



Literary Criticism and Medical Journal Articles: Physician Approaches and Perspectives

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Abstract

Literary criticism is a careful consideration of a literary work. The purpose of the “criticism” is to promote approaches that can unfold deeper layers of meaning and appreciation of the text through close reading. Many such approaches have been examined to better engage the reader, and promote a deeper understanding of the text. Medical journal articles (MJAs), although often discussed in technical, structural, statistical, and content aspects, have not really been part of these efforts, especially from the perspective of the physician-reader (PR). In this small informal study, several approaches often used in literary criticism, are presented from the PR perspective to help better understand the physician reading process.

Keywords: *Literary criticism physician journal articles.*

Introduction

Literary criticism is the thoughtful critiquing of literary works, involving interpretation, analysis, careful reading, comparison, and evaluation. It attempts to provide a deeper meaning, and a better, broader, more engaging understanding of a text for the reader. From Aristotle’s “Poetics” (1), through the centuries (especially the 20th century), writers and literary scholars have put forward several approaches for this, each with a different emphasis. For example, in the 20th century there has been greater emphasis placed on the reader than previously. Although these techniques have been applied to many types of literature (novels, poems, plays, etc.), medical literature has not really been a part of these efforts. There are many medical articles written about the technical aspects of how to read a MJA, but little is known about how doctors approach and actually read a MJA in actual practice (2). This paper examines several approaches, many having their roots in literary criticism and some unique to medical literature, from the PR perspective, hoping to gain a better understanding, and perhaps improve, the physician reading process.

Methods and Results

Over the last decade, twenty internal medicine and internal medicine sub-specialists were interviewed on a casual basis to investigate how they approach and read MJAs. An informal structure was chosen for this study, as many of these physicians used several approaches in varying degrees, and at times changed approaches based on familiarity with the subject, personal interest in the topic, popularity of the article, time constraints, and other factors. A breakdown of different approaches based on various schools of literary criticism was noted and described, each with a different emphasis, and a focus on the individual PR as follows:

1) The authoritative approach--emphasis here is on the journal, the author(s), and the institution(s) where the research was done. For the PR, a paper published in a prestigious journal, by highly regarded experts in the field, and from a world class institution, can be assumed to be a very well done study such that the PR will not need to read through, or worry about the technical, structural, or statistical aspects of the paper. The PR can infer that the conclusion is reasonable, and will probably be well received by the medical community. This approach has its roots in traditional literary criticism, popular prior to the 20th century (3).

2) The formalistic approach--this is often used by editors, reviewers, and academic physicians. The emphasis here is on the technical parts of the study--the type of study, patient selection, statistical analysis, reporting of results, and whether

the conclusion follows logically from the results presented, etc. The main issue in this approach is that the study is valid and the methodology is sound. This approach has its roots in the New

Criticism movement of the early 20th century, with a strong focus on precise reading of the text (4).

3) The experiential approach--the emphasis in this approach is on the PR, his/her background and experiences with the subject of MJA, and his/her reaction to the MJA.

This has its roots in the Reader-Response approach of the mid 20th century, which stresses the interaction between reader and text, and the reader's response to the text (5).

4) The keep-current informational approach--here the emphasis is that the MJA is a teaching tool, a source of current knowledge, and a learning experience for the PR. The PR will tend to be more interested in abstracts, summaries, and editorial comments, than the methodology used in the MJA. This approach was popular in traditional literary criticism for many centuries, when it was thought that the emphasis in literature should be instructional (6).

5) The collegial approach--the emphasis here is for the PR to defer any judgment on the MJA until the PR can confer with colleagues, experts, and review related MJAs. Even after these efforts, the PR may feel that no one article can be completely free from defects, bias, and questionable debatable interpretations. This approach can be said to come from post-structuralism/deconstruction literary criticism seen the second half of the 20th century (7), which is skeptical about the truth content/validity of any text.

6) The "will it change the way I practice" approach--here the emphasis for the PR is whether the MJA will change his/her management of certain patients, and/or whether it will change practice guidelines and expert recommendations going forward.

7) The "how will my patients react to this MJA" approach--the emphasis here for the PR is how to deal with patients who have read about, or heard about the MJA on social media, and have questions, especially in regard to their own health concerns.

8) The blended approach--no PR in this small study habitually used only one same approach for all MJAs. Most combined two or three approaches in varying degrees. The keep current-information approach being the most frequently included, as used by 16 physicians.

Discussion

This small informal study suggests that a PR will use and sometimes combine several different literary criticism based approaches when reading MJAs. The choice of approach(s) depends to a great extent on the individual characteristics of the PR. This is in agreement with many contemporary literary scholars who feel that readers should be flexible and eclectic in their choices of critical approaches, not all of which are useful in all cases (8). This is consistent with a blended approach. Thus, the PR should not be habitually locked in to the same approach(s) for all MJAs as this type of restriction might prevent a fuller appreciation and lessen the "take away" value of MJAs. Further studies on these topics presented here may be of considerable interest.

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