The Neurologist’s Dragon

Sleek dragon of spite, and soars by night
Ensheathed in flame; him the land-folk
Do sorely dread.

Unknown author, Beowulf, c. 700

His body monstrous, horrible, and vast,
Which to increase his wondrous greatnesse more,
Was swolne with wrath, and poysen, and with blody gore…
That sight thereof bred cold congealed feare.

Edmund Spenser, The Faerie Queene, 1596

“So, how are the Dragons doing?” This quote will remain with me for a long time. It was asked verbatim by an attending physician at the start of morning rounds during my third-year neurology rotation. The cryptic message was clear to all in the room. The physician devised the term by slightly changing the name of a patient who had been considered “difficult” by many on the team – so the beastly reference had obvious symbolism. The plural form, “dragons”, was a jab at the patient’s use of they/them pronouns.¹ This patient had an extensive past medical and psychiatric history and was admitted for an exacerbation of an already established neurologic problem. The team recurrently discussed the veracity of their signs and symptoms, considered the possibility of functional and factitious disorders, and had a rocky relationship with them and their family members.

For months I spun this dragon quote in my mind. The dragon metaphor was egregiously insensitive but also spoke to something uncomfortably true. It seems more offensive to call someone a dragon rather than, say, a crocodile. It’s a more loaded concept. Whatever is loaded in the dragon metaphor (beyond insult) hints at something under the surface of that neurology team’s relationship with that patient – a phenomenon that by no means is limited to this clinical case.

¹ I was stunned in that moment because I am transgender/non-binary. At the time I was starting to introduce my preference for they/them pronouns in certain settings but hadn’t done so with that clinical team.
Dragons are ubiquitous these days: from *The Hobbit* to *Harry Potter* to *Game of Thrones*, they have a stronghold in our culture. But dragon tales are nothing new—there is a long history of dragons in literature. In western literature, they have almost always served as foils for heroes. In Pliny the Elder’s *Natural History*, written from the vantage of the Roman Empire around AD 70, the dragon was characteristic of what he saw to be the foreignness and chaos of distant “uncivilized” lands. Conquest of dragons symbolized Rome’s ability to “civilize” other cultures. Throughout the coming centuries, dragons came to be terrifying, imposing personifications of invisible enemies: from the Abrahamic serpent in the Garden of Eden, an allegory of Satan; to *Beowulf*’s dragon, a treasure-hoarding personification of that society’s disdain for centralized wealth; to the water-spewing dragons of east Asia, personifications of a fear of drought.

So, what about the neurologist’s dragon metaphor? It was a storytelling tool. Joan Didion famously wrote that “we tell ourselves stories in order to live.” This is true as we navigate clinical work, making sense of our patients’ illnesses and our place in the daily workings of medicine. During rounds we share clinical information in the form of stories: history of symptoms, hospital course, and so on. In hospital discourse we also, however, may include first-person narratives: the development of countertransference, a dramatic interplay with patients/families/hospital staff, or a reflection from previous experience. The neurologist’s dragon reference illustrated the emotional undercurrent of that clinical scenario. One might conclude that it represented the “heroic” physician up against the “antagonistic” patient, but I think this is too simplistic. Considering the history of dragon metaphors, we can analyze further: the metaphor speaks to how clinicians may feel about the uncertainty of functional and other similarly complex disorders, the struggle of caring for “difficult” patients, and our natural discomfort around those who are “different”. The following paragraphs consider each of these in turn.

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2 See *The Penguin Book of Dragons* for a fascinating and entertaining collection of writings, some of which are quoted above.
3 The emotional reaction of a medical provider in response to interaction with a patient.
For Pliny and others, dragons were personifications of invisible enemies. For many physicians, an invisible enemy is uncertainty. Neurologists have at their disposal a wealth of knowledge, information, and clinical tools that provide explanatory power. However, when patients present with symptoms that are difficult to correlate with a clear organic cause or known pathophysiology, the crutch of biomedicine gives way. Without this crutch, physicians may feel uncomfortable, and management can be complex and frustrating for both the healthcare team and the patient. The intimate entanglement of uncertainty, trust, and relationships is suddenly foregrounded. Clinical uncertainty can lead a well-meaning physician to dismiss symptoms which are truly felt by the patient, especially when the physician is stressed or burned out and/or the patient is a gender or racial minority. This dismissal—a lack of trust in the honesty of the patient—erodes the patient’s trust of the physician. Without its foundation of trust, the therapeutic relationship disintegrates.

