The art of medicine

What's the story? A guide for the clinician writer

One Monday afternoon not long ago my daughter and I sat in my car outside a train station, chatting. We'd had a lovely weekend visit—her first since getting married and starting a new career in another city a few months earlier—and we wanted to enjoy each other's company right until her train was scheduled to depart. I gazed out the windscreen looking at nothing in particular, happy that my daughter was happy, basking in a moment at once ordinary and perfect.

That's when I saw him. A man staggered into the busy street in front of us, looked up briefly at the sky, and fell face forward onto the ground. I thought: oh no, not now. Maybe just this once I can pretend not to be a doctor.

Then I jumped out of the car. I knelt beside the man. He smelled of alcohol, urine, and neglect. I placed my hand on his chest and pressed my fingers to his neck. I shouted: "Are you okay?" Although unresponsive, he was breathing and had a pulse. Someone directed traffic around us. Someone suggested carrying the man to the sidewalk and some passers-by lifted him by his arms and legs. Another person called for an ambulance. It arrived; I briefed the paramedics, and then I rushed back to my car in time to give my daughter a hug before she ran to her train. As I drove away from the station, I thought: well, that's a story.

Lady writing a letter with her Maid, c.1670 (oil on canvas), Jan (Johannes) Vermeer (1632–75)/National Gallery Of Ireland, Dublin, Ireland/Bridgeman Images

But what was the story? I speak frequently with medical colleagues who, like me, are inspired by our clinical work to write narrative essays. A physician sees a patient and wants to advocate for or educate other patients with the same condition; a nurse becomes ill and longs to share insights gained from the other side of the bed; a medical student reaches for a pen upon exiting the anatomy lab for the first time.

When health professionals sit down to write, though, often we get stuck. The story becomes as elusive as the need to tell it is clear. We feel something like what I felt as I pulled away from the train station that day: there's a story—but what's the story?

It's been said that writing is easy—you just open a vein and bleed onto the page. For clinicians, I think, the process is both less and more torturous. On the one hand, we bear witness to the most dramatic and poignant events of people's lives and thus have an endless supply of material for storytelling, which is perhaps why there have been so many more writers who are doctors and nurses than bankers, engineers, and accountants. We're also, on the whole, empathic and socially adept and yet constrained in expressing ourselves by confidentiality laws, the rigid structure of the electronic medical record, and lack of time. For many of us, these limitations further fuel our desire to write down some of the stories we hear every day.

On the other hand, clinicians typically share certain characteristics that make writing challenging. Perfectionism, an aversion to looking foolish or less than noble, and fear of losing control—of readers' reactions, for example—all inhibit the would-be clinician writer. Also, clinicians like knowing what we're doing. We're fond of protocols, prescriptions, and rules—and writing has few of these. Still, recognising the impossibility and perhaps even absurdity of the task, after several years of mentoring clinician writers and writing essays myself, I've developed a four-step plan for turning a clinical interaction into a personal narrative, a case into a story.

Step 1: find the story. The standard definition of a great case is: a typical presentation of a rare disease or an atypical presentation of a common disease. A great story is harder to identify. An unusual experience does not necessarily make a great story, while a mundane experience may be riveting when recounted in a certain way. Critic and memoirist Vivian Gornick makes the distinction between a set of facts and the tale that is spun from them, what she calls "the situation and the story". In her book, *The Situation and the Story: the Art*

of Personal Narrative, she writes: "The situation is the context or circumstance, sometimes the plot; the story is the emotional experience that preoccupies the writer: the insight, the wisdom, the thing one has come to say." Clinicians are familiar with this distinction. Three patients may find themselves in the same situation, with strep throat for example, but may tell three different stories about it: for one, the infection is a nuisance; for another, it represents absence from work and a possible threat to livelihood; and yet a third finds in it confirmation of a long-held belief that he or she has a weak immune system.

So how do you know that you have a great story? To begin with, you feel you have to tell it. Often that's because the story asks a question you cannot easily answer. What did she really mean when she said that? Why did I react that way? How could we have helped this patient more? For years, I wrote a monthly newspaper column about my primary care practice. When asked how I came up with a new topic every month, I answered that all I had to do was think of an interaction that made me uncomfortable or that moved me. Most of these consisted of mere moments, tiny pings of confusion, regret, sadness, or joy: once, I rolled my eyes while signing a prescription for an opioid that I myself had recommended (what was that about?); another time, a patient seemed more upset than her mild symptoms warranted and afterwards I was ashamed that I hadn't bothered to ask her why; on yet another occasion, my eyes filled with tears when, as I took her blood pressure, a patient inquired after my elderly parents. These, for me, were all the beginnings of stories, the seeds of essays.

Step 2: start writing. For many of us, this is the hardest part because producing early drafts demands that we abandon the meticulousness that medicine requires of us. When, as a mid-career physician, I entered graduate school to study non-fiction writing, my first teacher, the writer Susan Cheever, informed me: "You're coming from a profession (medicine) in which you should never make a mistake, and you're trying to enter a profession (writing) in which you need to make as many mistakes as possible." I've heard several analogies for writing first drafts and all of them involve making messes: finger painting, slapping primer on a wall, or throwing a raucous party. We simply get the words on the page and, somewhere in the verbal chaos that ensues we realise that there is a structure, a glimmer of a story, that we have, even if unconsciously, made choices about where to begin and where to end, about what to include and what to omit.

Step 3: revise (and revise and revise). Bad news again: this is also difficult for clinicians. We like to finish things. We don't like leaving the office with incomplete charts piled up and phone messages unanswered. But revision, the most important part of the writing process, is mostly about not finishing, about leaving the door open to further possibility. As with finding the original idea, the most fruitful moments in revision are the unexpected ones. A colleague once showed me a draft of an essay about a disagreeable patient. He aimed to write about the importance of showing compassion and providing excellent care even to our most ornery patients, a reasonable, if somewhat dull, thesis. Amid the doctor's litany of the patient's poor behaviour, her swearing and her yanking out of intravenous catheters, though, was a line in which the patient asked the doctor to tuck her into bed and he did so, tenderly. "That's it!" I cried, pointing to the sentence. He agreed. The story wasn't that he hated the patient, but that he hated that he loved her.

Step 4: share. After you've asked yourself over and over what the essay is really about, at its deepest level, after you've deleted all the cliches and jargon and unnecessary adverbs, and show-offy prose, the essay finally feels done—or done enough. You've said what you set out to say or, more likely, what you didn't realise you needed to say. Now, share what you've written, either informally, among friends, family, and colleagues, or in a blog, on social media, or in a medical or lay publication. If you're lucky, you'll then experience a great pleasure: you've transformed your vague feeling, your messy drafts, into a story that resonates with others. This is magical, and not unlike the best moments of connection in the exam room or at the bedside.

After the incident at the train station, I considered how certain medical writers I admire might tell the story of the man who passed out in the street. Perhaps the anecdote could lead to an essay about Good Samaritans or about alcohol use disorders or homelessness. Those are worthwhile stories, but they are not my story. I discovered my story by telling it, in conversations and then on the page. I noticed that I always chose to begin with the scene of my daughter and me, talking in the car. In early drafts, the drama of the man's falling down wasn't the focus of my story, it was an interruption, diverting me from my role as a mother to my role as a doctor, echoing the many times over the years in which those two roles were in conflict. But then I wrote the story, once more, here, and I realised it wasn't about being a mother or a doctor at all. It was about writing.

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Further reading

Gornick V. The situation and the story: the art of personal narrative. New York: Farrar, Straus and Giroux, 2001