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Review Essay

Insights into Professional Identity Formation in Medicine: Memoirs and Poetry

Doctors in the Making: Memoirs and Medical Education. By Suzanne Poirier (Iowa City, IA: University of Iowa Press, 2009), x + 200 pp. $39.95 cloth.

The Inner World of Medical Students: Listening to Their Voices in Poetry. By Johanna Shapiro (Oxford: Radcliffe Publishing, 2009), xvi + 268 pp. $49.95 paper.

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Reflective writing, subsumed under the umbrella of narrative medicine,[1] is now widely recognized as a vehicle for cultivating a reflective practitioner,[2] enhancing professionalism and humanistic qualities.[3] Both Suzanne Poirier's *Doctors in the Making: Memoirs and Medical Education* and Johanna Shapiro's *The Inner World of Medical Students: Listening to Their Voices in Poetry* are exemplary volumes providing evidence that capturing and interpreting the lived experience of doctoring through the written word can be a valuable tool in medical education. For students, Poirier asserts that "effective narrative writing can provide one of the most efficient routes to self-understanding" (169). For medical educators, these authors' compilations and scholarly analyses of student and physician narratives help to illuminate core issues in medical education, including the developmental process of achieving a humanized professional identity. Poirier's excerpt from the writings of a chief resident challenges the medical community with its directness: "There is a standard curriculum to teach the scientific component of medicine, there is, however, no standard curriculum to teach the emotional component."[4] These memoirs and poems speak for themselves, providing a compelling argument for attending to both the intellectual and emotional processes of becoming a physician: in essence, what Poirier has referred to as a "more healthful process of medical education" (94).[5] Physician, heal thyself.

Poirier presents over forty memoirs (diary, blog, or book excerpts) of medical education, written from 1965 to 2005, along with her scholarly interpretive commentary, going beyond the issue of acquiring clinical skills and focusing on the emotional process of becoming a physician. Her five book sections "Voices from the Emergency Room," "Water from a Fire Hose," "Embodiment," "Power and Difference," and "Relationships" illustrate how students grapple with dilemmas of medical practice (including ethical concerns) such as power differentials, negotiating connection and distance in relationships, coexistence of and potential tensions between singularity and community (professional socialization), feelings of vulnerability and, more generally, facing inevitable ambiguities and complexities.[6]

Archetypal patterns/themes of the medical training experience emerge from Poirier's selected memoirs. We read of students, even at the level of residency training, grappling with feelings of self-doubt and uncertainty as they perceive themselves as novices performing in the role of an expert, trying to cope with demands of medical school, which Poirier likens to "trying to sip water from a fire hose" (45), experiencing idealized expectations coming up against realities of medicine . . . And

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then there is the yearning for positive, authentic, emotionally caring relationships with patients and the dilemma of trying to connect within the constraints of the rapid, often distancing, pace of medical practice. The memoirs bring us medical students' and physicians' experiences of gain and loss, angst and triumph, compassion and frustration, vulnerability and strength—highlighting the shared humanity with patients who may undergo such emotional vicissitudes within their illness experience.

Given that "knowing what you don't know" is acknowledged by medical educators as crucial to emerging medical expertise,[7] narratives such as those presented by Poirier which promote self-awareness can be formative. Poirier identifies the central concern of nearly all writers of memoirs in medical education as being how to enter into a positive emotional caring relationship with patients. Through it all, she highlights the inherent value of fostering emotional honesty for practitioner well-being (including emotional resilience), which ideally contributes to empathy preservation and optimized patient care.[8] The conceptualization of the ethical dimensions of the work of healing as comprising the maintenance of ethical relationships as well as the promotion of one's own well-being is thus derived through memoir analyses.[9]

