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Narrative Medicine as an Outlet of Expression for Healthcare Workers Experiencing Moral Injury

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Introduction

> *"I watched a man die on a trail near the village of My Khe. I did not kill him. But I was present, you see, and my presence was guilt enough."*
>
> --unnamed narrator, *The Things They Carried*

War and Medicine, although two very distinct realms of life, bear the ironic similarity of witnessing human deaths and suffering. The novel *Things They Carried,* written by author Tim O'Brien, describes the experiences of young soldiers deployed to the battlefield during the Vietnam War. The narrator from *The Things They Carried* expresses his grief at making decisions on the battlefield which could potentially harm an unarmed soldier or an innocent civilian. He experiences a sense of guilt and shame towards his conscience when he watches innocent human beings die right in front of his eyes while he continues to fulfil his duties as a soldier (O'Brien, 1990).

Healthcare workers today face similar situations when they watch patients suffer in front of them. They must pause and decide who gets the treatment and who doesn't due to a lack of equipment, also deciding who would survive and who wouldn't. This inflicts a massive blow on their conscience due to the guilt they experience while watching someone die due to their best decision in the moment. Like soldiers, physicians also see innocent people dying right before their eyes while they have no choice but to proceed with the more promising cases. They realize they could have saved the patient if they had enough equipment, if there wasn't such a huge influx of cases, if they were armed with more ventilators (Williams et al., 2020). These "ifs" accumulate over time to result in deep seated guilt towards towards their unintended inability to act according to their morals. While there are different ways one may find resolution with moral injury, Narrative medicine has been proven to be effective in the past for physicians experiencing

burnout. A branch of medicine focusing on a patients and practitioner's personal portrayal of their stories in a clinical setting, Narrative medicine can aid in the portrayal of a healthcare provider's experience with moral injury.

Moral Injury and Ethical Decision Making

Physicians are on the frontlines of healthcare, especially today with the surging cases of COVID 19. Besides their regular duties of diagnosing and treating patients, they also put their own lives at risk by working for extended hours with patients who may be infectious. While they suffer with obvious physical wounds including sleeplessness, fatigue, headaches, etc , the ones which dig deeper into their souls are also the ones which are rather invisible (Talbot & Dean, 2020). The physical wounds may fall under burnout, a condition that many people confuse with moral injury. The Burnout Syndrome or BOS is characterized by extreme exhaustion and loss of interest over time to come to work (Martino, 2020). As a result, it impacts a physician's work quality, time commitment, as well as patient care delivery. A study conducted by a team of researchers in Argentina found that BOS is associated with cognitive impairment, anxiety, and depression. However, they concluded that perhaps physicians are suffering from moral injuries that are beyond burnout syndrome, and that to address a physician's suffering at its root, it is imperative to address moral injury (Martino, 2020).

Moral injury can be defined as "a deep soul wound that pierces a person's identity, sense of morality, and relationship to society" (Talbot & Dean, 2020). It has traditionally been discussed in the context of war, where a soldier has to make decisions which may go against their conscience and personal beliefs (Sullivan & Starnino, 2019). On the battlefield, soldiers and service members can experience as well as observe horrific scenes related to death and

destruction. They are traumatized. Many such individuals, including the young soldiers from *The Things They Carried* who were deployed to the Vietnam War, bear fundamental beliefs of striving for inner peace and personal happiness. But these beliefs are threatened when their own actions inadvertently terminate the joy of others. Traumatic events such as wars can have an impact on the soldier's entire life-time. Based on the accounts collected in this research study, 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)

