

AFTERWORD *Diary of a Med Student: Experiencing the Emotions* ed. Azzam D, Sharma AN. 2021

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Narrative medicine is a way of thinking about medicine that emphasizes the importance of stories as a crucial component of healthcare. In any healthcare context, one of narrative medicine's most essential questions is, "Who gets to tell the story?" Whose voice is heard, and whose is not? Who is center stage and who is silent?

Historically, patients' voices were often subordinated to those of their physicians. Even today, with enlightened concepts such as shared decision-making and patient-centered medicine receiving well-deserved prominence in healthcare, patients often find it difficult to make themselves heard. They sometimes choose to reclaim their voices through writing first person narratives and poetry, or blogging about their experiences. In this way they are able to prioritize their reality by sharing their words with others.

In recent decades, physicians too have realized that they have stories to tell. Just as patients are not simply recipients of healthcare interventions, physicians are not simply automaton delivery systems of such care. Albeit in different ways than patients, physicians too struggle with illness, suffering, and death. They bear the burden of holding the lives and wellbeing of other human beings in their hands. They must somehow find that elusive balance between professional and personal commitments. Increasingly, they have turned to writing as a form of self-expression, providing a fascinating and often moving window into their lives. Nurses too, whose bedside experiences are often quite different and more visceral than those of doctors, also choose to share their stories through reflective writing.

And what of medical students? One of the lessons students learn on their Pediatrics rotation in medical school is that children are not "little adults." Similarly, medical students are not "little doctors." Although they do share much in common with physicians, their different developmental stage and level of clinical experience make the experiences of medical students unique. It has been noted that medical students occupy a liminal place in the world of medicine. They are no longer "members of the public," but they are not yet doctors. In this sense, they have a Janus-like quality to them – they still remember the "face" of ordinary people, their humanity; yet they are also learning to adopt the "face" or perhaps the "mask" of the physician. This unique perspective gives them an understanding of medicine that cannot be obtained in any other way.

Yet it is not always an easy thing for students to find and express their authentic voices. Many students have commented that too often "becoming a physician" seems to involve suppressing or relinquishing core parts of who they are while learning how to develop a medical persona, as the essay "Two Selves" suggests. As is often evident in several of the Diary stories, students may suffer from imposter syndrome, the fear that they really do not deserve an opportunity to train as physicians. As a result, they may also worry that their authentic voices somehow "prove" that they don't belong in medicine. In line with this, they are concerned that their physician supervisors may judge them negatively for sharing their reality. Yet they also become aware that this stifling of aspects of self leads to disillusionment, depression, and burn-out. So increasingly medical students take the risk of applying fingers to keyboard to create personal stories that provide distinctive insights into their training experience.

There have been other collections of writings by medical students. What is particularly valuable about *Diary of a Medical Student* is that the editors have prioritized the emotional journey that occurs during medical training. Of note, they are interested not only in presenting the emotions that medical students undergo, but in excavating the meaning of these emotions. They implicitly ask the question, do the emotions of medical students matter? These essays respond with a resounding yes, showing that it is through awareness of their feelings and their critical reflection on those feelings that doctors become who they will be for the rest of their professional lives.

Wisely, the editors understand that a story does not fully become a story until it is shared, read and reacted to by an engaged reader. Although the title of the collection refers to a “Diary,” this is a diary meant to be discovered and read. Of course, the journaling device is in the grand tradition of other literary diaries that always intended an audience (from Anne Frank’s *Diary of a Young Girl* to Virginia Woolf’s *Diary of a Writer*, Che Guevara’s and *The Absolutely True Diary of a Part-Time Indian* [Sherman Alexie]). Such “secret” journals are often radical in content precisely because they are putting forth authentic truth-telling that usually is not meant for public consumption. It is in just such a spirit that *Diary of a Medical Student* was conceived and executed.

In these “diary entries,” medical students recount tales of humor, sorrow, joy and inspiration. These are all commonplace emotional states of course. What is “revolutionary” is that these student-authors claim them proudly and unequivocally. As the Founder’s Note suggests, the student-authors are also looking for the meaning behind their emotions; and if there is one overarching meaning they discover, it is their saying, in effect: *Yes, we are human. We embrace the fact that medicine, while often a somber profession, has moments of hilarity and we celebrate these without apology. When patients suffer and die, when we cannot reduce their misery or save their lives, we feel grief, as well as sometimes guilt, frustration, and anger. When a healthy child is born, when a patient and family experience a good death, when a patient recovers, we are happy and feel joy. We are lifted up to be better doctors by the courage of our patients, the sacrifices of our families and the commitment of our role-models.* The emotional reactions to medicine represented in these stories are not the unprofessional responses of naïve beginners, but rather the qualities that will continue to help these students grow into outstanding, compassionate physicians.

In these brief essays, these students are vulnerable, self-deprecating, non-defensive, non-judgmental, compassionate, kind, and humble. They undergo an IV placement to reassure a pediatric patient and risk contracting scabies to put away a homeless patient’s meager belongings. They need a hug from a resident. They are willing to laugh at their wardrobe – and diagnostic – mishaps. They accept skepticism and occasional mistrust from patients; and still understand that it is an honor and a privilege to care for all patients, including the disgruntled ones.

The authors of these stories are grateful for their patients’ gratitude and discovering that sometimes they can alleviate suffering simply by applying a Band-aid or rubbing someone’s hand, praying with them or styling their own hair like that of a pediatric patient’s beloved Disney character. They are ready not only to help their patients but to receive wise counsel and guidance from them, the living, the dying, and the dead. Sometimes they simply sit with their dying patients and sometimes they leave when they know they should have stayed. They celebrate their patients as rock stars, are humbled by their courage, and grieve when they pass.

These students take uncomplicated pride when they nail a diagnosis or master a procedure, while learning that they do not need to be perfect, sometimes they will fail, and that sometimes even their physician role models won't have all the answers. In a simple risk of falling test, they find profound lessons about resilience. They are not afraid to feel compassion; and when it doesn't naturally arise, they go in search of it, questioning their assumptions about who is "deserving" of their empathy and who is not. Somehow through clicks of the EMR, telemedicine consults, and the ubiquitous anonymity of pandemic masks and face shields, they make connections with patients.

The student-writers are profoundly aware that medicine suffers from the virus of structural racism as much as the coronavirus and that we must find solutions for both. They know that medicine hurts, but that it is also full of joy. They are brave enough to still ask themselves, "What is truly important to me?" and to live the answer. They hold on to their humanity.

In short, these students are everything we yearn for in our physicians. My fervent hope is that they will continue to be the doctors they already are.

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