PEDIATRICS PERSPECTIVES

Magical Thinking: How Learning to Act Like a Magician Can Make You a Better Physician

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For most of history, the line between magic and medicine was blurred. Before there was a pathophysiologic understanding of disease, there was little distinction between a magician and a physician. Both may wave their hands, utter some Latin-sounding words, produce a potion, and promise to make something (a coin or an ailment) disappear. Still today, providers who have successfully reduced a nursemaid's elbow or who have made vertigo vanish with a canalith repositioning maneuver have borne witness to the healing power of medical sleight of hand.

Recently, the use of magic at the bedside has seen a renaissance of sorts. In a 2017 review, Lam et al[1] described many ways providers are incorporating magic in medicine, ranging from teaching patients magic tricks for physical therapy[2] to its use as humor therapy as a prophylactic anxiolytic for patients.[3,4] As a professional magician and a pediatrician, I have seen how magic and medicine intersect. Whereas I occasionally use a trick to calm an anxious child before an examination, I use the skills of how a magician approaches an audience in every patient encounter. Over the last decade, I have taught over 3000 providers how learning to think and act like a magician, even without doing a magic trick, can improve their ability to connect with patients. In this perspectives article, I will summarize how health care providers can implement 3 skills long used by magicians, those of misdirection, patter, and force, to build rapport and ultimately increase their ability to perform an examination.

HAVE MISDIRECTION UP YOUR SLEEVE

Nearly the whole art of sleight of hand depends on the art of misdirection.

Harlan Tarbell[5]

Chabris and Simmons[6] demonstrated in their landmark invisible gorilla studies that when participants were asked to complete a task (counting how many times basketballs were passed between 6 people in a circle in a video), half failed to notice that someone in a gorilla suit walked into the circle and beat their chest while basketballs whizzed past. Participants were so focused on the task that they missed the literal gorilla in the room. The authors called this failure to notice an unexpected stimulus in one's

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field of view when focused on a task "inattentional blindness." Magicians call it misdirection.

Magicians rely on misdirection or the intentional focusing of an audience's attention on one thing to distract its attention from another. Whether using a wave of a wand or a well-timed word, magicians are masters at redirecting eyes to what they want them to look at so they can get away with something they do not want them to see (ie, a secret sleight). Health care providers leverage misdirection as well. The Jendrassik maneuver, or having a patient pull on their interlocked fingers while attempting to elicit reflexes, is misdirection at its core. Pediatricians are taught to use the stethoscope to apply pressure to the right lower quadrant under the guise of listening to differentiate acute appendicitis from other less ominous causes of abdominal pain where a patient might still wince throughout the hand palpation but will not during auscultation. We also often use sounds and imaginative play to allow us to gain access to an ear for an examination ("Is there a birdie in there?"). Touch, sound, movement, eye contact, and distraction with objects (eg, stethoscopes, tongue depressors) by handing them to patients are all misdirection strategies commonly used by magicians and physicians alike.

PATTER MATTERS

Like magic, medicine is a performance art. Daniel Sokol[7] makes the comparison that magicians and physicians both aim to use clear communication that is memorable for their audience while balancing the projection of competence (authority) with the relatability of partnering with the audience (likeability). One of the ways magicians do this is through the use of patter, the story that accompanies a magic trick to elevate it from a mere puzzle to a performance. They are masters at using language (verbal and nonverbal) to guide an audience's attention toward a desired area of focus (ie, misdirection). Additionally, magicians are among the first empathy experts, relying on interpreting reactions from their audience in real-time to alter their approach. Magicians meticulously practice not only their sleight of hand but also spend hours honing the clarity and rhythm of their phrasing that goes with each trick, including when to pause and how to adjust on the basis of reading the tension of their audience.

Like actors and magicians, whether we realize it or not, we too are playing a role for our patients. Before we even set foot on the stage at the examination table, we enter with our patients already having a set of expectations for our performance. We have lines our "audience" is expecting to hear, and failing to respond to the appropriate cue can leave our patients at best dissatisfied and at worse less healthy. Research has revealed that outcomes are better for patients whose providers simply use (even canned) empathic statements in response to common cues during the encounter.[8–10] This can be helpful for those of us who do not consider ourselves to be naturally empathic because we can learn to recognize cues and have responses ready much like magicians who prepare for apparent spontaneity by having patter prepared for common audience