The expressive medium of poetry, Shapiro contends, "is particularly suited to developing insights into medical students' experience" (37), providing a window into "their concerns, worries, and insights during the process of socialization into medicine" (3). She presents a comprehensive collection of medical student poems (589 poems of her own students over 10 years and from other institutions), with content analysis and grounded theory interpretations which do not detract from but rather elegantly elaborate on the authentic personal voice presented therein. Her classification of poems into sociologist Arthur Frank's story typologies of chaos, restitution, journey/quest, witnessing[10]—with the addition of a sixth typology, transcendence—and highlighting how the poems may contain any or all such narrative types, is an innovative and enlightening "qualitative dissection of poetry as data" (3). The "chaos" typology is described as a cry for help; "restitution" as self-reassurance; "journey/quest" as self-discovery and identity formation; "witnessing" as examining suffering, manifesting resistance (against indifferent or unethical behavior or perceived injustices for medicalized patients/students), and building community through the dialogic aspect of narrative and, finally, "transcendence" as healing and rekindling awe and mystery. It is this well-suited typology application that led me to consider its use with Poirier's memoirs as well.

Shapiro's chapter headings, themes that emerged from her review, function as signposts to guide readers (and perhaps the poets themselves) toward the inner world of medical students, their perceptions of the patient experience, and the transformative experience of intersubjectivity, all within the developing professional persona. Chapter headings encompassing themes of the anatomy experience, becoming a doctor, becoming a patient, doctor-patient relationships, student-patient relationships (with subsets of language/cultural differences and death and dying), societal issues and medicine, and reflections on life and love offer a developmental approach to medical education, with a progression toward "witnessing the complexity and multi-dimensional nature" of the process of becoming a doctor (255). She offers a critical appraisal of "Medical Education as a Rite of Passage" in her introductory chapter titled as such, then moves on to theoretical overviews of the "Functions of Writing for Medical Students" and "Why Study Medical Student Poetry?" emphasizing the interpretation of experience and deepened understanding through narrative accounts, learning to "tolerate and bear witness to pain" (14) and cultivating empathy.[11] Poetry, she expounds, offers the opportunity to explore emotion, has the potential to be more authentic and revealing than a carefully crafted story, and can be a vehicle for accessing the intuitive, ordinarily less accessible, leading to fresh ways of seeing or what she terms "epiphanic moments of insight" (26). Students' poems parallel the anatomy experience; "dissection becomes an act of creation" (36).

The content of both volumes illustrates a process of narrative competence development, theorized by narrative medicine pioneer Rita Charon as "the capacity to understand and be moved by the meanings of singular stories about individual human beings" (14).[12] Through both narratives and poetry, students engage in Charon's processes of attention

(awareness, mindfulness, being fully present), representation (of experience in the written word to give it meaning), and affiliation (with colleagues and patients), which, in her view, mirror clinical practice.[13] These meaning-making exercises create a space for consideration of ethical practice, and students' narratives in both volumes capture the struggle with the complexity of doctoring. More questions than answers about emotional connection within medical practice emerge for these writers and likely for the readers. How can one genuinely connect with the "other" in an "educational and professional culture that values independence, distance, and objectivity" (114)? How best to counterbalance (for professional demeanor) emotional openness which Poirier's analysis points to as fundamental? Can one admit one's own vulnerability and fear in the process of trying to be present to trauma and suffering, expanding oneself and not trying to avoid the experience? How can one best utilize one's personhood within a clinical encounter, reducing dissonance with a perceived "role" of a physician? Poirier's distillation of the narratives, yielding an emphasis on "recognition that embodying oneself as a physician does not supersede a person's other embodied identities" (87), is particularly apt, given the contemporary relevance of issues of self-preservation and prevention of "burnout" in the lived experience.[14] The narratives (and poetry) grapple with all this and more and are perhaps the strongest argument for the awareness of such questions as integral to the emerging professional identity. The reader is left to ponder whether the representation of experience in writing with reflection on such themes can inform and impact future lived experience as a healthcare provider.