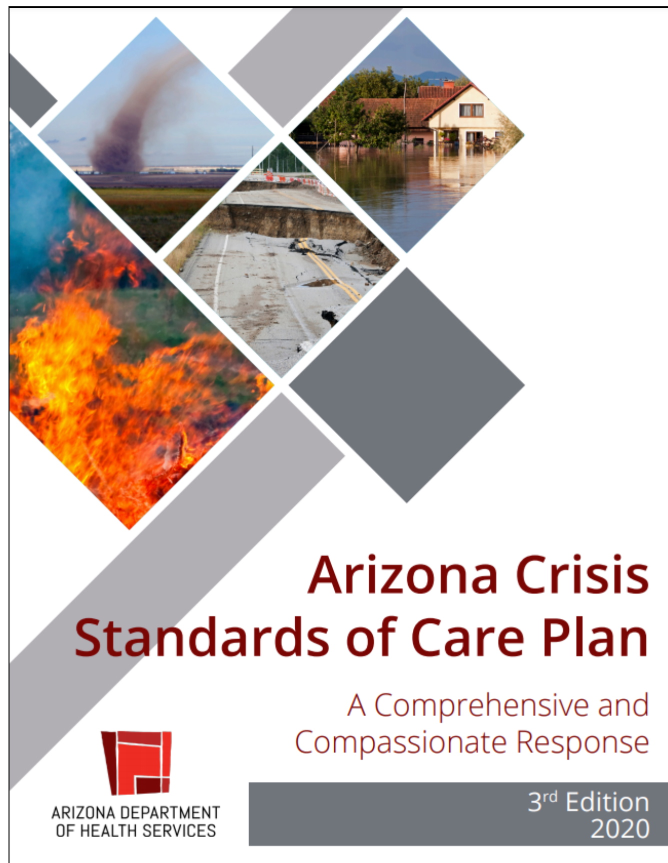
Physicians today fight a similar battle against a viral enemy, and everyday they are in a position to make life and death based decisions that may hurt their morals. These injuries are amplified when healthcare workers are unable to provide high quality care and healing that a patient needs. Besides considering the patient's interests, a physician must also be wary of their role in the healthcare system and administration. One of the many reasons why individuals choose to become physicians in the first place is because they want to help people and watch them be happy. The path to becoming a physician is not easy either with med school and residencies being as long as 14 years after graduating from University. Despite such a lengthy and rigorous training, not being able to meet the needs of one patient only save another life is a feeling they constantly struggle with.

Ethical Values and Guiding Principles	Application to COVID-19 Pandemic
Maximize benefits	
Save the most lives	Receives the highest priority
Save the most life-years — maximize prognosis	Receives the highest priority
Treat people equally	
First-come, first-served	Should not be used
Random selection	Used for selecting among patients with similar prognosis
Promote and reward instrumental value (benefit to others)	
Retrospective — priority to those who have made relevant contributions	Gives priority to research participants and health care workers when other factors such as maximizing benefits are equal
Prospective — priority to those who are likely to make relevant contributions	Gives priority to health care workers
Give priority to the worst off	
Sickest first	Used when it aligns with maximizing benefits
Youngest first	Used when it aligns with maximizing benefits such as preventing spread of the virus

Figure 1: Ethical Guidelines to follow set by the New England Journal of Medicine during the COVID-19 Pandemic

A set of ethical guidelines published in the New England Journal of Medicine on March 23rd, 2020, stated that physicians must prioritize “severely ill patients who are younger and who have fewer existing health conditions” (Beall, 2020). However, this would also mean de-prioritizing vulnerable sections of society, which in turn fuels further injuries to the souls of physicians who may be unable to save these patients. Making such decisions and determining priorities is not new in medicine. Triage protocols are put in place to ensure that medical resources are being allocated fairly with enough transparency (Parker & Miraali, 2020). The word “triage” comes from the French word “trier” which literally translates to “to sort” (Parshley, 2020). Like many metaphors used in medicine, this word is also rooted in warfare and comes from the Napolean battlefields, when a French military surgeon decided to start sorting and prioritizing the care of wounded soldiers based on the severity of the wounds. ER doctors today seek to triage their patients with a similar principle of prioritizing the most sick and wounded (Parshley, 2020).

Figure 2 (below): Cover page of the Arizona Crisis Care Plan during COVID-19.



As the COVID-19 cases keep increasing, it has been harder for physicians to abide by this principle. 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 (Parshley, 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 cost 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 (Parshley, 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."

Back in 2012, Dr. Laura Evans was the medical director of the Intensive Care Unit at Bellevue Hospital when Hurricane Sandy first hit New York (Fink, 2020). The main generators failed, and Dr. Evans was left with only six power outlets for more than fifty patients. The

hospital officials relied on Dr. Evans to decide which patients would receive the only resources remaining to save their lives (Fink, 2020). With a heavy and burdened mind, Dr. Evans had to pick the lucky few patients. “I remember it really vividly, it’s going to stay with me my entire professional career” said Dr, Evans. Even today, Dr. Evans remembers the intense stress that she experienced eight years ago, making decisions which influenced not only her patients, but also her own life for a long period of time. Years have passed since the occurrence of Hurricane Sandy, but the current circumstances in hospitals are even worse.

New York is one of the very first states to be wrecked by the COVID-19 pandemic. An emergency room nurse from a New York hospital named Shikha Dass recalled how she and eight other nurses had to help fifteen patients each due to the influx of a high volume of COVID cases (Wu, 2020). “We kept getting code after code, and patients were just dying,” Ms. Dass said. As she witnessed her patients suffer, more and more kept coming in, eventually exceeding the available ventilators, thus forcing physicians to make decisions, once again, based on who must be prioritized-- those who are in their late 90s or those who are younger and have a greater chance of surviving? In either case, how would the family of patient not receiving the ventilator respond?

