?

**GP:** Yeah, absolutely.

**SS:** Okay. I’ve had the worst course in Writing, people, as anybody; I could tell you, remind me to tell you about the first writing teacher at Harvard. That’s too-- It’s unbelievable. It’s unbelievable that I became a writer. How could I have become a writer?

Okay, so this was another novel. I love this story. I was with another novel further along with Joyce, can’t remember which one it was now, but I had sent her about 50 pages sort of toward the end; and I sent it, had sent it off to her, but she’s always nasty to me on the phone, you know?

So, I said to my wife, Janet, who is a Clinical Psychologist, said, “You know, I’m really feeling-- I’m really-- I’m worried about this phone call with Joyce, she’s always so nasty.” So, good psychologist that she was, she said, “Look, what you do before she starts screaming on the phone” – what she did without even talking about anything – “before she starts screaming, say to her, Joyce, just hold it a minute, I’m feeling a little vulnerable about this right now, okay? See how that works.”

So, you know, I’d trudge off to my carriage house where I write in; and 10 o’clock on the dot, the phone rings. Joy says, Ah. I said, “Joyce, wait a second.” I say, “I just want to tell you, I feel a little vulnerable about this.” And she says, “Well, f\*ck your vulnerability.”



[laughter]

**GP:** We may need to bleep that one out. But, oh my goodness, that is amazing. I love that story.

**SS:** It was much more incredible than that because she said, ‘Well, f\*ck your vulnerability,’ and I’m just rocked back on my heels, you know? And then she said, and this is beautiful, she said, “We’ve got work to do.” She didn’t say, “You’ve got work to do.” She said, we, she used the we; and we got to work. Isn’t that amazing?

**GP:** Yeah. I love that.

**SS:** Amazing. Wonderful thing. I told that story at her funeral.

[laughter]

**GP:** I wanted to circle back to, kind of, the issue that’s at the core of Man’s 4th Best Hospital. And it’s, you know, the issue, what you said about screens and money and kind of how the two things are completely tied – and how it’s not for the good of the patient.

I feel like that is-- It’s one of those things that is so relatable, like unlike with The House of God, where it very much is kind of a, inside baseball story of the experience that doctors-in-training have during their medical internship; a lot more people know what it’s like to be either themselves in a hospital setting or a family, a loved one in a hospital setting.

A short story to share with you. So, my daughter, when she was first born – she’s now five and she’s amazingly healthy – but when she was first born, spent a very large chunk of time in the NICU; and then in the PICU because they released her and couldn’t take her back into the NICU.

So, there was this period of time where we were just living 24/7 in this hospital. And the thing that really did, kind of had a huge impact on us was exactly what you were talking about; the impersonal element, the inhumanness of how her treatment was handled – because it was all in computers, and we never got FaceTime with people.

It was always like, ‘Let me check the chart and then click away at screen or at the Keys.’ And especially as a parent who has no idea what’s going to happen to their child, that’s incredibly terrifying. So, as you were working on Man’s 4th Best Hospital, what were some of the things that came up for you as you were writing this? Because it is a much more personal, more relatable thing that a lot of people can tap into and latch onto.

**SS:** Yeah. I’m so glad to hear you say that, Gabriela; I hope your daughter made it through.

**GP:** Oh, she is. She is like-- You would look at her now and you’d be like, ‘How is this child the same kid?’ But at the time, you know, when you’re in it, you don’t know that that’s what the outcome is going to be. You just know where you are in that moment, and it’s terrifying.

**SS:** Right. Well, that was the standard. They wanted to do a stress test on her. So, she’s even better now.

[laughter]

**SS:** Not really, of course. I’m glad she’s fine. Look, as I said, I’m a writer of resistance; and I was absolutely called to do this new book, Man’s 4th Best Hospital, for exactly the reason that you said, and because I saw--



I mean I did a little survey when I first got there. The percent of their daily shift that interns and residents are at their computer screens, the percent of their time is at minimum 80, 80%.

