

**Stories Students Tell  
(about Ethical Dilemmas): What  
Student Narrative Typologies Can  
Tell Us About their Approaches to  
Ethical Decision-Making**

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# Original Study

## ❖ Goals:

- ❖ Identify medical student ethical conflicts
- ❖ Elicit student values and conflict management strategies
- ❖ Retrospective, descriptive study utilizing student narrative assignment in a required 3<sup>rd</sup> year Ob/Gyn clerkship
  - ❖ Structured questions
  - ❖ Open-ended responses
  - ❖ Not graded, completion of assignment satisfied course requirement
  - ❖ Data from papers and class discussion only used anonymously to maintain student confidentiality

# Data Collection

- Papers submitted July 2002-January 2006
- 299 papers (3 ½ successive cohorts)
- Student responses coded in various ways
- Global narrative coding
  - Inductive approach
  - Identified 7 categories
  - 75% rater agreement

# Narrative Typologies: Listening for Different Kinds of Stories

- Literary scholars have long recognized that people tell different kinds of stories
  - Drama - Comedy - Tragedy
- Arthur Frank: patient narrative typologies
  - Chaos - Restitution
  - Journey - Witnessing
- We realized Frankian typologies could be applied to medical students' stories about ethical dilemmas with:
  - Modification - Operationalization

# **Narrative Typologies: Different Types of Stories**

- **Is it a good idea to categorize stories?**
- **A concern**
  - **Risk of labeling: minimizing, reducing**
  - **Importance of creating space to allow for individual variability, complexity, and difference**
- **Some benefits**
  - **A way of making sense of stories**
  - **A way of acknowledging our own biases regarding different types of stories**
  - **A way of deciding whether the story is well-matched to the circumstances being described or whether another story needs to be told**

# **Narrative Typologies: No Conflict/No Problem**

- **Student literally wrote: “I did not experience any ethical conflicts on this clerkship”**
  - **Hadn't seen enough patients**
  - **Too inexperienced to recognize a conflict**
  - **Too “tolerant” of others' viewpoints to experience ethical conflicts**