Theoretical formulations of reflective competence include components of presence, recognition of dilemma, emotional insight, meaning-making, challenging of assumptions, consideration of multiple perspectives, and transformative/confirmatory learning.[15] The contents of both volumes embody these qualities in formation: the reflective stance nurtured by the act of writing.[16] The memoirs and poetry often strive for a contextualized view of the clinical encounter, trying to understand the patient in context (e.g. medical, sociocultural, past experiences), trying to understand self in context, both of which are germane to the popularized notion of relationship-centered care (including bringing one's personhood to the interaction) as a worthy goal in medical practice.[17] Both the memoirs and poetry highlight relationship issues in medicine, with Shapiro emphasizing poetry themes such as "difficult physician-patient encounters, reflecting on their own relationships with patients, facing limitations of medicine, confronting death and dying, and balancing their personal and professional lives" (40). And it is in the going beyond—beyond reflecting on one's own interpretations to consider the other's perspectives, the suffering other—that we find ethical implications.[18]

And what of the student writers' own goals in crafting their memoirs and poetry? Do they gain from the experience of telling? According to Poirier, memoir authors cite benefits such as self-understanding, "preserving a part of oneself, and achieving a better understanding of an emotionally overwhelming situation" (11). From this reader's perspective, it may have been interesting to hear more from the authors on their experience of writing—and in relation to Shapiro's work—to have been provided with some of the poets' own interpretations of their poems and their commentary on perceived benefits of such creations. In the poetry itself, poignantly and convincingly, however, voices are heard... singularly and collectively.

For medical students, these volumes can serve to nourish and sustain—as the rich content likely resonates with their own experience—a community of suffering, of caring, of striving, of healing. The opportunity to contrast and compare one's own experience with these representations and interpretations of experience may be illuminative, even restorative. And Poirier's comment that "writers continue to love the practice of medicine even when they chafe at its pedagogy" (71) may serve to reassure. I can also envision these volumes as valuable resources for medical educators, helping them gain a better grasp of students' concerns through their medical training, deepening a sense of compassion for learners' experiences, and inspiring prioritizing the role of relationships in medical education. An impressive scope, capturing the authentic voice in the making of a doctor, was undertaken in these volumes, in which both scholars have succeeded. In doing so, they have helped to interrupt, in Poirier's words, the "silence about

the personal dimension of medical practice that is one of the biggest lacunae in medical education" (137). While the precise nature of professional identity formation and the determination of the best practices for fostering reflective practice to achieve practical wisdom and optimize patient care remains elusive, Poirier's and Shapiro's scholarly works provide us with more than substantial clues on how to approach the mystery.

Notes

1. Rita Charon's *Narrative Medicine: Honoring the Stories of Illness* (New York: Oxford, 2006) describes the goals of narrative medicine (through methods including reading literature and reflective writing) as "extending empathy and effective care toward the patients we serve and building community with colleagues with whom we do our work," with "narrating as an avenue toward consciousness, engagement, responsibility, and ethicality" (131). She voices appreciation for "deep and painful emotions" experienced by both doctors and patients (34) and outlines how "narrative methods can help bridge divides (between doctor and patient) erected by different notions of mortality, causality, context, and emotions" (35).
2. The literature on the benefits of fostering reflective practices in medical education is vast. See, for example, Ronald M. Epstein, "Mindful Practice," *Journal of the American Medical Association* 232 (1999), in which critical self-reflection is described as "enabling physicians to listen attentively to patients' distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so that they can act with compassion, technical competence, presence, and insight" (833); and Silvia Mamede and Henk G. Schmidt, "Correlates of Reflective Practice in Medicine," *Advances in Health Sciences Education* 10 (2005), citing Cameron B. Guest, Glenn Regehr, and Richard G. Tiberius ("The Lifelong Challenge of Expertise," *Medical Education* 38 [2001]: 78–81), who note that "reflection on practice and learning from experience are considered key requirements to acquire and maintain expertise in medicine" (328). In "Reflection, Perception, and the Acquisition of Wisdom," *Medical Education* 42 (2008), Ronald M. Epstein describes the goal of reflection as "not only developing one's knowledge and skills but also habits of mind that promote informed flexibility, ongoing learning, and humility" (1048). Helpful reviews of the role of reflection include John Sandars, "The Use of Reflection in Medical Education: AMEE Guide No. 44," *Medical Teacher* 31 (2009): 685–95; and Karen Mann, Jill Gordon, and Anna MacLeod, "Reflection and Reflective Practice in Health Professions Education: A Systematic Review," *Advances in Health Science Education Theory and Practice* 14 (2009): 595–621.
3. See William Branch, "The Road to Professionalism: Reflective Practice and Reflective Learning," *Patient Education and Counseling* (4 June E-publication, 2010) for a description of the transformative effects and enhancement of humanistic values of a pedagogy that utilizes critical reflection and the mastery of skills.
4. Poirier, *Doctors in the Making*, 70, citing chief resident Claire McCarthy's memoir.
5. Recent work buttresses this argument. With a focus on clinical skills for improved pain care, Beth B. Murinson, Aakash K. Agarwal, and Jennifer A. Haythornthwaite recognize how "the medical community is now acknowledging the necessity of emotional competence in the clinical sphere," and more specifically how "in the pain-focused clinical encounter, emotional development allows clinicians to consistently exhibit compassion and empathy with shaping emotional responses to foster constructive communication," in "Cognitive Expertise, Emotional Development and Reflective Capacity: Clinical Skills for Improved Patient Care," *Journal of Pain* 9 (2008): 981. Similarly, "Emotional development is an important component of nascent professional competence and likely to be shaped by formative experiences," according to Beth B. Murinson *et al.*, in "Formative Experiences of Emerging