**GP:** Whoa.

**SS:** Now, if you think about food and pooping and stuff, that doesn't leave like 5% time for face-to-face with patients; that's the fact. It's ridiculous. I don't want to get technical here. So, I'll put this very simply.

And it may be of interest and news to people who were listening because it was news to me, they're at their computer because, we, doctors are one army in a war that's being fought across that screen; and like all wars, it's about money – that's what it says in the book, actually.

I wrote that line, and I really like it, forgive me – but one side is the doctors trying to get the insurance clicking boxes to try to make the most money for payment from insurance, private insurance, okay?

On the other side of the screen is some poor person who the insurance company is telling to pay the least. Okay? So, that's the war. And we doctors are prompted to lie about diagnoses based on how much money you can get for them, which is a violation of our Hippocratic Oath. Okay?

So, that's the war that's going across, and it is the cause of almost all the misery that doctors face. You've heard about Doctor Burnout now, right? Doctors are burnt out.

**GP:** Yeah.

**SS:** That's a bad label because it makes it sound like we're not up to it. Better is abusive. The doctors are forced by the administration, that they're working in, to get the most pay. So, The Fatman, who's the hero of both books, is called in by Man's 4th Best Hospital – used to be Man's 1st Hospital, 4th 1st Best Hospital.

So, all of a sudden, it's fallen in prestige and money; it's going broke. So, they bring in The Fatman who's been furiously successful in Silicon Valley in inventing a pill that includes the memory in old people. He's rich and famous, and they bring him in and they say, "What do you want to do in Man's 4th Best Hospital?"

And he says, "I want to have an outpatient clinic leaning up against this big building, and I want to-- I want to show how to put the human back in medicine." Okay? In the middle of the book, he rounds up the guys, the old guys and women – in equal number of women, this time, which is great.

And in the middle of the book, he gives a lecture called The Six Rackets of American Healthcare: Follow the Money, and what to do about it. And it took me two months to try to figure out how they were all interweaving, woven.

Anyway, so back to the computers. The computers originally came from the Obama administration in 2008 when he wanted to do a good thing. He wanted to get better data recording and he wanted to be able to send information, you know, to other doctors and other places, et cetera; that was all good.

Somehow, all bad happened. Private insurance industry somehow, and somebody should investigate this, somehow went into that process and linked a particular code of illness – say, like appendicitis, an operation for appendicitis – to a cash number for insurance. Right?

So, if you add appendicitis and it's clicked, then that's what you get in insurance payment. So, they're fighting, the doctors are fighting for the highest payment and clicking all the things that will





add to that diagnosis. And the insurance companies are trying to pay the least, which will decrease what the doctor's trying to add. And they're both working under the big systems that control them.

What has to happen and what will happen to-- And that's where all the time gets spent just clicking on endless, endless boxes that open for doctors, et cetera. Endless time. And in Man's 4th Best Hospital, there are 350 people in the billing building; their function is just to get the most money out of insurance industries, and that's true. Imagine that, 30% overhead administrative costs.

**GP:** Wow.

**SS:** 30%. But this is what makes doctors crazy because they don't want to be doing this. They don't want to be in front of that screen. They want to be with you. They want to take care of people. Okay. What the solution is, I will tell you, it's the Shem solution of healthcare; and nobody said this yet. I hope it gets out.

There will be inevitably some kind of national healthcare system within five years; it's inevitable. It could be Medicare for all, it could be Obamacare; it'll be something else, whatever, it doesn't matter.

But in that system, the cost of an appendectomy is the same all across the country. You can't try to get more money from it by clicking or lose money from it. It's all set by the government; like Medicare is now. Right? And there's no war against making money or not making money in that computer, right?

**GP:** Right. It's all about government. The government pays it. It's all the same across the country. So, you can also have a for-profit private system like Medicare for All, which exists now; a private insurance system that parallels like in all the other industrialized countries, right? But the insurance company cannot bill through my Medicare Computer.