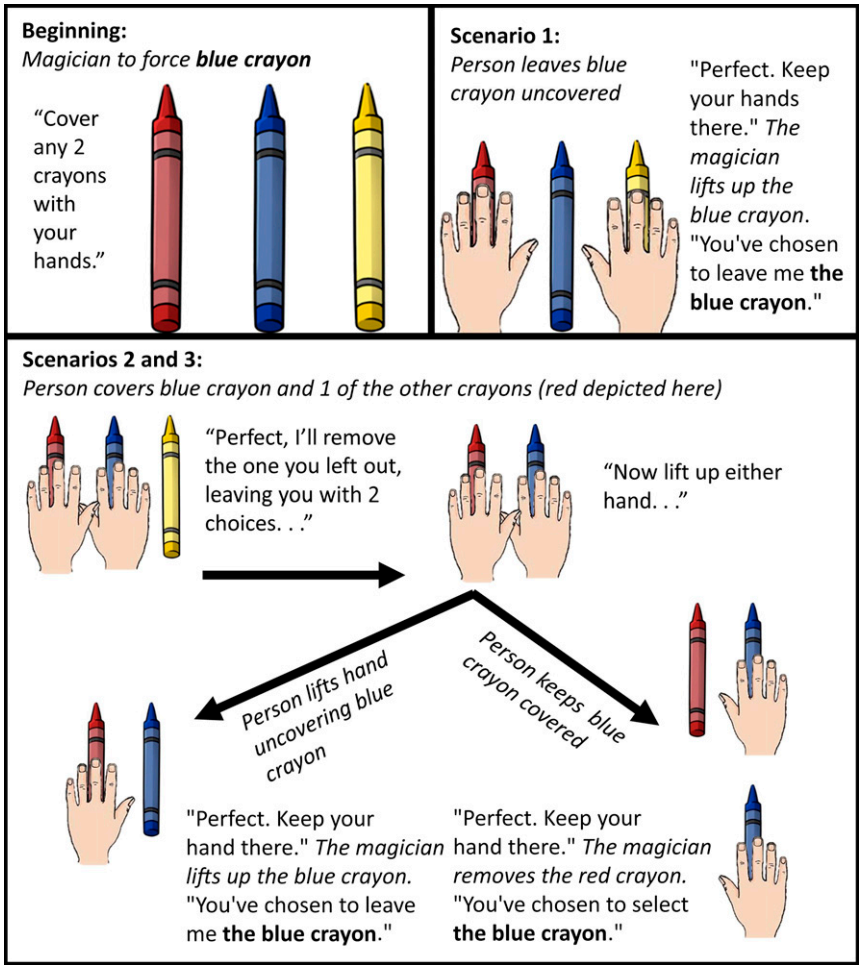

FIGURE 1
Example of magician's choice force.

reactions. For example, when an audience member asks the magician "How'd you do that?" a prepared magician often responds, "Very well."

USE THE FORCE

Many magic tricks hinge on the magician's ability to convince an audience member that they had a free choice (of a playing card for instance) when they actually did not. Magicians call this false freedom, a "force." A specific type of force, known as the "magician's choice" or equivocation, uses a verbal technique in which the magician guides the audience member through a series of choices to the predetermined desired outcome. For example, Fig 1 illustrates how, by a series of questions and seemingly free choices, a magician can force a particular choice of a crayon.

Providers can use the magician's choice force effectively when they need to give the perception of choice toward a relatively fixed outcome. Instead of simply asking a child "Can I look in your ears now?" reframing this question to "Which ear should I look in first?" allows for choice to guide what could be a difficult examination. When an anxious child is hesitant to let you listen to their heart, starting by placing the stethoscope on the toe to listen, then the knee, on so on, making a confused face as you don't hear heart sounds often leads to the patient pointing to their heart or even grabbing the stethoscope to move it there. The same child who, moments before, was hesitant now invites the examination under the guise of choosing to help. I have also had success with a seemingly more extreme use of magician's choice. Whenever a patient asks me if they need a shot, I respond clearly, "Yes, but you have a choice of having it in your arm or your eyeball." Without fail, the child looks to their parent and then back to me and says something like, "My arm please! Phew, that could have been worse!"

It is important to note the distinction between using these magical techniques as strategies to improve communication and put patients at ease during an examination as opposed to leveraging frank deception. Shared decision-making, informed consent, and clear communication remain at the forefront of effective patient-provider relationships. Misdirection in medicine is not about manipulation but rather intentional redirection to maintain a patient's comfort. These are methods skilled pediatricians already employ regularly when we maintain eye contact and keep conversation going about interests while performing an abdominal examination (misdirection and patter) or ask patients which ear they would prefer we look in first (magician's choice). Being aware of the framework underlying these approaches, however, allows us to embrace that the art of medicine is in fact a performance art similar to the art of magic. Recognizing the overlap of these skills with those used by magicians for centuries provides a framework that can help us intentionally hone and practice this art. Moreover, although the era when magicians and medical providers were one and the same has passed, our pediatric patients still often see us through this lens as they put hope in us to make their symptoms disappear.

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