Physicians: Gauging the Impact of Events that Occur during Medical School," *Academic Medicine* 85 (2010): 1331. In line with the premise of Poirier's work, they posit that "increased awareness of the diversity and range of formative experiences will help prepare educators to more effectively guide positive emotional development, enhancing personal and professional growth during medical school" (1331).

6. In "The Role of Relationships in the Professional Formation of Physicians: Case Report and Illustration of an Elicitation Technique," *Patient Education and Counseling* 72 (2008), Paul Haidet *et al.* highlight the role of relationships in the process of professional socialization, concluding that "students proceed through medical school embedded in complex webs of relationships in the learning environment that exert a powerful influence (both positive and negative) on their formation as physicians" (382). In regard to facing ambiguity and complexity, Rita Charon comments that the "ways of knowing in the humanities make room for ambiguity and interiority, opening a moral space within which to consider questions about one's own and others' mystery and value," in "Commentary on 'Creative Expressive Encounters in Health Ethics Education: Teaching Ethics as Relational Engagement'," *Teaching and Learning in Medicine* 21 [2009]: 163, and asserts that "medicine is fortified by narrative competence and humanities-derived skills," in "Commentary: Calculating the Contributions of Humanities to Medical Practice—Motives, Methods, and Metrics," *Academic Medicine* 85 [2010]: 935. The importance of the capacity of self-assessment (including reflection on sensations, images, feelings, and thoughts) for "cultivating sufficient mental stability to be open, curious, flexible, and present when faced with anxiety, uncertainty, and chaos" in a clinical situation is emphasized by Ronald M. Epstein, Daniel J. Siegel, and Jordan Silberman in "Self-Monitoring in Clinical Practice: A Challenge for Medical Educators," *Journal of Continuing Medical Education in the Health Professions* 28 (2008): 8.
7. See, for example, Eta S. Berner and Mark L. Graber, "Overconfidence as a Cause of Diagnostic Error in Medicine," *American Journal of Medicine* 121 (2008): S2–23. Mark L. Graber emphasizes the importance of reflective practice in promoting medical expertise in "Educational Interventions to Reduce Diagnostic Error—Can You Teach This Stuff?" *Advances in Health Science Education Theory and Practice* 14 (2009): 63–69.
8. Johanna Shapiro addresses the issue of fostering trainee empathy for patients in "Walking a Mile in Their Patients' Shoes: Empathy and Othering in Medical Students' Education," *Philosophy, Ethics, and Humanities in Medicine* 3 (2008): 10, highlighting the need for "appropriate discourse on how to emotionally manage distressing aspects of the human condition" to help reduce trainees' "resorting to coping mechanisms that result in distance and detachment." According to Shapiro, helping to reduce "the sense of anxiety and threat... will enable trainees to learn to emotionally contain the suffering of their patients and themselves, thus providing a psychological sound foundation for the development of true empathy." The use of poetry and its various elements including "vivid detail, metaphor, point of view, and emotional expression" (278) is highlighted by Johanna Shapiro and Howard Stein as a "method by which medical students can make emotional sense out of their relational experiences in medical school," noting that "poems that focused on patients tended to express empathy and solidarity"; student writing also "showed empathy for the family perspective" (285), in "Poetic License: Writing Poetry as a Way for Medical Students to Examine Their Professional Relational Systems," *Families, Systems, and Health* 23 (2005). In "Association of an Educational Program in Mindful Communication with Burnout, Empathy and Attitudes among Primary Care Physicians," *Journal of the American Medical Association* 302 (2009), Michael S. Krasner *et al.* reported positive changes in empathy after a continuing medical education program for primary care physicians in which narrative medicine and appreciate inquiry exercises were used to

