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Physicians are Storytellers

 Abraham Verghese suggests that physicians create stories every time they record one, and that physicians are also characters in these stories. Verghese and others tell us that stories have 3 key elements:

1. **Character**: A compelling character drives a story forward.

2. **Transformation**: A story must offer a conflict that ultimately leads to the main character’s transformation, and subsequent resolution of the conflict.

3. **Metaphor**: Metaphor is a comparison of two unrelated things. A cliché is an overused metaphor; good stories introduce new metaphors. This isn’t easy to do.

The Practice of Writing

- **Start by getting something down** on paper. Consider Natalie Goldberg’s Rules for Writing Practice as a guide to getting started:

  1. Keep your hands moving.  
  2. Be specific.  
  3. Lose control.  
  4. Don’t think.

- **Rewriting** is the essence of good writing. Once you have something to work with, think about these tactics, as adapted from Elmore Leonard’s “Easy on the Adverbs, Exclamation Points, and Especially Hooptedoodle”:

  - Never start with weather. In other words, the opening paragraph can make or break your story, so show the reader who the characters are and what the story could be.

  - Don’t go into great detail to describe places and things. Instead be selective and specific with your details.

  - Likewise, avoid detailed descriptions of characters.

  - Never use a verb other than ‘said’ to carry dialogue, and never use an adverb to modify the verb ‘said’.

  - Keep exclamation points under control.

  - Never use the words ‘suddenly’ or ‘all hell broke loose’.

  - Show, don’t tell.

  - If it sounds like writing, rewrite it.
Carve out time to write.

1. Write at different times and in different places to find what suits you best. Many people write best first thing in the morning. When you find what you like, schedule a regular time and place to write.
2. Set a time limit to your writing sessions. For example, write for half an hour once a week.
3. Alternately, set a word limit. For example, write 750 words in one sitting as rapidly as you can.
4. Join a writing group, which helps to …
5. … Give yourself a deadline.
6. Read widely, and not just The New Yorker. Read bad writing too and everything in between.

Publishing Stories About Patients

• What degree of consent should you seek? Charon (2001) asserts that patients own their stories and physicians must therefore obtain full consent before publishing these stories. She advises writers to show stories to the patients first.

• Coulehan & Hawkins (2003) followed up with the concept of a physician-writer’s obligations not only to the patient, but to his/her readers. This means being cognizant of the role of physician as ‘expert’ narrator and disclosure of the degree that a story has been fictionalized.

They write, “Readers expect these stories to be substantially true, even if some details are altered and characters’ identities disguised.”

• Barriers: Physicians face unique barriers to successful submission and publication of their stories. These include the highly personal nature of the writing as well as the risks inherent in writing on topics such as medical errors.

Submit Your Work

• Know your audience: Become familiar with the journal or magazine to which you’re submitting and know who the typical reader would be. Most journals will reject stories that don’t fit their specific length and thematic criteria.

• Rejection: If your work isn’t getting rejected, you probably aren’t aiming high enough. That said, recognize that your writing will very likely be rejected before being accepted.

Appendix 1 lists journals and literary magazines that routinely publish physician narratives.

References

-Verghese A. The physician as storyteller. Annals of Internal Medicine 2001; 135; 1012-1017.
Appendix 1. Where to publish your patient narrative.

<table>
<thead>
<tr>
<th>Journals that publish physician narratives</th>
<th>Section title</th>
<th>Word limit</th>
<th>Specific themes, if any</th>
<th>IF</th>
<th>Format</th>
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<tr>
<td>NEJM</td>
<td>Perspectives</td>
<td>&lt; 1200</td>
<td>Most stories have a news angle</td>
<td>51.296</td>
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<td>JAMA</td>
<td>Piece of My Mind</td>
<td>&lt; 1800</td>
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<td>Annals of Internal Medicine</td>
<td>On Being a Doctor &amp; On Being a Patient</td>
<td>&lt; 1500</td>
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<td>British Medical Journal</td>
<td>“Fillers”</td>
<td>&lt; 600</td>
<td>Patients who changed my practice; person who most influenced me</td>
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<td>Health Affairs</td>
<td>Narrative Matters</td>
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<td>Narratives with a policy message</td>
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<td>JGIM</td>
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<td>Stories with an academic medicine focus</td>
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<td>Journal of Hospital Medicine</td>
<td>Handoffs and View from the Hospital Bed</td>
<td>&lt; 1500</td>
<td>Stories with an inpatient medicine focus</td>
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<td>American Family Physician</td>
<td>Close-ups: a patient's perspective</td>
<td>250 + 100</td>
<td>A patient's story followed by brief physician commentary</td>
<td>&lt; 2</td>
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<tr>
<td>Family Medicine</td>
<td>55-word stories</td>
<td>55</td>
<td>Occasional creative writing contests</td>
<td>&lt; 2</td>
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<th>Literary magazines with a medical orientation</th>
<th>Formats considered</th>
<th>Word limit</th>
<th>Frequency</th>
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<td>Bellevue Literary Review</td>
<td>Poetry, prose</td>
<td>&lt; 5000</td>
<td>twice yearly</td>
<td>NYU</td>
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<td>Hospital Drive</td>
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