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Physician writers Danielle Ofri

By the time I finished residency, I was filled with 10 years worth of “war stories”. Almost more painful than the physical exhaustion was the emotional weariness of lugging around so many stories. Unable to contemplate starting yet another round of medical training, I traded in my medical journal subscriptions for a pile of novels and a laptop. Without a plan in mind, I found myself travelling and writing down all the accumulated stories from those horrible nights in the ER, the lonely death watches on the AIDS ward, the panicky codes, the wildly entertaining psychotic patients, the unique stories that could only be found during the insanity that is residency.

Over the ensuing years I worked on these stories, honing them in writing workshops, weaving them into my daily work as a physician. I started to pay closer attention to the narratives unfolding in even the most prosaic of encounters with patients. The stories made their way into medical journals, literary magazines, eventually a book. Yet, as the stories matured, I became plagued by an increasingly nettlesome question: for whom was I writing? Was my writing simply cathartic, an unloading of pent-up frustration, pain, occasional exhilaration? Or was this part of a nobler cause, something that would fall under the purview of healing, something with ultimate benefit for my patients? For if it wasn't the latter, was I not simply exploiting my patients for their readily accessible drama? How could I reconcile using my patients' stories in my writing with my role as a physician, as one who is entrusted to care for, not exploit, my patients?

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I struggled to create an alternative paradigm for this fear. Writing would make me a more sensitive physician. I would become a better listener, more attuned to fine details, more aware of the intricacy of the patient's life beyond his or her presenting complaint. I would expand my focus outside of the paltry constraints of illness and appreciate the grand tapestry that is a patient's life in its entirety.

reframed: is there anything inherently wrong with pursuing such a largely self-centred endeavour? Despite misgivings, I have to conclude that there is not, as long as two conditions are met. The first is that we are honest in acknowledging our motivations. We cannot hide behind the Hippocratic oath when our pen meets paper that is not the medical chart. And the second is that we treat the stories of our patients in the

My favourite literature for *The Lancet's Desert Island*

- *Love in the Time of Cholera* and *One Hundred Years of Solitude*, Gabriel García Márquez
- *The Magic Mountain*, Thomas Mann
- *Misery, and Other Stories*, Anton Chekhov
- *Tess of the D'Urbervilles*, Thomas Hardy
- *The Collected Stories*, John Cheever
- *The Lover*, A B Yehoshua
- *Welcome to the Monkey House*, Kurt Vonnegut
- *The Egg, and Other Stories*, Sherwood Anderson
- *The New Yorker*
- “*Gaudeamus Igitur*”, John Stone

I have no doubt that some of the above is true. Indeed, the mere act of having an artistic outlet in my life has made me a happier person, and hopefully a somewhat better physician because of that. And I probably do pay more attention to my patients as they speak. But do I actually write for them?

There exists a school of thought about the therapeutic benefits to the patient of such storytelling—and much of it rings true to me—but deep inside I can't quite convince myself fully. I think that we who write need to accept the idea that, to a large degree, we do it for ourselves. Of course, we (mostly) strive to honour our patients by telling their stories in a respectful and ultimately transcendent manner, but even that might be something we do for ourselves.

The question, then, can be

same way that we treat our patients, realising that we are privileged to lay our hands on both the bodies and the souls of those who come to us in need. We must probe the patient's story as gently as we palpate their abdomen, never going beyond the point of wincing, never causing pain for pain's sake. We must listen for the human underpinnings as delicately as we listen for diastolic murmurs. We must examine the tender edges of despair as gingerly as we would explore the ragged edges of a wound. And then we must look the patient—and their story—directly in the eye at the end of the encounter, and ask ourselves if we have made a connection that is healing. Then, and only then, can we put the pen to rest. Then, and only then, have we become part of the patient's story.