As a direct consequence of working for extended hours and witnessing the painful events that occurred at the hospital, Nurse Dass suffered from lack of sleep and irritability (Wu, 2020). Beyond these visible symptoms, she experienced the invisible wounds that breached her morals due to her intimate experiences with the dying patients, leaving her with visions of the dead across the emergency room during the night. She was unable to erase the memories of watching dead bodies in refrigerators being sent to morgues, and was later diagnosed with acute Post-Traumatic Stress Disorder (Wu, 2020). She is one of the many healthcare workers who has

been diagnosed with PTSD due to COVID-19, which raises major concerns about the mental health of practitioners towards the conclusion of the pandemic.

Another nurse recalled wearing complete protective gear and setting up a Skype call for her one of patients on the brink of death. For many patients who are dying due to COVID, their families aren't allowed to meet with them due to a possible risk of infection. She had finished preparing the room for the seventy-five year of dying man, "dimm[ing] the lights and put[ting] on quiet music." As she held the IPad close to him, she could feel grief in patient's relative's voice penetrate through her skin (Hoffman, 2020). While watching their patients die contributes to the practitioner's moral injuries, doing so alone makes it an even more isolated experience, especially when these physicians and nurses have no choice but to avoid contact with their families and loved ones to safeguard their health.

Why Is It Important to Recognize Moral Injuries?

A physician's mental health and physical health is at a high risk when they experience moral injuries and over time, there may be consequences. With many physicians working day and night in their PPEs trying to save as many lives as they can, we do not know how their mental health will be impacted in the long term-- the uncertainty persists. As indicated earlier in the case of Nurse Dass, many researchers today suspect that there is a high likelihood many physicians developing post traumatic stress disorder with other mental or physical conditions in the short and long term future.

According to the Guardian, more than 14oo healthcare professionals have died this year in relation to the COVID-19 pandemic (Lost on the frontline: US healthcare workers who died fighting Covid-19, 2020). Not only do their their deaths indicate our loss of such individuals in

society, but it also leaves a lasting impact on their co-workers who are still battling amidst the pandemic.“I've had three colleagues who have died from this. Two nurses, as well as my mentor, Lorna Breen, who got COVID in New York, and she took her own life,” said Dr. Cleavon Gilman, an Emergency Room physician doctor from New York (Doubek, 2020). Dr. Lorna Breen, the medical director of the emergency department at New York-Presbyterian Allen Hospital, had died of “self inflicted injuries.” Her last conversation was with her father on how COVID patients were dying right in front of her eyes (Jeffrey et. al, 2020). Such instances have lead to the emergence of “The Dr. Lorna Breen Health Care Provider Protection Act” which is aimed at providing significant mental health resources to frontline workers and “prevent suicide, burnout, and mental and behavioral health conditions among health care professionals” (The Dr. Lorna Breen Health Care Provider Protection Act, 2020).

It is important that individuals who provide care to others are also in a healthy condition themselves. Physicians are not only responsible for patients, but they hold additional responsibilities toward the hospital administration and they themselves are stuck in a structural hierarchy where sometimes, they may not be able to perform how they wished they could. This inability to do the best for their patients and the moral conflict and decision making that ensues can be critical for both the patient and the provider.

Expressive Writing as an Outlet of Communication

Narrative medicine can be a transformative and cathartic experience for many physicians by allowing them to deal with very stressful situation which could potentially injure their morals. It was first developed by Dr. Rita Charon from Columbia University School of Medicine, in which she exposed medical students to the art of reflective writing in which they can reflect on

their experiences during their clinical rotations. Dr. Charon proposed Narrative medicine as a model for "empathy, Reflection, Profession, and Trust" (Charon 2001). She realized that physicians can absorb and display the results of being deep in pain. There could be a storm raging in their hearts but yet on the outside, there wouldn't be a hint of its existence. Today, narrative medicine is considered to be a formal branch of medicine. It allows physicians to validate their own experiences instead of disregarding them as something they are supposed to be experiencing or feeling (Faustinella, 2020). In manner, creating a narrative allows physicians to find humanity in medicine for themselves as well as for their patients.

Two of the main reasons why narrative medicine has been encouraged is due to the growth of stress and burnout among clinicians. This may lead to physicians unable to manage their emotions and feeling disengaged or overwhelmed (Faustinella 2020). Burnout specifically would include physical symptoms such as a poor immune system, headaches, poor quality of sleep, breathing problems, etc. It also includes mental symptoms such as feelings of helplessness, irritability, and unstable emotions (Faustinella 2020).

Writing can help individuals refocus and rewire their minds to remind themselves of their motivations and that nothing would ever be permanent and that their lived experiences. It helps physicians recognize and acknowledge their role instead of letting themselves sink in a pool of guilt and shame. As Dr. Faustinella notes, creating a narrative can allow individuals to develop "self-understanding, self-awareness, and self-discovery" all of which are crucial elements for healing and growth. Narratives also don't have to be tied down to specific format-- they could be story, a free-write, a poetry, a song-- anything which gives a face to the invisible wounds that physicians may be suffering.

