



Medical writing: A marriage made in heaven or an affair of the heart?

by Dawn Barker

I am a practicing child and adolescent psychiatrist, and I also love to write. I can relate to Anton Chekov, who once said “medicine is my lawful wife and literature my mistress”, although in my case medicine is my ‘lawful husband’ and literature my ‘paramour’. There are many similarities: I hide the books I have bought and the receipts for my creative writing classes from my real life husband; there is always a novel hidden in my bag in case we have time for a quick liaison; I spend hours thinking about my writing projects rather than doing work for my real job. Medicine has been my stable, dependable but rather mundane partner; writing my exciting, thrilling passion. I had never considered that both relationships could be compatible. Traditionally, medicine is considered to be a science, while writing is a creative art.

The phrase ‘medical writer’ has always misled me. When I joined the Australian Medical Writers’ Association, I was surprised to find that most of the members were professional writers who wrote about medicine, rather than doctors who also wrote. Of course, the clinical work of a doctor involves a huge amount of writing. For every hour I spend with a new patient, I have approximately two hours of paperwork to complete: I must write the case history; a formulation and management plan; and letters to colleagues. I also write clinical guidelines, academic papers, and lectures. But I have never classified that type of scientific medical writing as creative or artistic.

When I became interested in what I thought was ‘proper’ writing, I began with book reviews and brief articles for online psychiatric sites, which I could justify as work. Then I progressed to short stories, a feature article for a magazine, and a newspaper article. I am now working on a novel, and I have a blog (<http://psychiatristparent.wordpress.com>). With experience, I have come to realise that medicine and writing are not mutually exclusive, but in fact are very complimentary.

In the practice of medicine, there is no doubt that we depend on evidence, fact, and logic: the hallmarks of science. For some clinicians, such as pathologists or surgeons, this may be enough to be successful. However, for many specialities, the art of medicine is a significant part of the treatment. Most people would agree that when choosing a doctor, their communication, empathy, and ‘bedside

manner’ are as important as their clinical expertise. Of all the medical specialities, my own—psychiatry—has arguably the most need for artistry. While we always aim to use evidence-based psychiatric treatment, a significant amount of what we do cannot be measured or proven, but works. I believe that a vital part of treatment is the art of communication.

However, the jokes about the poor state of doctors’ handwriting imply that our written communication is not as successful as our verbal skills. When we do get it right, it is wonderful: there is nothing more interesting than reading a well thought out case history. As a medical student, I remember my fascination when I started to read patients’ files. This was particularly true of patients with mental health problems, in whom a life history is an essential part of diagnosis. I came to realise that doctors are very privileged to be given access to a patient’s unique story.

Unfortunately, we often get it wrong, and our clinical writing fails to capture the richness and depth of our patients’ deeply personal tales. Part of the blame lies with hospital procedure and bureaucracy, which has created our own dialect of Orwellian doublespeak. Patients have become ‘clients’ and ‘consumers’; families have become ‘carers’

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(whether or not they care); and bedside manner has become a ‘therapeutic alliance’. Instead of being encouraged to write the narrative of a patient’s story, we are mandated to fill in forms full of specific headings and tick boxes. While this is meant to aid communication, our writing is akin to a questionnaire rather than a summary of our understanding of a unique individual. Young doctors are being trained to fill in forms rather than wait for a patient to tell a story.

As a result, words have been lost in favour of acronyms, and medical notes are a secret code, decipherable only to those in the clandestine club. Our written sentences lack structure and grammar, but instead look like a printed alphabet: ‘HPC: 49 YO man PWRUQ PAIN, D&V and SOB for 4/52, uses ETOH daily’. This type of writing tells us nothing. It doesn’t tell us why this patient drinks alcohol (ETOH) daily: how does it make him feel? What does he drink? How does he feel leading up to the first sip, and how does he feel the next day when the empty bottles crash into the bin and clang through his pounding head?