"explore ways in which they successfully worked through difficult clinical situations and to identify personal qualities that promoted their successes" (1286).

9. M. L. Jennings cites burnout as an ethical issue in "Medical Student Burnout: Interdisciplinary Exploration and Analysis," *Journal of Medical Humanities* 30 (2009), asserting that "burnout (and especially depersonalization) is likely to impair a student's ability to reflect and learn from past mistakes, care about her patients, and develop a mature, integrated professional identity" (262). Jennings argues that "medical student wholeness and engagement are essential for the training of caring, humanistic, and ethical physicians" (262), and cites C. Irvine's "The Ethics of Self-Care" (in *Faculty Health and Academic Medicine: Physicians, Scientists, and the Pressures of Success*, ed. Thomas Cole, Thelma J. Goodrich, and Ellen R. Gritz [New York: Humana, 2009], 127–31), that "self-care precedes patient care as the true ethical imperative of modern bioethics." In this vein, Thomas R. Cole and Nathan Carlin assert: "The obligation to care for the patient entails the obligation to care for the self, for when the health of the physician is compromised, is not the quality of patients' care also compromised?" in "The Art of Medicine: The Suffering of Physicians," *Lancet* 374 (2009): 1414–15. Geoffrey Rees postulates that writing medical ethics may enable self-care in "fostering the ability to reflect on the mortal reality that is a condition of medical experience," in "Mortal Exposure: On the Goodness of Writing Medical Ethics," *Perspectives in Biology and Medicine* 51 (2008): 170. Furthermore, Johanna Shapiro, Deborah Kasman, and Audrey Shafer, "Words and Wards: A Model of Reflective Writing and Its Uses in Medical Education," *Journal of Medical Humanities* 27 (2006): 231–44, provide a conceptual model of using reflective writing in medical education with components of provider well-being including emotional equilibrium, self-healing, and reducing isolation/restoring sense of community.
10. Frank's categorization of patients' illness narratives are found in Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago, IL: University of Chicago Press, 1995). Felicia G. Cohn *et al.* recently applied Frank's illness narrative typologies to reflective practice assignments in medical ethics and professionalism education, i.e. third-year medical students' reflective narratives on conflicts of value encountered in their obstetrics-gynecology clerkship ("Interpreting Values Conflicts Experienced by Obstetrics-Gynecology Clerkship Students Using Reflective Writing," *Academic Medicine* 84 [2009]: 587–96).
11. In "Mindful Practice," *Journal of the American Medical Association* 232 (1999), Ronald M. Epstein describes how "to be empathic, I must witness and understand the patient's suffering and my reactions to the patient's suffering to distinguish the patient's experience from my own" (836). In his review of cognitive and affective processes in empathy development, Arno K. Kumagai, in "A Conceptual Framework for the Use of Illness Narratives in Medical Education," *Academic Medicine* 83 (2008), translates the affective as involving "vicarious identification with another individual's experiences" (654), resonating with a potential function of poetry within the context of Shapiro's text. Poetic expression of such cognitive and affective processes, I might suggest, may also help the learner to "identify" with their own experiences, so to speak, fostering empathy toward self. As such, poetic expression can help "heal the healer," with poetry fostering, according to Jack Coulehan and Patrick Clary in "Healing the Healer: Poetry in Palliative Care," *Journal of Palliative Medicine* 8 (2005), "three aspects of healing [the healer]—the power of the word to heal (and also harm), the skill of 'negative capability' that enhances physician effectiveness, and empathic connection, or 'compassionate presence', a relationship that heals without words" (382).
12. Rita Charon's formulation of narrative competence in "Narrative and Medicine," *New England Journal of Medicine* 350 (2004), includes "an awareness of the ethical complexity of the relationship between teller and listener," encompassing a combination of textual,