There's no billing that goes through there except a click to the government. Medicare, there's no bickering about cost costs. They then – the insurance companies, the private insurance companies – they can't bill through our computer; they have to have their own computers that communicate with patients, et cetera, that will pay whatever it'll take.

And, you know, that'll work. That'll work. If they want to try to get more money for your appendectomy, fine, let them try. But the market will control that.

**GP:** So, circling back to the book itself, because I want to talk a little bit more about the characters. These are just such fascinating characters – as you refer to them... the guys and, now also, the girls – that are working with The Fatman. So, you left that world for a period of time.

I mean, House of God was decades ago, and now Man's 4th Best Hospital, you're circling back to those same characters. I wanted to hear what that experience was like to step back into the world, not just of medicine and writing the book, like the world of those specific characters and their interactions and their relationships. Did anything surprise you? Were there things that felt like coming home? What was that like?

**SS:** Yeah. Actually, the technical tasks of this novel were very hard; they really were. And with a sequel, you want to have it stand by itself. So, you have to tell something about the characters that are already in the, were in The House of God.

And so, I worked very hard on that. But luckily, I chose, you know, I chose the core group; and I'd stayed in touch with all of them. I stayed in touch with all of them. So, I knew where they'd gotten, what had happened.



**GP:** You stayed in touch with the real-life counterparts or the characters?

**SS:** The real-life counterparts. They were written very close to the bone. And I would've been friends, for what? It would be 35 years at now or something like that. And I know what happened to their lives. But on the other hand, then I fictionalized what happened in their lives. Like somebody didn't pull a gun because it might be embarrassing, you know?

**GP:** Right.

**SS:** I worked hard on that. That was very hard to bring them in fully. But not repeat all that-- I couldn't repeat what I did in *The House*. But I was lucky because I knew where they were now.

**GP:** And as someone who read *Man* or who's reading *Man's 4th Best Hospital* now, having not yet read *The House of God*, which is definitely going on my To Read List, I didn't feel like I was left in the lurch. Like I felt like I was able to jump in.

Yes, there was a sense that these characters had a history; and it makes me want to go back and read the first one. But I don't feel like, 'Why am I walking in, in the middle of the story?' It wasn't like that at all.

**SS:** Good, good, good, good. Because that's very hard to do.

**GP:** It is, very hard to do.

**SS:** Another writing thing that your audience may find interesting – but that is unnoticeable, I hope; one of the things that I could do by writing the same narrator was to refer back to *The House of God*.

**GP:** I wanted to also talk about, you've touched on this already, it's sort of the impact that *House of God* had... and also that you hope and anticipate that *Man's 4th Best Hospital* has. I wanted to talk a little bit about, like, what's that like as an author when you write a book, and it really rocks people's world, sometimes not in the best way? And, how do you respond as a writer to that?

**SS:** You know, because I was more than a writer – in addition, I was a doctor – I have a very strong spiritual process and journey in this crazy world of ours. I turned 75 last year. You know, that my job here on earth is, I don't write things lightly.

Although I like the spiritual lightness that you can bring to them, in a way, you have to bring a spiritual-- I have a Buddhist practice that has helped over the years with all of this. And Barry, as you know in *Man's 4th Best Hospital*, brings some of that her Buddhist practice into that as well.

You know, I don't want to get arrogant here; I feel a responsibility to all of these people. So, God, they were doctors, but now all of these people – I mean, we are not in good shape right now in American healthcare, for sure.

**GP:** Yeah.

**SS:** 10% are uninsured; and a lot of the others are a visit to the emergency room away from bankruptcy. I mean, this is not working.

**GP:** Yeah.



**SS:** It can't work for profit; it just can't. So, I feel if I have a chance now – in my latter years – to help get this thing that I believe in done, that's what I love my position for, my soapbox for. I know, from all these years, what will be helpful; and I know that we have to get together, and work in the We.

