



# Proposing Narrative Medicine as an Outlet of Expression for Physicians Suffering with Moral Injury

Saffanat Sumra  
University of California, Berkeley

## Abstract

War and Medicine, although two very different realms of life, bear the ironic similarity of witnessing human deaths and suffering. The concept of Moral Injury has traditionally been discussed in the context of war, where soldiers have to make decisions that may go against their conscience and personal beliefs. They can experience horrific scenes related to death and destruction, and very often they are traumatized. Healthcare workers today, especially due to the COVID-19 pandemic, face similar situations when they watch patients suffer right in front of them. Often, they must pause and decide who gets the treatment and who doesn't due to a lack of equipment. This inflicts a massive blow on their conscience, resulting in moral injury due to the guilt they experience while watching a patient struggle with pain. While there are different ways one may find resolution with moral injury, my research proposes Narrative Medicine as a viable outlet of expression for healthcare workers. The data for this project includes 24 narratives written by physicians and medical students. A branch of medicine focusing on a patients and practitioners personal stories in a clinical setting, Narrative medicine can aid in the portrayal of a healthcare provider's experience with moral injury.

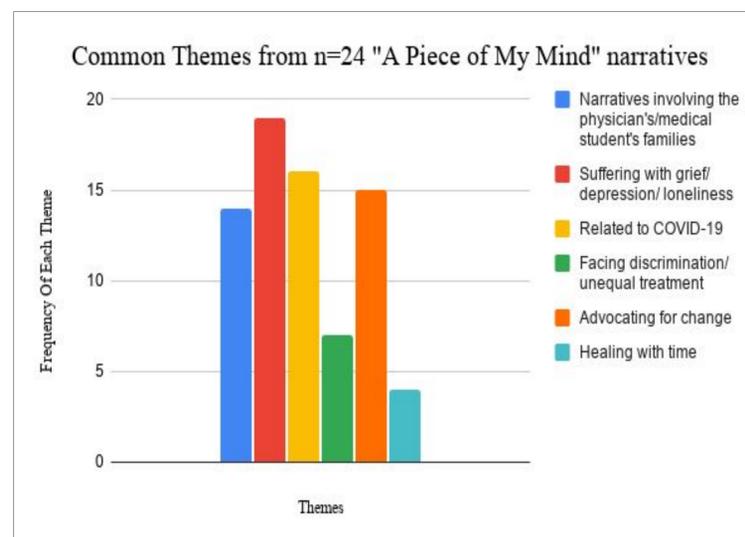
## Introduction

Moral injury can be defined as "a deep soul wound that pierces a person's identity, sense of morality, and relationship to society" (Silver 2011). For soldiers on the battlefield, traumatic events such as wars can have an adverse impact on the their entire life-time. Based on the accounts collected in a research study at Indiana University-Purdue University, one veteran reflected, "I was there to help people. And you know, to this very day, I struggle with, 'What was my purpose?'" (Sullivan and Starnino, 2019) Physicians today experience similar scenarios when they unable to provide high quality care and healing that a patient needs. Besides considering the patient's interests, a physician must also be wary of their role in the healthcare system and administration.

As the COVID-19 cases keep increasing, it is becoming harder for physicians to make the best decisions for their patients and themselves. In July 2020, Arizona became the first state in the United States to set "crisis care standards" which are placed in times when hospitals aren't able to provide even the most basic resources of healthcare to all of their patients (Duda, 2020) Within these crisis care standards, there have been changes to the protocols suggested for triage during the pandemic. The very first principle of a triage is to make ethical decisions, and while making any decision usually comes with a cost, these costs have exponentially increased today. Some of these triage protocols seek to exclude patients who are either too well so that they don't need to be on a ventilator, or they are too sick, that is they would be the least likely to benefit from the oxygen machine (Pagel et al. 2020). Making such decisions injects physicians with a painful burden of guilt as they decide the course of actions for a patients' survival in a field where they pledge "to do no harm."

