

## Ethical Issues in Reflective Writing

Increasingly, physicians are writing – and often publishing both in the public media and in professional journals – stories, poetry, essays, creative nonfiction, even novels – about their patients and themselves. This writing, I believe, presents both great promise and significant pitfalls. The trend has percolated down into medical education as well, where students in growing numbers are asked to write about their patient encounters and their experiences as medical students.

I have been involved in using this sort of writing for over 15 years at my own institution. I would not call it creative writing, except insofar as any writing involves creative processes. Rather, I and others use the term reflective writing, as this sort of writing requires reflection, in addition to mere description, to achieve its desired endpoints. Most of this writing is followed by sharing and discussion in a facilitated group context. Often it involves follow-up written feedback from faculty as well.

And what do we hope to achieve through such writing? Reflective writing by definition involves review and interpretation of experiences to achieve deeper meaning and understanding, with the purpose of developing new insights and better guiding future behavior. We believe such writing

- Develops critical thinking, analysis in its practitioners
- Helps students organize, make sense of morally ambiguous, complex situations
- Helps learners engage in meaning-making of experience
- Assists learners in addressing the complex emotions in themselves and their patients that inevitably arise as a result of the stresses of illness
- Encourages learners in perspective-taking with the goal of cultivating empathy for those different from themselves

Like other forms of physician writing, reflective writing for pedagogical purposes poses certain threats, which need to be protected against. Some of these protections have to do with the student writer: students unfamiliar with reflective writing may find that strong emotions arise in the process of writing, and supervising faculty must be prepared to provide support and assistance. Students must also be cautioned against disclosing more than they will be comfortable sharing with others, so that retrospective embarrassment and regret are minimized. Confidentiality of all materials presented in discussions also must be explicitly guaranteed.

Other protections relate to the patients who are the object of such writing, and these protections fall under Allen Peterkin's term "narrative accountability." Specifically, students need to keep in mind the twin goals of improving patient care and enhancing their own and others' learning. Of course, HIPAA requirements involving omitting or altering patient identifying details should always be adhered to. If it is not feasible to directly obtain consent from the patient to write about and discuss them, students at least should consider how patients would react to their portrayal. Would they feel it to be empathic or unfair? Respectful or demeaning? Often students are encouraged to write

from the patient point of view, but such activities should be approached within a context of empathic humility, with the awareness that such exercises in moral imagination are always provisional and speculative, with final authority resting with the patient.

In summary, reflective writing can serve to connect students to their patients and themselves with a kind of compassionate solidarity (to use a phrase coined by the physician-poet Jack Coulehan) that is otherwise insufficiently encouraged in the process of education. But such writing can have unintended negative consequences that should be anticipated and guarded against as much as is possible. The physician writer Sayantani Gupta has called for narrative humility in this kind of work and I think ultimately this must be our guiding principle.