The Passion and the Peril: Storytelling in Medicine
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Abstract

Medical caregivers are always telling stories because stories provide meaning to much of their working lives. Although there is surely an element of shock value in the stories that medical professionals choose to share, the compulsion to tell a story is largely motivated by the profound emotions kindled by the clinical experience. This impulse needs to be recognized by the profession, even nurtured. However, as Wells and colleagues highlight in this issue, social media adds a new twist to storytelling. Exponential amplification combined with lack of space for nuance is a toxic brew. This needs to be explicitly emphasized with medical trainees. Although privacy rules already exist, the meaning of professionalism is to cleave to the spirit of the law, not just the letter of the law. Caregivers’ primary duty is toward patients, not to writing careers or to online following. Consent should be obtained wherever possible. Identifying characteristics must be changed. Any story that might be damaging, hurtful, or embarrassing to a patient does not belong in the public sphere. Nevertheless, those in medicine need to recognize that the impulse to tell a story is innate in the human race, especially so in the caregiving professions. Experienced caregivers need to help students understand that stories provide depth and meaning to medicine but, when broadcast inappropriately, can cause harm.

Some years back, we admitted a middle-aged French woman with advanced lung cancer who was in acute respiratory distress. It was not clear from her x-ray whether this was from her cancer progressing or from severe pneumonia. Whichever the case, she needed to be intubated, and soon.

Before we could put the tube down her throat, however, she insisted on dictating her last will and testament. Between wispy gasps of breath, she told us who should get her linens and her artwork, and where exactly in Paris she wanted to be buried.

I scribbled this down as fast as I could and residents stood at the other side of the bed, eying the proceedings nervously.

When the patient finished this task, she took on a stern tone. “Seven days,” she told us, with as much heft as she could gather in her increasingly friable voice. Seven days of treatment was all she would permit. “If I am not better in seven days,” she said, “take the breathing tube out.”

If this was pneumonia, seven days might be enough time for her to recover. But if this was progression of her cancer, the seventh day could be her last.

As the bedside ventilator was heaving to life and the syringes of sedative drawn up, she made me swear that I would take out the tube on the seventh day. No matter what.

To this day I have never been faced with a more agonizing split-second decision. She stared at me with deadly piercing green eyes, as her neck muscles sputtered with her choppy respiratory efforts. What could I do but nod my assent?

The tube went in, and all at once her body was quiet, her voice stilled.

As the team filed uneasily from the room, there was the sudden icy realization that, if it was cancer and not pneumonia obliterating her lungs, the words that had just transpired between us would likely be her last words ever spoken. If our patient did not get better in seven days, we would be the possessors of her final words. Like an anvil settling cumbersomely onto the gut, this recognition bore down on each of us: We would be carrying her final words to our final days.

**Easing the Burden of an Untold Story**

When I left the hospital that evening, there was a ragged, splintering sensation within me, the unbalanced feeling of having plunged further into the depths than I had been prepared for.

I suppose there were many options available for dealing with the stress of that day: I could have had a drink, gone to the gym, taken a nap, kicked the dog, or bawled my eyes out. But I remember being overcome by a compulsion that I had never had before—and that was to write.

I had done a little writing at that point, but mainly using memories from years past. This was the first time that I had experienced something that compelled me to write immediately. In retrospect, I can see that it was the urge—the necessity—to engage back into the real world. I chose to write a letter to a friend, the kind that starts: “I just have to tell you what happened at work today…. “ In one sitting I wrote the entire story. Of course, at that moment, I did not realize that it was a story; it was just an e-mail to a friend. But in fact it was a story—with a character, a setting, and a tense plot.

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*Editor’s Note: This is a Commentary on Wells DM, Lehavot K, Isaac ML. Sounding off on social media: The ethics of patient storytelling in the modern era. Acad Med. XXXX;XX:XXX–XXX.*

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One of Anton Chekhov’s most memorably stories is “Misery,” which opens with the quote: “To whom shall I tell my grief?” It is the story of Iona, a sledge driver, who is ferrying late-night party revelers on a snowy, Siberian night. But his young son has died that week, and he desperately wants—needs—to tell the story to someone. None of the passengers, however, are interested in hearing it. They are too caught up in their merriment and petty squabbles. Iona rides all night with his misery, finding no outlet. Finally, in the stable, at the end of his long, lonely shift, he tells his story to his horse. The horse listens patiently and respectfully.

When I e-mailed my story to a friend, I did not get any immediate reply or comfort. But it was enough simply to tell the story. Telling the story was enough to reengage in the world, to tug back the loose ends of my soul enough that I could take a deep breath, enough that I could sit with myself my soul enough that I could take a deep

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The students profiled in the article by Wells and colleagues are overcome by that same desperate desire. Although there is surely an element of shock value in the stories that medical professionals choose to share, the compulsion to tell the story is largely motivated by the profound emotions kindled by the clinical experience. Those in the medical community—and medical schools in particular—need to recognize and acknowledge the storytelling imperative.

I am often asked about the ethics of writing about patients. My standard reply is that you can write about anyone and anything you want, but whether you publish is an entirely different question. Consent from the patient is the most

One Caregiver, One Patient, One Room, One Story

The impulse to tell a story is innate in the human race. We in medicine are particularly drawn to stories because these are what our patients bring to us. We hold

Wells and colleagues correctly

Others may be enough. A story can exude immense power even in the damp hush of a barn, with no echoes other than placid equine mastications.

References


2 Wells DM, Lehavot K, Isaac ML. Sounding off on social media: The ethics of patient storytelling in the modern era. Acad Med. XXXX;XXX:XXX–XXX.