creative, and affective skills to "help them [physicians] achieve such elusive goals as humanism and professionalism" (863). She cites Tricia Greenhalgh and Brian Hurwitz, *Narrative Based Medicine: Dialogue and Discourse in Clinical Practice* (London: BMJ Books, 1998), and highlights the importance of providing physicians with "graduated skills in adopting patients' points of view, imagining what they endure, deducing what they need, and reflecting on what physicians themselves undergo in caring for patients" (863).

13. In "Narrative Medicine" (*Israel Medical Association Journal* 11 [2009]), Einat Avrahami and Shmuel Reis describe how the "process of exercising narrative rationality within patient-centered medicine calls for an affiliation with patient and doctor illness stories" (217), citing Johanna Shapiro's "The Use of Narrative in the Doctor-Patient Encounter," *Families, Systems, and Medicine* 11 (1993), and Charon, *Narrative Medicine: Honoring the Stories of Illness* in describing this as "the co-creation of stories" (217).
14. See Jennings's "Medical Student Burnout" for a review of theoretical models of medical student burnout which include a component of medical students "being susceptible to excessive detachment because they are still learning to modulate their emotions" (260). In "The Art of Medicine": The Suffering of Physicians," *Lancet* 374 [2009], Thomas R. Cole and Nathan Carlin write that "Humanizing Medicine depends in no small part on recovering the humanity of physicians" (1414); they go on to reflect on one means for addressing this issue: "Helping to recover meaning and to avoid burnout among vulnerable physicians involves respect for physicians' stories, which in turn requires that physicians tell their stories" (1415), paralleling efforts of physician memoirs collected by Suzanne Poirier in *Doctors in the Making.*
15. Theoretical formulations encompassing these components of reflective competence include Donald A. Schon, *The Reflective Practitioner: How Professionals Think in Action* (New York: Basic Books, 1983); David Boud, Rosemary Keogh, and David Walker, eds., *Reflection: Turning Experience Into Learning* (London: Koga Page, 1985); Jennifer A. Moon, *Reflections in Learning and Personal Development* (London: Kogan Page, 1999); and Jack Mezirow, *Transformative Dimensions of Adult Learning* (San Francisco, CA: Jossey-Bass, 1991). These reflection dimensions are included in the "*REFLECT*" rubric for formative assessment of students' reflective narratives, described in Hedy S. Wald, Shmuel P. Reis, and Jeffrey M. Borkan, "Reflection Rubric Development: Evaluating Medical Students' Reflective Writing," *Medical Education* 43 (2009): 1110-1.
16. Reflective writing has been described as an effective mechanism for promotion of self-reflection and self-directed learning within medical education. See Rita Charon, *Narrative Medicine*; Johanna Shapiro, Deborah Kasman and Audrey Shafer, "Words and Wards: A Model of Reflective Writing and Its Uses in Medical Education," *Journal of Medical Humanities* 27 (2006): 231–44; and Hedy S. Wald *et al.*, "Reflecting on Reflections: Medical Education Curriculum Enhancement with Structured Field Notes and Guided Feedback," *Academic Medicine* 84 (2009): 830–37. Wald *et al.* highlight a student's description of written feedback provided through the "interactive" reflective writing pedagogy as "helping her not feel as if she were 'writing in a vacuum'; in general, having an 'audience' in mind (e.g., 'What would my teachers think of this?') helping to add meaning to the field notes" (832), raising the question of whether this is germane to memoirs and poetry.
17. See Mary C. Beach and Thomas Inui, "Relationship-Centered Care. A Constructive Reframing," *Journal of General Internal Medicine* 21 (2006): S3–8, and Sharon Dobie, "Viewpoint: Reflections on a Well-Traveled Path: Self-Awareness, Mindful Practice, and Relationship-Centered Care as Foundations for Medical Education," *Academic Medicine* 82 (2007): 422–27, for an in-depth consideration of the four principles of relationship-centered care as defined by Beach and Inui: "(1) relationships in health care ought to include dimensions of personhood as well as roles, (2) affect and emotion are important