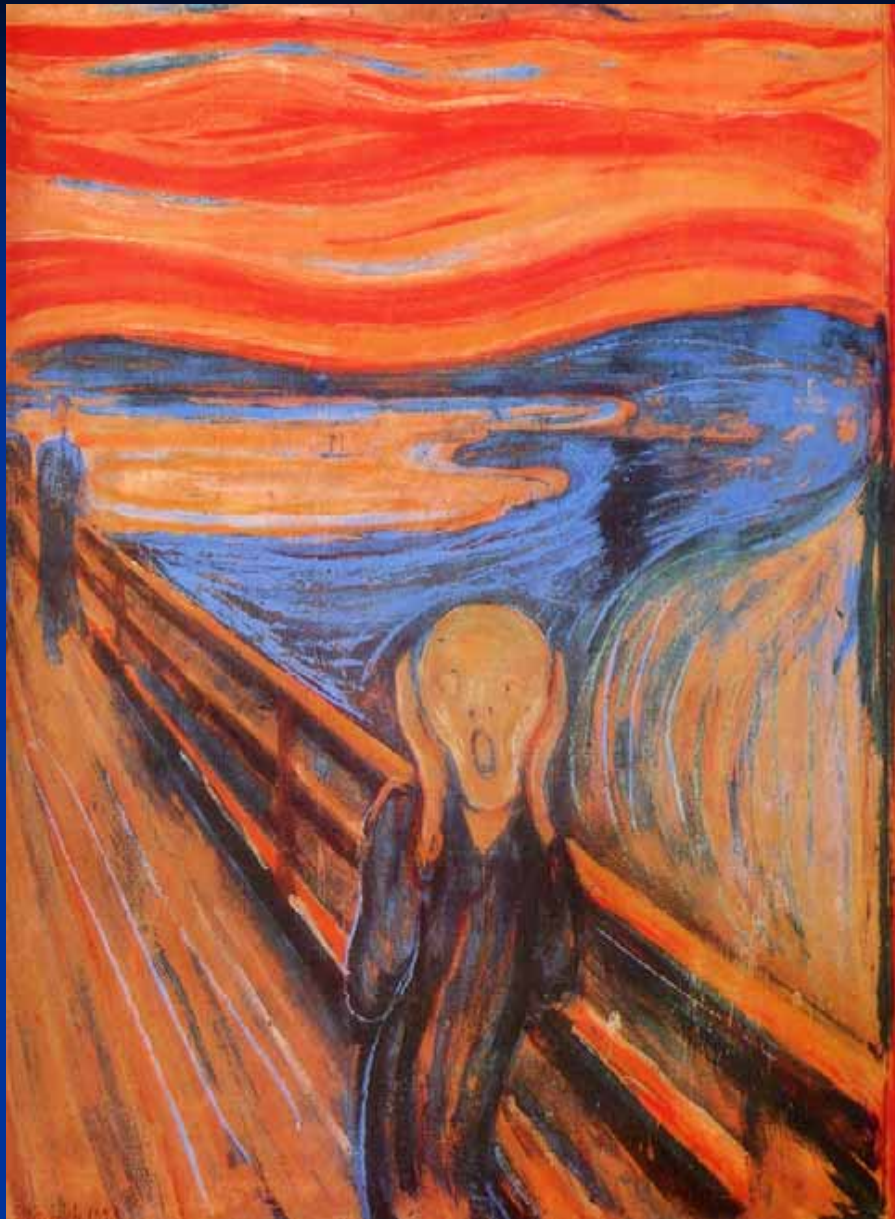
# Narrative Typologies: Chaos

## ■ General characteristics

- Pre-narrative; anti-narrative
- Pile-up of calamities
- Isolation and alienation
- Frightening to both narrator and listener

## ■ Chaos story in response to an ethical dilemma:

- The ethical conflict appears irresolvable to the student, who is demoralized, confused, and conflicted.
- In contrast to Witnessing, which is patient-centered, this category is student-centered in that it reflects the student's helplessness



*The Scream*  
Edvard Munch



# CHAOS STORY

- **The conflict presented itself as we tried to communicate the steps of the procedure to a completely blank stare. \*According to my personal values, I wanted to stop us from proceeding with the procedure until the girl was more receptive and comfortable with the procedure. However, this may never be the case... At the end of the procedure, I still did not feel that my conflicting beliefs were reconciled, as she still had a blank stare and added tears from the pain of the procedure (172).**

# Narrative Typologies: Restitution

## ■ General characteristics

- Find-it and fix-it
- Person restored to pre-trauma state
- Highly desirable for both narrator and listener

## ■ Restitution narrative in response to an ethical dilemma

- The student identifies an ethical problem, but all is quickly resolved through invoking a simple overriding principle, i.e., patient autonomy.
- This category is rule-based and has an open-shut, problem/solution tone.
- It is characterized by an absence of “wrestling” with the dilemma.



# RESTITUTION STORIES

- I usually try to treat others as I would like to be treated myself. Since I like to be treated fairly, this belief system seems to work well in my relationships with other people (9)
- If I was in disagreement with a patient, all I could do is engage them in a conversation as to why I believe they should think about alternative or better approaches to attaining results. If they still did not agree with my point of view, I can always refer them to another physician who might give them what they want.(18)
- \*...it still felt weird to remove the “Products of Conception” from a woman’s vagina. It felt as though I was removing a person from the world. I quickly came to the resolution that I was doing a lot of good for the distressed woman and I proceeded without reservation. (23)

# Narrative Typologies: Journey

## ■ General characteristics

- Reluctant hero receives a call
- Encounters trials and challenges
- Endures much suffering
- Finds wise guides and companions
- Accomplishes mission and returns to help others
- Uplifting; emphasizes acquisition of wisdom
- Can be overly romanticized

## ■ Journey response to an ethical dilemma:

- The student overcomes “barriers and difficulties” to gain wisdom and triumph in the end by helping the patient and doing right.
- In this category, while the student may refine his/her values, there is no sense of having made a compromise.
- The student struggles with the dilemma, but learns valuable lessons.

