Molding Idle Musings Into Art: What Reflective Writing Does for Me?

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Introduction


My daily costume fits me like a glove. The white coat pressed, stethoscope at the ready, and laminated photo ID clipped onto my pocket give me the gravitas to go where most cannot. Think about this. In this garb, I can ask near-strangers questions about their most intimate bodily functions, feelings, worries, hopes, and secrets. And I get thoughtful responses instead of shocking looks or even a slap on the face. Cloaked thus, I sit front and center in the theater of life, a close-up view of the human condition. And, with this seat comes serious responsibilities.

I hold these truths to be self-evident, that all stories told to me shall be held in strictest confidence, that these stories are endowed by their creator (my patient) with certain unalienable rights, that among these are Accuracy, Thoroughness, and the pursuit of Meaning. That to secure these rights, patients are to expect from me to institute my art without abuses and usurpations pursuing invariably with compassion, empathy, and courage.

For more than 4 decades, I have witnessed miracles and, more frequently, watched healing opportunities vanish while the miracle of cure was pursued. I have kitted up, staffed busy clinics, consulted in open wards and private rooms, sat at bedsides while some patients improved and more died, dozed during Grand Rounds, and hated and loved my profession at the same time. If Anton Chekhov really said, “Medicine is my lawful, wedded wife and, literature is my mistress.” I would interject that as a wife, Medicine dispenses very tough love.

As all clinicians practicing palliative medicine know, joining patients and families on the paths of serious illness has rewards and costs. One enormous cost is the 62% burnout rate for palliative care clinicians. Keeping my professional boat on an even keel requires many practices; in this study, I will share one that has been most important to me, writing. Specifically, I endeavor to open my tool kit and show you how I do it, why I do it, and what reflective writing does for me.

Physician-Writers

I have never been surprised at the number of physicians who are published in the nonmedical literature. My favorites include Sir Arthur Conan Doyle, Anton Chekhov, John Keats, W. Somerset Maugham, John McCrae, William Carlos Williams, Walker Percy, Oliver Sacks, Abraham Verghese …. The list could extend from here to Jupiter. Some like Chekhov and Holmes lived the double life of storying while doctoring and others like Williams and Percy left the bedside to settle at their writing desks.

It is my hypothesis that the richness of their prose and poetry was fertilized by the stories they heard and the suffering and joy they witnessed in their privileged position while doctoring. In fact, it is written about Williams, “medicine was the springboard from which his poetry came, and he repeatedly said that he could not practice one without the other.”

M. Faith McLellan explains this symbiotic duality in this way. “Apart from the mechanics of writing, the most compelling link between the dual professions of the physician-writer is the construction of narrative …. Practitioners of both arts share a curiosity about
other people’s lives, as well as needs and desires to communicate. Both are engaged in an often complex process of identification with and detachment from their subjects close enough for compassion, distanced enough for critique. And both are involved in making meaning of experience, in ways they may not even fully understand. Formulating a diagnosis, like constructing a text, can be a complicated task, involving experience, intuition, and interpretation. Both processes culminate in a narrative: the case history, the medical chart entry, a grand rounds presentation, a story.9

Just as these physician-writers capture life stories with compassion and meaning, can we prescribe writing as a process for clinicians to nurture their compassionate selves? This question is not lost on those who are integrating the humanities into health sciences curricula.1,2,3,4 “Physicians who write even short, 55-word reflective stories can hold to humanistic and ethical understandings of patient care and of themselves as healers even as they practice in systematized settings and employ evidence-based expertise.5 Taking leave of evidence-based expertise, let us venture through the looking-glass of self-report, musings, and experience.

My Indispensable Tool: My Notebook

I write. I play with words. Like some who collect stamps, my life is filled with notebooks. I have blue ones, red ones, ones edged with spirals, some are bound in moleskin, others are covered with cardboard that wears out before the pages are filled. A few have those little elastic bands that keep them neatly closed and others flop open the instance they are freed from my white coat pocket. Ah, the white coat pocket. My notebooks can differ in all aspects but one; all my notebooks must fit comfortably in my white coat pocket. You see, my notebook is an essential tool in my medical practice and it always has been.

As a medical student, in the days before we could have all the world’s literature literally at our finger tips, we carried notebooks. In fact, my medical school, Washington University in St. Louis, produced the bible carried by all students, interns, and residents, The Washington Manual of Medical Therapeutics. All house officers knew that, armed with this, we could do our job and keep the patients alive until the real doctors showed up.

I remember, as a fourth year student, a resident who balanced his “Wash U Manual” with a loose-leaf journal of similar size in the opposite pocket. (At this time, you would be right in asking where the stethoscope went if the pockets were filled with notebooks. By fourth year, all aspiring internists knew the proper stethoscope position is conspicuously around one’s neck always at the ready.) My resident’s notebook, never misplaced like the ungainly clipboards others carried, was filled with to-do lists, lists of mnemonics to help remember differential diagnoses, and pearls scattered by our prestigious faculty.