In the Man's 4th Best Hospital, as you know what The Fatman says at the end, he says, you know, "We have to squeeze the money out of the machines," and then do what I was saying. But he also says, and I say, "We doctors who are very bad at organizing (we're very self-centered people), we doctors have to ally with nurses and the public to try to give what we want."

I'm pretty dedicated to that. And in fact, I woke up last week or a couple of weeks ago, with a thought. You know, I said, "Look, you got to put your money where your mouth is." I got a wonderful blurb on Man's 4th Best Hospital from a wonderful nurse, non-fiction writer called Theresa Brown.

The start of her blurb was, "Oh my God." So, you know, it's a good blurb, lovely woman. And I made a, you know, a little friendship with her; and then I thought, all of a sudden, I thought, 'Hey, I'm saying doctors should ally with nurses, you know, and patients.'

Well, so, I called her up; and she's written for The Times op-ed page and stuff, and I said, "How about you and I together, write an op-ed for the New York Times about this stuff, because we're on the same journey? You know about what is wrong and right, and the electronic medical records. And also write about the usual position that doctors and nurses are in terms of dominant group."

So, we're going to do it. I think it's going to work. They look like they're going to take it. I have never read an article by a nurse and a doctor; and that's what has to happen.

**GP:** Nurses are amazing. Like I have to say, when my daughter was in the NICU, like those nurses are superheroes. And it was just incredible. I'm so excited to hear that you're able to collaborate in that way.

I also love what you said, the word 'responsibility'. You know, it's funny, as I was thinking about this book and reflecting and preparing my questions, that was the exact word that came to my mind. Like, how do you feel about the responsibility of writing a book like this?

And so, I'm so glad that you sort of preempted that in your answer because it's such an important responsibility. And I think often as writers, we forget that our writing, our stories are, in fact, a responsibility. They're--

You know, kind of like not to go out Spider-Man quoting on people, but like, you know, with great power comes great responsibility. It's kind of like that; we have the power to, you know, wield the pen – but that also comes with a very big responsibility to do it for good.

**SS:** Yeah. You know, and I don't want to be at all critical of any other writer because there are all kinds of writing and for all reasons, you have to understand that-- You know, I came to a point, I was a Rhodes Scholar at Oxford; and I started writing there after failing my Harvard Writing Class and never writing at Harvard. I could talk about that too, which is an amazing story.

You can ask me if we have time. And I got to Oxford; and I started writing, alone there, just for myself. I didn't ever try to publish anything, but I really decided I wanted to be a writer. It was on one of those 60s trips where we drove from Oxford, England to the Sahara Desert and you know, Camel options and smoking. And I had a spiritual awakening, kind of, a fake one; and came back, and I decided I was giving up my PhD and I was going to be a writer.



And then, something came up called the Vietnam War. And I got a letter saying, basically giving me the choice between Vietnam or Harvard Med. So, I decided I didn't want to kill people, I wanted to cure people. So, I went to Harvard Medical School, but I was prescient – really for me and what I wanted to do, how I saw this--

I treasured writing so much, the idea I loved writing and I treasured it; and I respected it, and I didn't want to write for money at all. And I decided the only way I could do it, I got to get a job. So, these things came together.

Somehow, I was wise enough, even at that age to say, "Okay, instead of Vietnam, I'll go to Harvard Med, Medicine is a very big field, I'll find some paying job that I can do all over the world – even in, you know, Médecins Sans Frontières, whatever it is, because everybody needs a doctor... and I'll make enough money, and I'll somehow find a way to write.

And so, that sort of explains some of the sense of responsibility for what medicine has helped me with. Because it worked out as a psychiatrist, I could write in the mornings and go see patients in the afternoon, which I did for 20 years, 25 years until I could give it up. It was very hard to do, but I did it.

And I don't know, I just have this old-fashioned idea of writing that, yeah, you can do it to make money, you can go to Hollywood or write for movies or whatever – or TV, now is what you do – or online I guess even now. But I'm of a group that figures, 'Hey, this is a calling.' You know, I've never said that before; medicine certainly, at best, is a calling. Sometimes it's appalling.