# The Wizard of Oz

*Dorothy, Toto...*



*And the Tomado!*





# The Wizard of Oz



*Assisted by  
friends...*

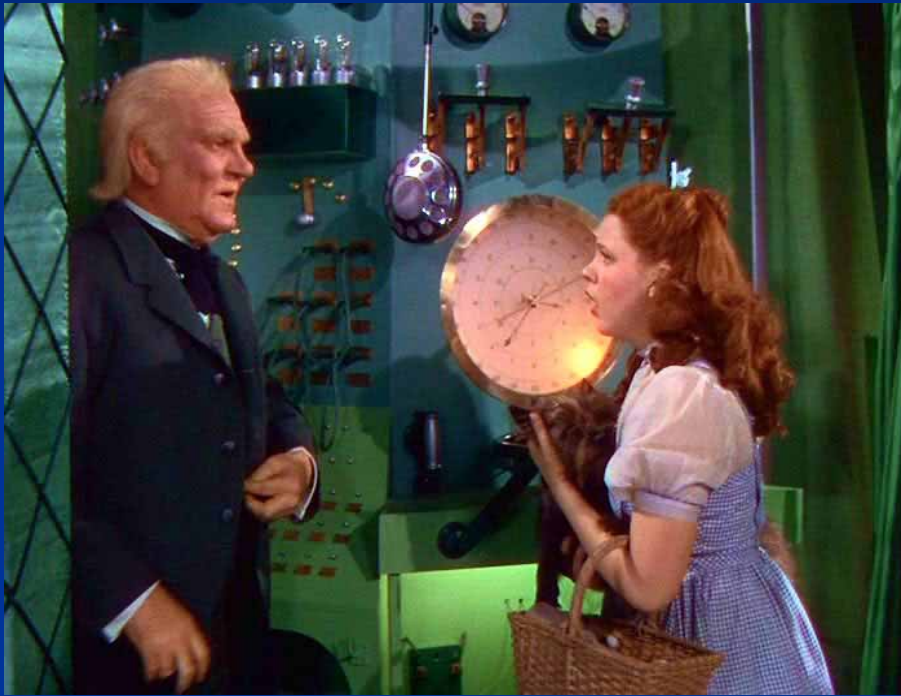


*Threatened by evil  
demons  
and monsters*



*...and guides*

# Journey:



*Learns important lessons*



*Returns home to apply learning  
for the benefit of others*



# JOURNEY STORY

- It was imperative that this patient be referred to the nearest hospital for an ultrasound, for confirmation of the diagnosis. The concern in this patient was that she ran a high risk of a possible ruptured ectopic, which can be life threatening, particularly if she did not follow through with the necessary medical care... \*At this point the patient became incredibly difficult, swearing and accusing the resident... I personally am a little hot-headed and was angry at this patient, no longer greatly concerned with her care. However, the resident and attending both kept their calm and kindly explained the grave importance of the situation to the patient. The patient slowly calmed down... I realized that the resident's behavior, despite what his emotions may have wanted him to do, was the obviously correct mode of action in this situation, as opposed to my quick reaction of anger and apathy... Fortunately, as I see more and more patients, I have improved in controlling my "hot-headedness." (34)