My notebooks never proved as comprehensive as those of my former resident. Probably because, try as I might, I never could fill them with enough facts, chalk talks, or pearls to keep me from having to spend most evenings in the library. I could, however, fill them with musings.

Musings—this word and the definition from Merriam Webster, meditation, feel pretentious. However, if viewed in context of the origin of muse, “Middle English, from Anglo-French muser to gape, idle …”; I have a term I can embrace without pretense, idle musings. A patient’s name here, something a patient said, notes, words never divulge their meaning and they sit gnawing away quietly sometimes for days. Sometimes meaning giving insight into troubles that have been scattered by our prestigious faculty.

Scribbles of idle musings fill my notebooks: oodles of doodles, word play, word salad tossed but not dressed for the table yet. The dressing comes later.

Like a butterfly net at the ready, my notebooks occasionally capture beautiful specimens. At times the beauty is obvious, more often, it is not apparent until much later. As the potter never knows what sheen will appear on the vase as it goes into the kiln, the words on my page will shift shapes and emerge with new meaning giving insight into troubles that have been gnawing away quietly sometimes for days. Sometimes the words never divulge their meaning and they sit there staring at me from the page, beckoning me to revisit them and think more about their origin, their purpose.

What Writing Does for Me?

Writing reminds me that life mimics art and that art is all around me. While sitting in a conference a few years ago, my pager buzzed as a text came into view. “39 y/o man, seriously ill, help with goals of care.” Inconspicuously I passed the pager to the Fellow seated on my right. He leaned toward me and whispered, “Sounds like a Haiku.” He was right. With minimal manipulation, art appeared.

Un-named Haiku 1

Young patient quite ill
I can’t tell them he will die
Help with goals of care.

While reminding me that art is everywhere, writing also reminds me that many a masterpiece have
suffering, sin, and darkness at their core. Without Baron Tuzenbach’s death in the final act, Chekhov’s *Three Sisters* likely would not hold the prominent place in Russian literature that it does today. W. Somerset Maugham’s short story, *Rain*, unfolded as prostitution, religion, and redemption battled for the soul of Maugham’s prototypal character, Sadie Thompson. Tragedy begets beauty as exemplified in John McCrae’s well-known tribute poem, “In Flanders Fields” written in the wake of the World War I battle in Belgium’s Ypres.

Our front row, privileged seat, begs us to report what we witness.

**Un-named Haiku 2**

Man is close to death
Pulseless much too long to live
Feels like frost is near.

**Un-named Haiku 3**

A fighter, they say
Family waits, prays, stays, and
Hears the ref count … “ten.”

Writing helps me navigate those gray spaces and gives meaning to the suffering I witness. It helps me come to terms with things I cannot control. In this way, I can find closure, resolution, and can become cleansed of unresolved issues. Last year, we consulted to help the family of a young man found in east Durham, shot in the head, and left to die. I noticed the name in his medical record was an alias. His bedside nurse reported that a rival gang did the shooting and the alias was to protect him while in the hospital. A sense of overwhelming sadness filled my heart to hear that the rival gang stole his life and we stole his name.

**How long is a week?**

No name
He has no name, an alias fills that field.
Not a Ulyssian trick to escape Cyclops
Rather a mundane ruse by hospital cops
To hide him from the rival gang, their threat
Of what hate hath begat
More bullets, blood, brain spatter
More gray matter scattered where no brain should be.
Will the alias be his talisman, his St. Christopher medallion?

Or by ripping off his label, his christened name, does he become a throwaway, a hand me down, a shell of lesser value or even one of shame?

Do we steal his identity, lessen his humanity?
Do we reduce this person in the eyes of you, me, and the other players of his tragedy?
He has no movement of his limbs, no gag, no cough reflex.
He has a drain inside his brain keeping him from the River Styx.
He has no chance, the surgeons state but has a mother who won’t close the gate because, “It’s only been a week.”
Is it a miracle she seeks?
A week is but a blink of mother’s eye,
A week, to those in white, seems long enough to pressure her to say good bye.
This week, to her, too short. Too soon.
I must to give him a chance,
More room.
So, He will get a shunt, a trach, a PEG,
We’ll hunt the elusive LTACH bed where
He will remain many days and nights.
Purportedly supported by some, tortured by others.
There really is no fight to fight, in time.
It will be clear whose definition of “a week” is right.

Writing gives purpose to tasks that often seem Sisyphian. Admissions, discharges, new consults, follow-up visits, calls from the pharmacy, calls from the insurance companies, calls from the home team, calls from the ED, writing notes, reviewing labs, just one more keystroke before my brain explodes. Writing can remind me of this privileged position upon which I sit especially at times of tiring toil.

As Anne Lamott writes in *Bird by Bird*, a must-read for aspiring writers: “One of the things that happens when you give yourself permission to start writing is that you start thinking like a writer. You start seeing everything as material.” Giving yourself permission to write morphs that midnight call, those nagging interruptions, and the endless forms into events that give you insights into your soul. This attention to self is fertile ground for harvesting meaning from work that otherwise can feel overwhelming. Sure I’m tired, but why am I angry? Where did the joy go? How can I replenish my tank?
On curiosity
No Archimedes, me.
But a glut of curiosity
Allows my rods and cones to see
The plain,
Mundane,
So differently.
Eureka!