## Methodology

I conducted a qualitative analysis of 24 narrative medicine essays using the Grounded Theory approach to retrieve common themes from narratives written by Physicians and Medical students. All of these essays are taken chronologically from June 30th until December 22nd from the "A Piece of My Mind" segment of the Journal of American Medical Association (JAMA). These are personal vignettes written by physicians to express their clinic experiences, views, and opinions affecting their roles in relation to their patients. Many physicians have used this series to talk about a variety of cases that they otherwise would not be able to mention in a casual setting. A total of 6 major themes were extracted which are summarized in the graph and table below:



THEME	FREQUENCY	EXAMPLE STATEMENTS FROM THE DATA
Suffering with grief/ depression/ loneliness	19	"Other than mourning with my husband, I felt desperately alone" (Chavez 2020)
Related to COVID-19	16	"I hadn't hugged Mom for 6 weeks. But then again, there were millions of daughters around the world who could say the same since coronavirus disease 2019 (COVID-19) consumed and changed our lives" (McKenzie 2020)
Advocating for change/ social cause	15	"We must create opportunities to inspire children and provide them with mentors who will show them the path forward, remove obstacles, and advocate for them" (Cheung 2020).
Narratives involving the physician's/medical student's families	14	"For weeks after my experience with the patient at Pallium, I heard my father's suffering in every patient's voice" (Sampath 2020).
Facing discrimination/ unequal treatment	7	"When a patient says, 'I don't want to see you. Is there another doctor?' I now respond, 'All of our doctors are qualified to provide excellent care regardless of race or nationality, but if you prefer to seek care elsewhere, that is your right' (Issaka 2020)
Healing with time	4	"My therapist was right: I needed time, that essential element of healing. Fortunately, once I recognized my grief and spoke with the program director, I was able to take a few days away from the ICU and focus on caring for myself" (Farrell 2020)

## Results

The most common theme was indicated in 19 of the essays which detailed cases where physicians and medical students suffered with grief, depression, or trauma from their personal life events while struggling to express these emotions as a physician. They also reported feelings of loneliness while working at the clinic. The second most common theme was found in 16 essays in that the narratives were directly related to COVID-19, mainly involving the physician's isolation from their family members, and the fear of their loved ones suffering with COVID-19. Despite being individuals who undergo several years of education and training, physicians need time to process loss and grief. Although this was a smaller sample of essays (n=24), the issues and causes targeted in these narratives portrayed a variety of experiences-- from growing up with a disability to advocating for greater representation of women and underrepresented minorities in academia to finding balance between work and personal life. Many healthcare workers make ethical decisions almost every day, some of which cost them their own health and inner morals. Like any other human being, healthcare workers also feel pain, pressure, and confusion. Hence, it is inevitable for them to break down into tears after witnessing such horror among their very own patients. Acknowledging such emotions will be imperative in taking the first step towards healing and preventing these moral injuries from branching deeper. **While the narratives analyzed in this project did not explicitly involve moral injury, they illustrate how expressive and reflective writing can be an effective tool to reveal hidden emotions, experiences, and thoughts that may impact an individual's mental and physical health in the long run. Although narrative medicine does not provide a complete solution to inhibit moral injuries among physicians, it mediates a possible route to self-reflection which can be very beneficial for a practitioner's growth in their medical career.**

## References

- Duda, J. (2020, July 03). As COVID-19 worsens, AZ is the first state to enact 'crisis care' standards. Retrieved from <https://www.azmirror.com/2020/07/03/as-covid-19-worsens-az-is-the-first-state-to-enact-crisis-care-standards/>
- Pagel, C., Utley, M., & Ray, S. (2020, March 12). Covid-19: How to triage effectively in a pandemic. *BMJ Opinion*. Retrieved from <https://blogs.bmj.com/bmj/2020/03/09/covid-19-triage-in-a-pandemic-is-even-thornier-than-you-might-think/>
- Silver, D. (2011). Beyond PTSD: Soldiers Have Injured Souls. *PacificStandard*. Retrieved from <https://psmag.com/books-and-culture/beyond-ptsd-soldiers-have-injured-souls-34293>
- Sullivan, W. P., & Starnino, V. R. (2019). "Staring into the abyss": Veterans' accounts of moral injuries and spiritual challenges. *Mental Health, Religion & Culture*. 22(1). doi:10.1080/13674676.2019.1578952

### References from "A Piece of My Mind" narrative essays:

- Chavez AM. (2020). The Light Princess. *JAMA*.324(24):2487-2488. doi:10.1001/jama.2020.24033
- Farrell CM. (2020). A Song for Gram. *JAMA*. 2020;324(23):2371-2372. doi:10.1001/jama.2020.23912
- Issaka RB. (2020) Good for Us All. *JAMA*. 324(6):556-557. doi:10.1001/jama.2020.12630
- McKenzie KC. A Cruel COVID-19 Irony. *JAMA*. 2020;324(4):345-346. doi:10.1001/jama.2020.11882
- Sampath R. Always More to Be Done. *JAMA*. 2020;324(21):2159-2160. doi:10.1001/jama.2020.22783

## Acknowledgement

I would like to thank my English and Research Instructor, Professor Margi Wald, for her thorough guidance and teaching, as well as my parents for their continued support throughout this project.