# Narrative Typologies: Witnessing

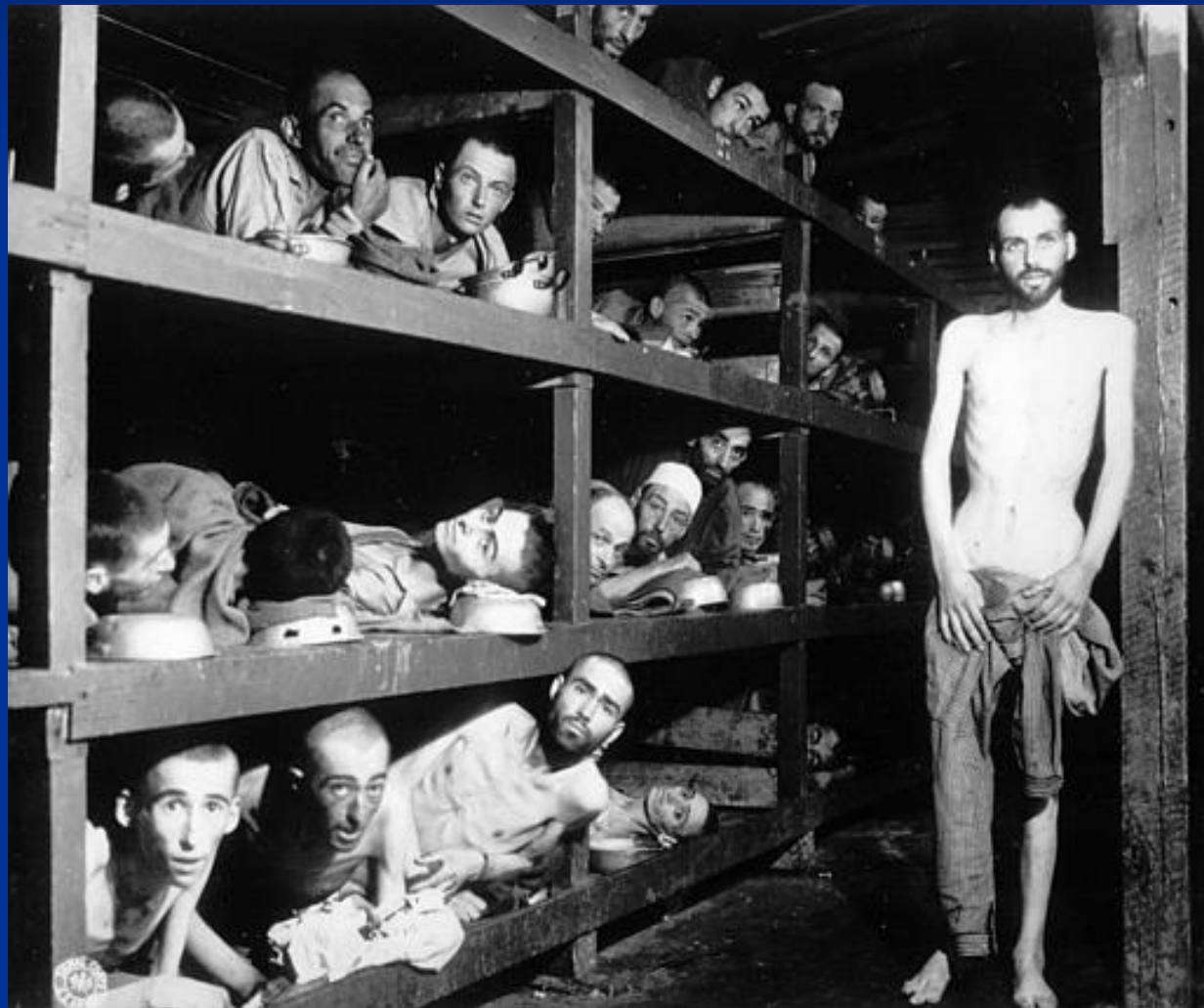
## ■ General characteristics

- Offers testimony to difficult truths not generally recognized or acknowledged
- Challenges conventional wisdom
- Commits to standing with the suffering other
- Painful for both narrator and listener

## ■ Witnessing in response to an ethical dilemma

- The student acknowledges the complexity of the moral issues and demonstrates empathy for the patient.
- This category differs from Chaos in that here the student calmly recognizes that there is no immediately apparent solution, but stays committed to the patient, rather than focusing on his/her own confusion.

