



The Potential of Narrative Repair to Ethically Process Death Witnessed During Medical School and the COVID-19 Pandemic

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PUBLISHED ABSTRACT



ABSTRACT

During the COVID-19 pandemic, death has been increasingly at the forefront of the public's mind. Banners permanently pinned to major news organizations' websites highlight the cumulative death toll of the pandemic both nationally and globally on a daily basis [1]. Health care workers on the front lines, secondary to strict quarantine guidelines, are often the only witness to the death of victims of COVID-19. These circumstances have had worrisome consequences for the mental wellbeing of health care workers and trainees, with those closest to the care of COVID-19 patients experiencing the most anxiety and depression [2, 3]. Death is often witnessed directly during the clinical years of medical school. However, research suggests that medical students graduate with inadequate training regarding end of life care in both formal and informal means [4]. Much of this learning is left in the hands of the ever present but yet elusive "hidden curriculum" [5]. There is a paucity of conversation regarding the mental processing of what it means to witness suffering and death in medical education.

As we cumulatively heal from the long term consequences of the COVID-19 pandemic, including the historic death toll, it is critical that strategies of healing are widespread and accessible. The way we discuss death in any circumstance is in dire need of a shift of viewpoint. Narrative medicine and storytelling from the viewpoint of a physician or trainee offer direct insight to unpacking and processing medical ethics and professionalism [6, 7]. Hilde Lindemann Nelson's theory of narrative repair offers a potential means to achieve this [8].

Nelson posits that there is an oppressive "master" narrative that is widely culturally accepted and that moral agency can be regained by the development and telling of "counterstories." In this presentation, I will discuss how the creation of counterstories by medical students can provide an ethical way to process suffering and the witnessing of death. Narrative repair has the potential to help restore the well-being of students and health-care workers during the pandemic.

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COMPETING INTERESTS

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REFERENCES

1. **Sarah Almkhatar AA, Barnard A**, et al. Covid in the U.S.: Latest Map and Case Count. [Web] 2020 10/29/2020 10/29/2020]; Available from: <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>.
2. **Lu W**, et al. Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study. *Psychiatry Research*. 2020; 288: 112936. DOI: <https://doi.org/10.1016/j.psychres.2020.112936>
3. **Feinstein RE**, et al. A health care workers mental health crisis line in the age of COVID19. *Depression and Anxiety*. 2020; 37(8): 822–826. DOI: <https://doi.org/10.1002/da.23073>
4. **Billings, ME**, et al. Determinants of Medical Students' Perceived Preparation To Perform End-of-Life Care, Quality of End-of-Life Care Education, and Attitudes Toward End-of-Life Care. *Journal of Palliative Medicine*. 2010; 13(3): 319–326. DOI: <https://doi.org/10.1089/jpm.2009.0293>
5. **Hafferty FW, Franks R**. The hidden curriculum, ethics teaching, and the structure of medical education. *Acad Med*. 1994; 69(11): 861–71. DOI: <https://doi.org/10.1097/00001888-199411000-00001>
6. **Anne Hudson J**. Narrative Based Medicine: Narrative in Medical Ethics. *BMJ*, 1999; 318(7178): 253–256. DOI: <https://doi.org/10.1136/bmj.318.7178.253>
7. **Coulehan J**. Viewpoint: today's professionalism: engaging the mind but not the heart. *Acad Med*. 2005; 80(10): 892–898. DOI: <https://doi.org/10.1097/00001888-200510000-00004>
8. **Lindemann H**. *Damaged identities, narrative repair*. 2001. Ithaca: Cornell University Press.

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