Once bidirectional trust has eroded and the therapeutic relationship is damaged, we have set the stage for the “difficult” patient—another facet of the dragon metaphor. The “difficult patient” becomes in the healthcare team’s imagination a “sleek dragon of spite” representative of uncivilized chaos. The label takes on a life and narrative of its own: patient becomes caricature and legend. This suffering human is not just a patient, but a “Difficult Patient”. The label follows the patient over time by word of mouth or in the medical record. Biasing words like “difficult”, “manipulative”, “hypochondriac”, and “frequent flyer” sow disrespect and prejudice that are not only dehumanizing but can impede proper diagnosis and treatment and even lead to iatrogenic trauma or future health and behavioral problems.

The final facet of the dragon metaphor is an echo of the old literary dragons: again, dragons are personifications of foreignness and our aversion to difference and outsiders. As we are social beings, the need to belong to a group is a defining feature of human nature. Those who are in our group compare favorably to those who are outsiders, and we empathize more with in-group members; this automatically leads to bias and a tendency to keep outsiders out. We build our views based on what we absorb from those around us, including our opinions of the out-group. Who one trusts and believes (which clinical roles, which specialist, which type of patient…) depends on which
tribe one belongs to. It doesn’t take much to trigger in-group bias and out-group discrimination: simply giving someone a label can trigger it. Which brings us back to the case: labels, stigmatized illnesses, and identities different from our own can be sources of prejudice which has a proven effect on clinical outcomes.

The paragraphs above are not meant to minimize the true challenges of navigating uncertainty, maximizing cultural humility, and providing the best care for patients with functional disorders, factitious disorders, or a history of healthcare trauma. Instead, this reflection is meant as a prompt to identify things which make us uncomfortable—some of the dragons of our hearts and minds.

Dragons, in fact, were not always ferocious, evil beasts: in the late 19th century there was a twist in the dragon paradigm: authors wanted to abandon the stereotype of “the bad dragon slain by the good hero” and instead make dragon characters more sympathetic. In *The Last of the Dragons* by Edith Nesbit (1925), a prince and princess embark, dutifully yet begrudgingly, for a fight against a dragon to keep alive the St. George stereotype. Upon meeting, however, all parties agree to abandon the unnecessary fight and the dragon professes, “Your kindness quite undragons me.”

Can kindness be the simple solution to free us of our self-created dragons? It seems a good start. As for next steps, I’ll paraphrase advice given by bioethicist Devora Shapiro:

- Sharing information is essential in medicine; take care that the information is shared respectfully with neutral, nonbiased language.
- Resist importing bias from previous experiences. Acknowledge that the patient is a unique individual whose experiences are real. Their past problems, trauma, and negative experiences may be influencing their current attitudes and behaviors.
- Practice transparency and truth-telling.
- Set boundaries when necessary.

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4 The legend goes that St. George saved a princess by slaying a dragon.
Practice cultural humility: remember that patients may not share your goals, preferences, or values. Demonstrate respect for differences in perspective and experience and let the patient tell you what they think and how they feel. Avoid assumptions; ask clarifying questions.

The field of neurology is appealing to me precisely because there are just as many questions as there are answers. The vastness of the mind, intricacy of the nervous system, and wide array of clinical manifestations make it ever more interesting and challenging. In neurology, one finds infinite varieties of human experience: it truly must be the most diverse specialty. Let us celebrate this beautiful complexity and diversity. I hope that it becomes ever more inclusive throughout my career.

References:
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