# Buchenwald

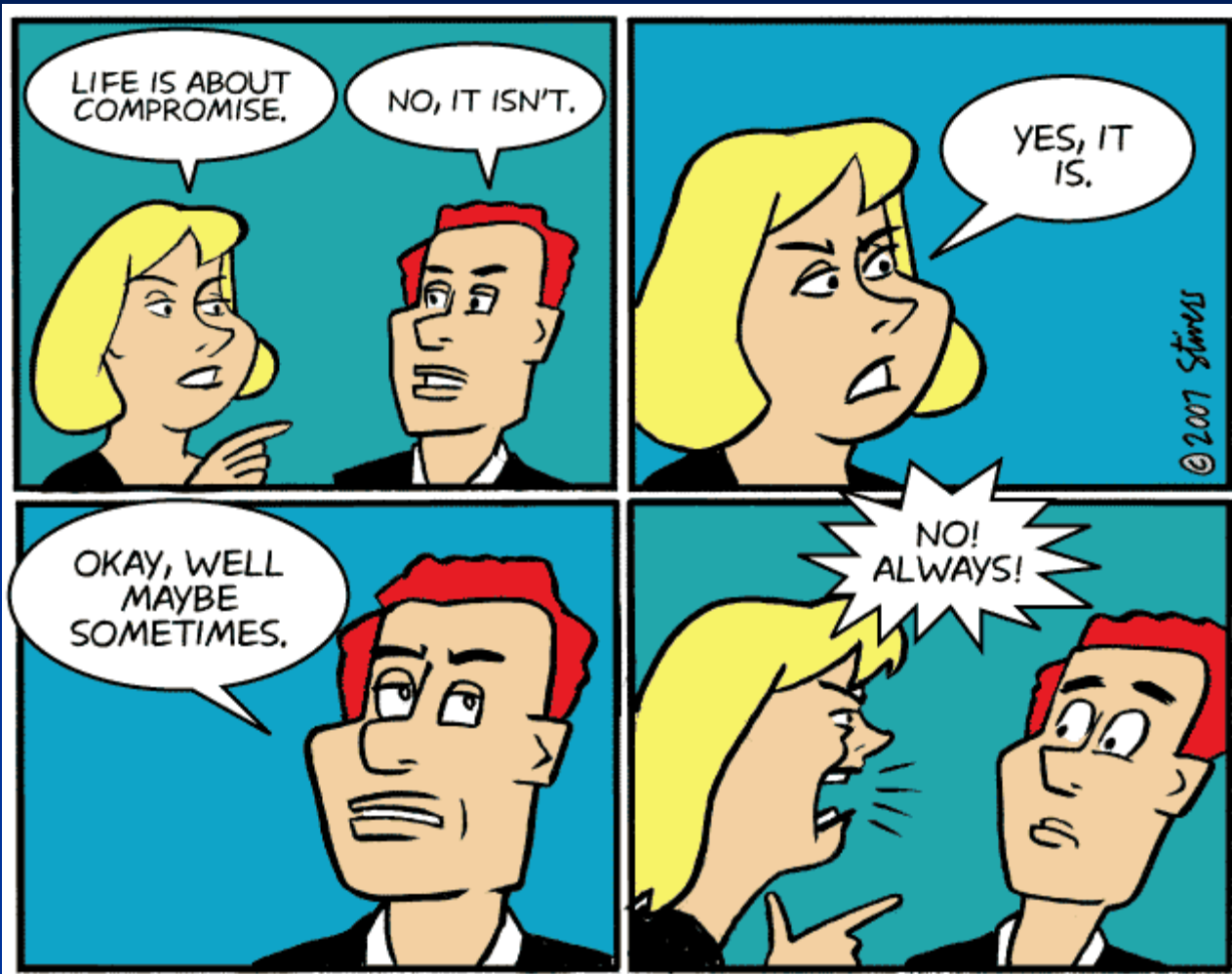


# WITNESSING STORY

- **Suicide and euthanasia are also quite controversial. If this patient had been at home, with access to morphine, she might have been able to end her life as she chose. While in the hospital, it was up to us. It would be illegal for us to give her a narcotic overdose, even if she asked for it. The ethical obligations here are murky. Some would say physician-assisted suicide is terrible. Others say helping those who are suffering die is a moral obligation. I am not sure which the correct answer is... This situation was not mine to control.**  
**\*I could not force the hospice team to make arrangements for our patient, nor her daughter to take time off work to care for her. Perhaps neither of these options was even possible. Instead, I did what was possible. I comforted the patient the best way I could. I left her alone when she was sleeping. I rubbed her back and held the bucket while she threw up. I listened to her stories. ... I will never forget her. I will always try to comfort those who are suffering. (144)**

# Narrative Typologies: Compromise

- **General characteristics**
  - Making a concession
  - Participation in something derogatory or shameful
  - Sense of powerlessness
- **Compromise in response to an ethical dilemma**
  - The student adheres to perceived values of the medical profession but feels s/he is compromising core personal values either out of
    - a) expediency
    - b) a desire not to cause trouble
    - c) self-protection
    - d) lack of confidence



LIFE IS ABOUT COMPROMISE.

NO, IT ISN'T.

YES, IT IS.

OKAY, WELL MAYBE SOMETIMES.

NO! ALWAYS!

© 2007 Stross

# COMPROMISE STORY

- I encountered a patient who was in the office to request a second therapeutic abortion. She was 20 years old but immature for her age. The attending insisted that she go on birth control, and the girl agreed to take the Pill, despite having failed to take the regimen correctly on another occasion. She seemed cavalier about the situation and it appeared that she was just saying she would take the Pill to secure the abortion and get out of the office. It is the clinician's duty to provide services requested to a patient....\* However, it did not seem fair to me that someone should be able to use this method of birth control when so many responsible women take appropriate precautions. It crossed my mind that maybe having to carry the baby to term would set her mind straight. As I am a medical student, it was not my place to "handle" the situation in any way. I would be more likely to give a woman a TAB who had been responsibly using birth control but had been a victim of failure rates. (97)



# Narrative Typologies: Resistance

- **General characteristic**
  - **Adopting a stance of opposition**
  - **Counteracting or withstanding**
- **Resistance in response to an ethical dilemma:**
  - **The student chooses personal values regardless of professional ethics, norms or pressures**





# RESISTANCE STORY

- During the course of the interview with this patient, I learned about several other health and psychosocial issues going on with this patient that were related to her complaints and important to her medical care overall... When I presented this patient to my resident, she was very annoyed that I was telling her all of this information about the patient..., the message I got from this resident was that I should not even have let this patient tell me about significant episodes in her medical history... I feel that it would have been wrong for me not to present these aspects of my patient's history to the resident once I knew about them even if I thought that was what she wanted... \*As medical students, we are often under pressure to conform to the particular system of whomever we are working with for a particular day. ... In this situation, I told the resident that I believed that everything the patient had told me was important given the fact that this was our first contact with the patient. (1)