components of relationships in health care, (3) all health care relationships occur in the context of reciprocal influence, and (4) relationship-centered care has a moral foundation" (S4). Sayantani DasGupta, "Reading Bodies, Writing Bodies: Self-Reflection and Cultural Criticism in a Narrative Medicine Curriculum," *Literature and Medicine* 22 (2003), highlights contexts of both physician and patient within the medical encounter, describing literature as helping to "augment" the "recognition that not only patients but physicians themselves bring varied illness, class, gendered, ethnic, and sexual histories to their medical encounters and challenges the essentialist, homogenizing forces of medical training" (241). Elliot G. Mishler, "Patient Stories, Narratives of Resistance and the Ethics of Humane Care: A la recherché du temps perdu," *Health* 9 (2005), captures a contextualized view of the clinical encounter as he describes the "patient's and health care provider's respective lifeworlds" (437), though focusing exclusively on patients' stories in this work.

18. "The practice of medicine is fundamentally a moral endeavor," write Catherine Wiggleton *et al.* in "Medical Students' Experiences of Moral Distress: Development of a Web-Based Survey," *Academic Medicine* 85 (2010): 111. In "Patient Stories, Narratives of Resistance and the Ethics of Humane Care," Mishler writes of "interest in patients' stories serving as both an ethical imperative and a conceptual resource for research, training and practice" (435), and we may conceptualize Poirier's and Shapiro's works as extending this notion to physicians' stories. Along these lines, in "Developing 'Ethical Mindfulness' in Continuing Professional Development in Healthcare: Use of a Personal Narrative Approach," *Cambridge Quarterly of Healthcare Ethics* 18 (2009), Marilys Guillemin, Rosalind McDougall, and Lynn Gillam "outline a personal narrative approach that facilitates ethical mindfulness" for healthcare professionals (197), "incorporating furthering previous learning of ethics knowledge, developing skills of narration, analysis, and reflection, and importantly, ethical engagement, while at the same time developing a dispositional way of being that will transcend the immediate situation into future clinical practice (206). Students' narratives, Orit Karnieli-Miller *et al.* contend in "Medical Students' Professionalism Narratives: A Window on the Informal and Hidden Curriculum," *Academic Medicine* 85 (2010), "can serve as an instrument for the learning process toward changing the environment [informal and hidden curriculum] by encouraging mindfulness to these kinds of situations [negative behaviors in organizations], reflecting on them, and understanding what went wrong, their emotional content, and their negative influences on the self and others" (131). In "The Story of Ethics: Narrative as a Means for Ethical Understanding and Action," *Journal of the American Medical Association* 273 (1995), John O'Toole relates the "two most profound aspects of ethical thinking—understanding relationships and embracing different perspectives" (1387) to the "responsibility [that] lies in the hands of the individual student to create his or her own stories and to explore those and other novel narratives in order to truly live as an ethical and empathic physician and human being" (1390).