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The lesson of Dr Hasselbacher from *Our man in Havana*

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'You are interested in a person, not in life, and people die or leave us. But if you are interested in life it never lets you down.'

In Graham Greene's masterpiece *Our man in Havana*, the unassuming vacuum-cleaner salesman Jim Wormold is recruited into a precarious game of international espionage in pre-revolution Cuba. Although Wormold is the titular protagonist, it is really his morose German friend, Dr Hasselbacher, who has the most poignant scenes. It is, after all, the good doctor who suggests to Wormold that he concoct imaginary agents to satisfy British Intelligence: 'all you need is a little imagination, Mr Wormold'. It is Hasselbacher who gives Wormold the idea of playing checkers with miniature bottles of whisky — 'when you take a piece you drink it' — a game that Wormold uses to inebriate and procure valuable information from the chief of police. As secrets and lies collide with reality, the results are at first comic but quickly become deadly.

Dr Hasselbacher is undoubtedly one of Greene's finest studies of human nature in all its frailty. Like Fowler and Scobie, the protagonists of *The Quiet American* and *The Heart of the Matter*, Dr Hasselbacher is both pathetic and wise. In a powerful scene, Hasselbacher reveals that he became a doctor to assuage his guilt at having killed a man in the First World War. However, his reflection on the art of medicine reveals a fundamental reality. 'You kill a man — that is so easy ... it needs no skill. You can be certain of what you've done, you can judge death, but to save a man — that takes more than 6 years of training, and in the end you can never be quite sure that it was you who saved him.' This uncertainty underpins the world-weary sadness of Dr Hasselbacher's character.

After a year as a house officer on the wards, I can empathise with the good doctor. The clarity of death is certainly unique. I can always remember the sequence of events that lead me to scrawl 'pupils fixed and dilated' in black ink on the final page of the case notes. I can certainly judge death; they taught us that at medical school. But apart from a few dramatic and entirely unrepresentative episodes, I cannot with any clarity recall the lives saved. I can remember the chap with atrial fibrillation to whom we gave warfarin; did we save him? The confused and febrile elderly lady who had nitrites in her urine, we gave her fluids and antibiotics and patched her up and sent her back to the nursing home; was she a life saved? The young man withdrawing from alcohol, we detoxed him and he left the ward with a smile and a wave; a victory for medicine? These are unremarkable clinical situations, but their underlying complexities are as beguiling as they are clichéd. For all I know, the first chap went on to have a subdural haemorrhage, the elderly lady actually had viral encephalitis, and the drunken man eventually had a variceal bleed. When I stop to contemplate the depths of my uncertainty, I am overwhelmed.

There is nothing civilised about living in uncertainty. Yet, the lesson I am learning is that *our job is to manage uncertainty* – not to cure, not to save lives; at least not much. To quote Marinker,[1] the specialist 'reduces' while the generalist 'tolerates' uncertainty. Both strategies may be valid, but either way, managing uncertainty is our business. Like it or not, we are gamblers, meddlers who juggle the odds. Experience and clinical trials go a little and a long way towards promoting educated gambling, but certainties remain elusive. The biggest challenge I foresee for the junior doctor years is to become comfortable with managing uncertainty. In practice, this means discarding the cherished but regrettably naïve notion that one day I will be *good enough*; that one day I will 'know it all' and therefore none of my patients will die. Is this a depressing thought or perhaps an enabling one? Liberated from the fantastic ideal that somehow our role requires comprehensive knowledge and that the outcome of our success is measured only in the abolition of death, I can get on with the reality of the job.

And as for the self-deprecating Dr Hasselbacher? As he would say, 'a doctor is always supposed to get used to death — but I am not a good doctor.'

Reference

1 Marinker M. The medium and the message. *Patient Educ Couns* 2000;41:117–25.

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