

Tracking the Professionalism of Medical Students Using Blog Posts About Death

By Tavis Apramian

The spectre of death impresses itself upon us every day: when we step behind the wheel, when we are out alone late at night, when we have a cough in the dead of winter that just doesn't seem to go away. At times, we can ignore death's background hum by concentrating on other things. The tasks we have to complete; the sensations experienced by our bodies; and our relationships with the people around us are welcome distractions from our mortality. But what happens when our constructs for ignoring death are overwhelmed and death's subtle hum rises into an ever-present wail?

Every year, thousands of young people across North America, fresh from their civilian lives at undergraduate institutions, step across an important threshold and into the role of the 'health professional.' For most students, death has been present in their former (pre-medical) lives as a temporary force of destabilization. They have likely experienced the death of a friend or family member. Perhaps they have been scarred by the experience and probably they have grown as a result. However, once inside the anatomy lab and the hospital doors, the dying, the dead, and the mourning become ever-present fixtures in their lives. Now steeped in death, the students transform their internal narrative about death from one defined by intimate past experiences, news items, and scientific journal articles, to cadaveric dissection and the animated world of live patients who excrete fluids and gasses, who call out, and who make demands of the apprentice physician.

The medical student is taught some formal clinical protocols for communicating with dying patients and their familiesⁱ but the majority of this learning is carried out informally, and much less attention is paid to the internal state of the student than to the immediate clinical outcome.^{ii iii} A new method of accessing the inner narrative and analyzing the health professional's relationship to death has arisen with the advent of the blogosphere. Reading students' and doctors' blog posts about death gives scholars of the medical humanities a powerful new tool for understanding the narrative gymnastics around death, which the students perform. This paper is an introductory survey to the world of blog posts about death written by physicians and trainees and is an exercise in theory generation. Developed from observations made during research, it raises questions about the themes in the posts of students and physicians and suggests further directions for inquiry.

There is a tendency in the blogs posts about death written by students to differ in repetitive and thematic ways from the posts written by physicians. Typically, students write about death with conflicted emotionality, and they use the writing of their blogs to process their new reality. Students tend to describe death scenes in vivid detail with chattering breath, sallow color, and strange odors^{iv}. Students use metaphor as a method of diffusing the emotional weight of repeatedly being exposed to dying persons by transferring the experience of death into symbols (like the Reaper) that are meaningful not only to their public readership

but also to their post hoc civilian selves^v. During the first years of their training, student blogs about death emphasize that death is a universally human experience, and students often place themselves squarely amongst their patients as mortal beings. Students even plea with their readers to acknowledge them as an affective, feeling person to whom death is still strange but is now an unavoidably present force in their lives. The student posts also tend to represent death as an opportunity to learn about both medicine and humanity.^{vi} Each death asks the student to reflexively evaluate his growing medical knowledge while also challenging him to reflect on the personhood of the patient and on his own. Lastly, and perhaps most importantly, student blog posts about death often lament a lack of agency: thrust into a role that asks them to be, in some way, active in the face of death, students tend to focus on not only the imperfect nature of modern medicine but also on their inability to thwart the death of the patient^{vii viii}

In regard to these themes, the blog posts of physicians depart from those of the students. Where students are descriptive, physicians tend toward the prescriptive. Where students are affective, physicians tend toward the effective. This phenomenon of professionalized writing by physicians is easy to anticipate; however, its near ubiquity in a mode of expression with the potential anonymity and emotional rawness of the blog format raises many questions about the psychological effects of medical training.

Many tensions come out in the writing of medical students, and analysis of their blogs is uniquely positioned to describe the ways that students struggle to reconcile the incomprehensible nature of death with their new responsibilities as doctors. These findings are supported by work done on other (similarly creative) expressions of the internal narratives of medical students: their dreams. In his robust analysis, Eric Marcus, of Columbia University, found that nearly forty percent of medically-relevant medical student dreams are about cadaveric dissections or other damages inflicted upon the body^{ix}. These results indicate that the trauma of not only working on the bodies of dead patients but also the fear of being the inflictor of wounds and the cause of death are present in inner narratives of medical students. Moreover, the dominant themes of medical student dreams are “the hero-healer, the wish to heal, and the student as patient.” In both their dreams and their blogs, students are occupied with the task of learning to reconcile the social pressure of medicine (or, the call to heal) with the reality of human mortality.