[laughter]

**SS:** But writing for me, 'Hey, it's a calling,' and the calling is; what I said, I think, before, to bring effective thing in resistance to injustice. And I think books can be that effective mover because, you know, just think of all the books that have changed our lives. You know, it's not just what you see or hear or relationships; sometimes it comes through a book.

**GP:** Absolutely.

**SS:** I'm a happy camper. Except, you know, the one thing I wanted to mention, the other books, I mean, the House of God has been a bit of a problem for me because everybody's wanted the next House of God. And I was writing the next House of God, so I had trouble getting published. I think your listeners would listen, they wouldn't publish my novels. There's a novel called The Spirit of the Place, which I couldn't get published maybe 10 years ago.

**GP:** Wow.

**SS:** And finally, I got it published. It's about a doctor who goes back to his hometown. You know, it's fairly autobiographical in a way. And I couldn't get it published; no one would publish it. And somehow, I got Kent State University Press to just get it into print hard cover.

And then I just managed, when I relicensed The House of God to Penguin, I just managed, they said, "Okay, we'll take that too." And it's different style. And, guess what? It won two American National Best Novel of the Year Awards, and nobody's heard of it. You know, I feel sad about that.

**GP:** Yeah.



**SS:** So, there's this dichotomy, you know, and publishing is a big business.

**GP:** It's a funny thing. Like when you hit on something that's so resonant and so successful and makes such a big seismic level impact; all of a sudden, people expect you to repeat that. And as artists, we can't always just repeat the same thing but a little bit different on demand; it doesn't work that way.

**SS:** Yeah. I didn't have anything to write about, more in medicine – but writers have lots of different ways to write. But that's what I write. It's too serious. As I said, I've had trouble getting published by publishers; it's crazy. But I love writing.

And so, I've actually got two books. I work with a freelance editor too; and I've worked very much with her. And I've got two other books, actually, that are sort of a part of a trilogy with *The Spirit of the Place*. And there are two other books; one of them is called *Cooking for Kissinger*.

**GP:** Oh, cool.

**SS:** Yeah. Cool title. And then, there's another one. So, those are waiting. And I think now with the success of this, because they both have doctors in them as main characters.

**GP:** Right.

**SS:** They're not in the same style; so, I'm hoping with this new relationship I have with the Penguin, that they might want it, if this does well. And you know, I put all my heart and soul into it; and I know how to write now, but they're not satire, you know?

**GP:** Right.

**SS:** It's incredible that this is hard for me to get done. Anyway, just before the book came out this week at the SoHo Playhouse, we had the first reading of a play. I've written a short play; I've written 60 minutes, three characters, so it can be done easily.

And I want to talk about this too, because writers have to be looking at what's going on in their culture. And right now, this is a mess. This is horrific. The hate and the fear and the rage, right? Everybody agrees on that.

So, I said, "As a writer, I got to deal with this," you know? And so, I wrote this play; and it's called *Angels*. And it's talking about street costume people and it's an encounter and it's my, from all of what I know about writing; and I'm for the stage too, 'How do you get together people that hate each other and somehow realistically move toward, you know, healing?'

And it's about the politics. It's about the Trump, not Trump Groups. And I'm very proud of it. We had a reading, and I think it's going to go. So, you know, I'm still on that. I've still got that itch from the 60s, what can I say?

**GP:** I love it. And you mentioned that the story of like that first Writing Class you took; I don't want to take up too much more of your time, but I just think it's so inspiring to hear sort of those 'where they started from' stories – especially after a writer who has published a whole bunch of books and has such, you know, major success with *House of God* and now *Man's 4th Best Hospital*. Can you just give us the like sound bite size, maybe a little bit longer version of that story?