In her own words, Dr. Charon, who is credited with the development of narrative medicine, says "No one was talking about clinician burnout at that time. But, as narrative medicine programs began to spread across the country, some physicians trained in its principles began to see how it can protect clinicians from feeling a sense of depersonalization and other symptoms of burnout." Like physician burnout, moral injuries also need such a conversation to emerge so that more and more physicians may pursue this art of reflective and expressive writing. Expressive and reflective writing can be a tool to reveal hidden emotions, experiences, and thoughts that may impact an individual's mental and physical health in the long run. For physicians, it can be a medium to voice important experiences and perspectives (Charon 2001).

The journal of the American Medical Association (JAMA), one of the biggest medical journals in the United States, promotes narrative medicine among physicians, and has created a separate segment in their journals titled "A Piece of My Mind." 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 may not have been able to mention in a casual setting. For instance, one of the narrative essays is titled "A Call for Help—Reflections on Burnout, CABG Surgery, and the Super Bowl" in which a surgeon, Dr. Jayson Greenberg, reflects on burnout by using the example of an NFL coach who, after taking some time off for himself from burning out, eventually lead his team to the Super Bowl. This story highlighted the need for a supportive environment to reduce burnout and the resulting health deterioration. In another essay of the Piece of My Mind series, titled "Please, Doc, Take It All This Time," the author, Dr. Bernard Trappey, talks about the struggle in responding to dying patient's implied request for "ultimate pain relief." Such experiences can be very impactful for any individual's life. By writing about

such experiences which many physicians face on a daily basis, Dr. Trappey not only reveals his own encounters but also introduces others to his story as a physician.

Evaluating Narrative Medicine

Including the essays write by Dr. Trappey and Dr. Greenberg, I analyzed a total of twenty-four narrative medicine essays using a qualitative data coding approach to retrieve common themes from narratives written by Physicians and Medical students. All of these essays were published between June 30th, 2020, and December 22nd, 2020, in the "A Piece of My Mind" segment of the Journal of American Medical Association (JAMA). They include 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. I extracted a total of 6 major themes from the essays summarized in the graph and table below:

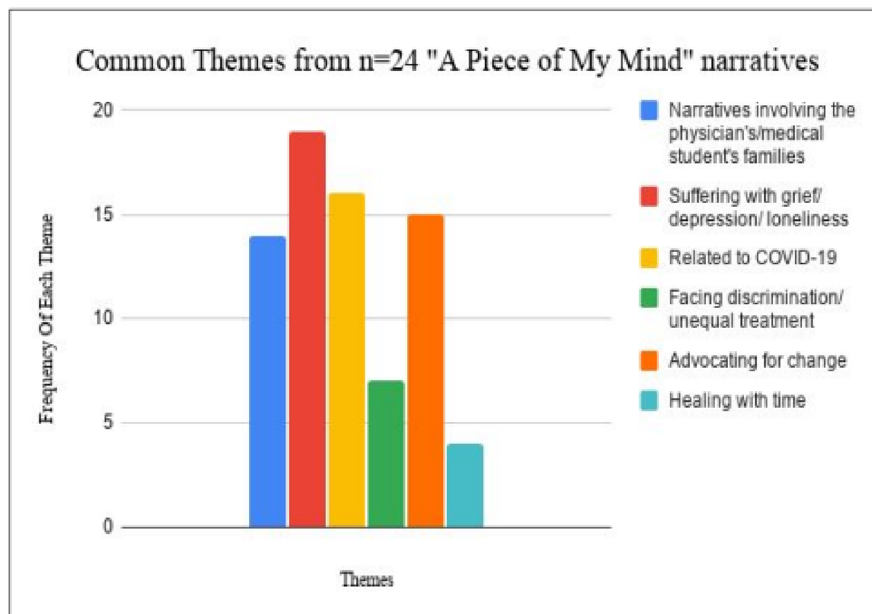


Figure 3: Graphical representation of the six common themes from "A Piece of My Mind" section of the Journal of American Medical Association

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)**

Table 1: Total number of essays for each of the six themes with example statements.

Conclusion

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.

Acknowledging such emotions will be imperative in taking the first step towards healing and preventing these injuries from branching deeper. While narrative medicine does not provide a complete solution to inhibit averse experiences, it mediates a possible route to self-reflection that can be very beneficial for a practitioner's growth in their medical career. With so many lives lost this year, moral injuries don't have to be invisible. Like many other individuals, healthcare workers 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 while pursuing a job that they spent most of their lives preparing for. Afterall, they are just humans trying their hardest to save another human being.

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