Why has he waited four weeks to see a doctor? What is his greatest fear about his pain? Is it the same pain his father had before he died?

Fear of litigation also affects our clinical writing, as we are very aware that anything we write may be evidence in court one day. My own reaction to a recent subpoena to appear as a witness was panic. My first thought was, “what have I written in the notes?” I find myself writing clichéd management plans and summaries so that I know that I have written down what managers and lawyers want to hear. In their view, if it’s not written in the file, it wasn’t done.

Writing, on the other hand, has always been considered to be an art—which undoubtedly good writing is. However, some would argue that the art is being stripped away, with writing becoming more formulaic. A good example of this is academic writing. While there is still an art to writing a readable research paper, most people can simply follow the submission guidelines in the back of any journal and present a passable journal article. To be published, one must write in exactly the way in which creative writers are taught not to: write in the third person point of view, in passive language, under set headings with an expectation of heavy jargon. A well written paper is undeniably more readable and informative, but is not a necessity for being published, as a look in any journal will reveal. Medical writing can easily fall into this trap.

This split between art and science in medical writing is unnecessary. Many doctors have been successful in resisting the degradation of our artistic skills by turning to writing creatively outside of their clinical work. Over the years, some doctors who have done this successfully include Sir Arthur Conan Doyle, Anton Chekhov, Michael Crichton and Khaled Hosseini. There are many reasons why doctors can make good creative writers. First, they spend hours hearing the most unique and bizarre life stories, which they have to piece together. Second, they are used to working hard with success being a long-term goal. Third, their writing can be fuelled by the cathartic experience and the escape from the stress of their work.

Creative writing is also used in medicine to enhance clinical work. In the USA, literature is used in some medical schools (e.g. at Harvard University) to help medical students understand the effects of illness on people. Human illness has been a theme in literature throughout history, with some of the greatest works having medicine—including psychiatric illness—as a central theme: Tolstoy’s *Anna Karenina*; Flaubert’s *Madame Bovary*; and Shakespeare’s *Macbeth* and *Hamlet*. In my clinical work, I use both writing and reading to help children and adults therapeutically: literature can provide externalisation, normalisation of problems, and a creative outlet. In psychiatry, there is a technique called narrative therapy which uses the principals of telling stories to help patients to process

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psychological issues. I believe that my own voracious fiction reading helps me to be a better clinician by giving me access to different people and different worlds, as well as helping me to escape from the pressures of my job.

So, can we marry the science of medicine with the art of writing? Can Chekov’s wife and mistress live harmoniously? Times have changed since Chekov wrote his words over 100 years ago. We are much more comfortable with relationships now

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that would have previously been unconventional. Medicine and writing are growing closer than ever, and this relationship should be nurtured and allowed to mature. Encouraging the partnership to grow will benefit both parties, and medical writing can be a wonderful example of a modern marriage.

Disclosure

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Our sentences are like a printed alphabet

Beyond STROBE: Registration of observational studies

While the STROBE statement (<http://www.strobe-statement.org/>) improves clarity in the way observational studies are reported they come too late to influence the study design, according to an editorial in the *BMJ* which proposes that all observational studies should have protocols and that these should be registered. Observation studies include cohort and case-control studies. Around 14000 observational studies are already registered at clinicaltrials.gov and it is suggested that the results should also be registered. The editorial points out that observational studies are vulnerable to bias and selective reporting. Furthermore consumers cannot easily distinguish hypothesis-driven studies from exploratory, post hoc analyses. Changes from the statistical analysis originally planned are usually not apparent from reports of the studies and there is little deterrent against data dredging and selective reporting. The editorial also details the arguments against compulsory registration and outlines the *BMJ*’s policy of asking authors who submit observational studies to explain the origins, motivations and data interrogation methods of their work.

Source: Loder E, Groves T, MacAuley D. Registration of observational studies. *BMJ* 2010;340:375-376