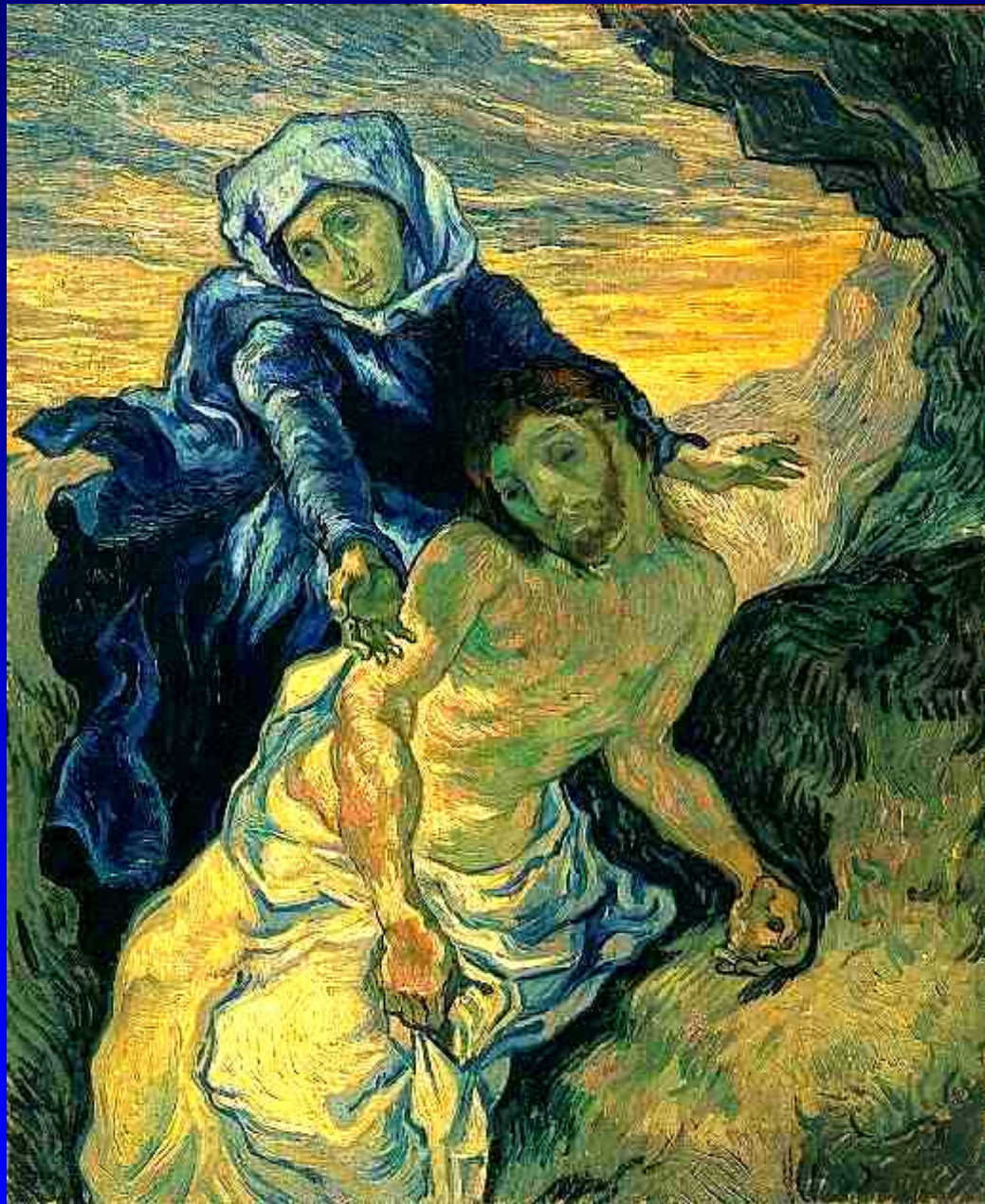
# Results: Narrative Categories

- ❖ **Restitution (38%)**
- ❖ **Journey (16%)**
- ❖ **Compromise (16%)**
- ❖ **Witnessing (13%)**
- ❖ **Resistance (9%)**
- ❖ **Chaos (7%)**
- ❖ **No conflict/no problem (2%)**

# CONCLUSIONS

- **Students more likely to tell restitution stories**
  - Reflects modernist, find-it-and-fix-it mentality in medicine
  - Reassuring to everyone involved, but not always accurate
- **Students have other narrative typologies in their repertoires**
- **Students should be encouraged to tell stories that are appropriate to their situations and those of their patients**
- **Students deserve to receive the support from their educators that enable them to tell more painful, more complex and less resolved stories**





Vincent  
Van Gogh