**SS:** Okay, quick-- Quick as I can, had to take first year at Harvard, the writing class in a small seminar. I wanted to be a writer. I handed in my paper, got it. Back on the bottom, no grade, but 'See Me' in red letters. I go to see her – this woman... young woman, graduate student... feedback from this great institution on what I wanted to do with my life – she said, "This paper is too terrible to mark, it's below F".

**GP:** [laughs] Oh my Lord.

**SS:** Tears came to my eyes.

**GP:** Ouch! That is painful. Oh my gosh.

**SS:** Fast forward a little bit... I was on golfer, I was on the golf team, I was playing golf with a guy named Ray Alanda Donis, who was really stupid – a swimmer and golfer – said, "Jesus, I'm still getting the SEE MEs with her." He said, "Oh, I'm getting get an A, I've been getting an A." I said, "What do you mean?" He said, said, "Well, I've been sleeping with her all year."

**GP:** Oh geez.

**SS:** So, that was a lesson, but alright, soundbite; I never wrote another word at Harvard. I figured Harvard knows best, I can do a lot of things; I can't be a writer. Okay? Cut to Oxford; I start to write... in the original Harvard book of what people wanted to do at Harvard for the freshman coming in, probably out of a thousand men – at that time, all-men – probably 40 said, "I want to be a writer – even 50. Right? I was one of them when I came back for my 25th reunion, how many people do you think became writers? Well, the answer is just me, in fiction.

**GP:** Yeah, that's what I was going to guess; that you were probably the only one.

**SS:** Because they took all the literature courses. They got this hotsy-totsy way of trying to write before they had anything to write about. And I was the only one who was the writer – and because I could write about my experience in my style, and they all dropped out.

**GP:** Yeah.

**SS:** And so, you know, if you've got the itch, don't listen to people. I mean, just have a life; and you'll find what you need to write about and you'll find a way to do it, and that's what I would say to anybody now.

**GP:** I love that story and, you know, I had – obviously, not quite to that extreme – but I had a similarly bad experience my senior year in the Creative Writing seminar that I took. And I remember I didn't touch, put pen to page for seven years after that.

And it took a lot of like coaxing to get me past that block. And now, of course, like, you know, DIY MFA, and there's all this stuff and like that's like my living is through writing and reading.

**SS:** Good.

**GP:** So, it's kind of funny how sometimes, you know, people who think they know what's best for us, are completely wrong.

**SS:** And, and you know what one other, Philip to that story, not mentioning any names – but all the people in the Boston writing community that I got to be friends with way, way, way, way back in the



80s – who were all kind of just writers, just writers. Except for Updike; Updike was a dear friend and, of course, he was wonderful, wonderful all the time. But the ones who started out the hottest and got the most attention, good writers, they're not writing now.

**GP:** Yeah. I noticed that in the MFA as well. When I got my MFA, a lot of the people who were sort of the sparkly students are not necessarily the ones that are publishing, which is interesting.

**SS:** Right. And you know why? Because they didn't expand. You know, I happen to keep on going with these experiences and boom; all of a sudden, I'm in another hospital now, and there's a novel.

**GP::** Yeah. I think it's-- There's also an element of, you have to live your life so you have things to write about.

**SS:** Exactly. Exactly. You have to keep risking however you do – I mean, I'm sure like what you went through with your baby.

**GP:** Absolutely. So, I always like to end with the same question. You've already shared so many fantastic insights. It seems almost silly to ask this, but since it's kind of a tradition, I'd love to know, what's your number one tip for writers?

**SS:** I think I would say kind of two things; keep risking in your life. You know, that's what I would say; that keep going in things that aren't so easy in your life for new ways to grow – so, to grow your life; and then don't give up.

**GP:** I love it. Such great-- I feel like that sums up our entire conversation. Thank you so much, Shem, for being here today. It's been an absolute pleasure speaking with you.

**SS:** Well, it's been thrilling. Thank you very much.

**GP:** Alright, word nerds. Thanks so much for listening. Keep writing and keep being awesome.