Writing replenishes humanism to the stories we tell each other. On rounds, by necessity, we communicate in code. Our language, filled with abbreviations, acronyms, and stripped of punctuation, allows us to communicate quickly to others who are fluent in medicalese. Unfortunately, we strip every tangible trace of the human experience from these heart-filled stories. The patient’s stories are filtered, edited, made into sound bites for communicating facts, plainly, in a certain pattern, efficiently devoid of nuance and emotion. Removing the humanity from the history is a process of sterilization. We remove the psycho, social, and spiritual aspects from the patient’s story. I am reminded of Captain Joe Friday of Dragnet, “just the facts, Ma’am” as we clip the tales often beyond recognition.

Perhaps, with even more sinister effects, the words we use can take on unintended meaning: for example, “withdraw care”, “failed chemotherapy”. Writing is our chance to remember the person behind the laboratory report. It is our chance to give voice back to the person who has a name, a family, and a legacy extending far beyond this admission. Lest we forget, this person is the reason we do what we do.

Riding the bus with toxic friends
She holds her head high, wind whipped, the horizontal rain roars across her glasses
Drip, drip, dripping off the tortoise-shelled rims.
She focuses on the approaching #7 bus whose illuminated “Medical Center” sign is barely visible through this downpour.
One hour later after stopping, starting, turning, dodging, bouncing through miles of cityscapes she is poured out of the bus.
Agitated, shaken, not stirred, like a dry martini she flows into our infusion center where her toxic friends await.
Gaudily dressed, Adriamycin, with lips freshly painted in a bright ruby red, does not care that our patient must resume her vertiginous ride home after the infusion.
Cytoxan, with both hands tightly squeezing her bladder smirks and takes bets on how many times she will need to hop off the bus to relieve the tsunami within.
Yet, she holds her head high. Our woman warrior wills herself to repeat this bus trip after bus trip, cycle after cycle, month after month.
Her diamond eyes darting and daring the entire team to just try to utter the words, “She failed chemotherapy.”

Writing gives me something tangible to share with others. A primary care internist for over 3 decades and now a palliative care consultant, I have very little tangible at the end of the day to show my family and friends. What did you do at work today? Oh, I listened, talked, listened again, typed, typed, and typed some more. Writing helps me communicate how I spend my day. For me, this aspect of writing resonates with the legacy work we witness as our patients work through their existential questions.

Un-named Haiku 4
Twelve beds at hospice
Apostles, eggs, and roses
Faithful, fragile, love.

Writing helps me find and shore up my empathic self. Anger knocked and I let her in when I heard that the mother of a patient of mine called 911, removed her from our inpatient hospice, and took her to the ED where she died a few hours later. This young woman, unfairly gifted advanced cervical cancer from a health care system that does not serve our indigent population well, just wanted a peaceful death at hospice. We failed her. Writing, several weeks later, gave me some peace although the words I wrote in my notebook about this patient still beckon, still haunt me, and still provoke visceral reactions within me.

Un-named Haiku 5
Whisked away at night
Mother’s love could not let go
Winter tears freeze hope

Finally, playing with words on paper allows me to craft a more precise script to improve my abilities to communicate. In palliative care, we all know the power of words to comfort and console. Too often, we also see the flip side, the destructive force our words can
have. And, at times, the same words can have opposite effects simply by how they exit our mouths, our intonation, our body language, or even by events external to us—where the patient is, what was the previous conversation, who is in the room, who is not in the room. Yes, it is my belief that words do matter and they matter very much.

Just as spoken words matter, so do those silent words, silent to others but often very loud indeed with in. Words that precede our utterances, those words reflect the status of our minds. Rested or sleep-deprived, focused or distracted, confident or unsecure, truly open or prejudiced beyond reason by bias and focused on our own agenda. The interactions of our spoken and unspoken words can be as toxic as any drug-drug interaction or can be magically healing. Writing for me is a tool that I use to synthesize, analyze, and purify this process with the goal of producing a more precise and therapeutic language.

Words matter
They really do
At least, to me
What I utter
Defines me
Might defile me
Bares my brain
My soul
For all to see
Thus words really matter,
To me.

In summary, I come back to the words of Anne Lamott explaining to her students why their writing matters. “Because of the spirit, I say. Because of the heart. Writing and reading decrease our sense of isolation. They deepen and widen and expand our sense of life: they feed the soul. When writers make us shake our heads with the exactness of their prose and their truths, and even make us laugh about ourselves or life, our buoyancy is restored. We are given a shot at dancing with, or at least clapping along with, the absurdity of life, instead of being squashed by it over and over again. It’s like singing on a boat during a terrible storm at sea. You can’t stop the raging storm, but singing can change the hearts and spirits of the people who are together on that ship.”

References