There is a marked shift in the blog posts of students as they begin to increasingly embody Marcus’s ‘hero-healer’ through the progression from the pre-clinical years to the clinical years to internship and residency and, finally, to becoming licensed physicians. In particular, the blog posts that are written about death exhibit dramatic changes in theme, topic, and tone. The most obvious of these is the increased proportion of ‘unoriginal’ format blogs written by physicians. Often appearing in the high-profile juggernauts of the medical blog world (like KevinMD.com, ValJonesMD.com, GruntDoc.com, and others) ‘unoriginal’ blogs are posts that feature a link or a quote from a popular media source followed by a commentary from the physician-author.

When it comes to death, the unoriginal method of approach is almost ubiquitously retained across these high-profile blogs. This kind of posting is built on a foundation of mortality statistics, medical risk, and suggestions for clinical protocols^{x xi xii xiii xiv xv xvi}. Many physician blogs are concerned with ‘scooping’ a cause of death that they believe is avoidable or otherwise invalid. They remind fellow physicians to remain vigilant in the face of certain causes of death, and they deploy didactic moral injunctions upon the non-doctors who might just

happen to be reading along.^{xvii} In these posts, and with increasing frequency as the physicians-bloggers age, there is the sense that the act of writing itself is functionless if it does not contain the goal of healing or preventing disease. As an expressive outlet, the typical physician blogger writes epidemiologically with posts, which exclude death's emotive core.

While there is no inherent lack with this type of writing, its ubiquity does raise important questions about the restricted nature of the emotional responses to death that are sanctioned for physicians by their public. Analyzing the position of the speaker makes a more complex distinction between student and physician blogs. While student blog posts on death are nearly consumed with the need to remind the reader the author is mortal and confused in the face of death, the physician posts focus on the work that death elicits—on the esoterically professional aspect of death; moreover, the physicians who blog about death often portray a death drama where, instead of being an inevitable result of being human, the emotions and politics of death are reified into a microdrama that exclusively involves the patient and the physician.^{xviii} It seems that, over years of walking about with death by their sides, doctors' internal narratives can limit death to a professionalized experience through the omission of its more visceral and sensory episodes. In their blogs, students often describe deaths as emotive reminders of a global human phenomenon of which they are only a small part. On the other hand, many physicians-bloggers describe deaths by writing themselves into ever-smaller circles of specialized practitioners.

My conclusion from this early phase of medical blog analysis is that the profound differences between the ways that physicians and students think about themselves as healers and their social perception as such are not simply a result of increasing expertise. It is not that physicians are no longer affected by the heavy presence of death in their lives once they finish their residencies;^{xix} instead, during their training, physicians come to learn what registers they are expected to speak upon. Based on their blogs posts about death, it appears that physicians engage in a socially condoned and professionalized distancing from the reality of human mortality.^{xx} It has been argued that this emotional distancing serves both the self-interest of the medical culture and the interests of the culture at large; however, it is incumbent upon medical scholars to evaluate the dangers of this discourse.

As they progress through their training, what formal and informal (overt and hidden) curricular mechanisms teach students to speak and write about death in this professionalized way? What is lost when a student finds that the shock they experience in the presence of death is expected to be translated into professionalized speech? And, most importantly, if this rhetorical evolution is an inevitable result of training in a medical system that requires ever-shorter visit lengths and ever larger patient loads, then how can we assist medical students to reconcile their emotional destabilization in the face of death with the cultural expectation that they gloss over it? These are important pedagogical questions that will require much quantitative and qualitative analysis to tease apart. It is critical to the future of the medical humanities that scholars in the field begin to confront and heal the schism between the internal narratives of physicians and the vocabularies they learn to use in the public forum.

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