Why I Write
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Entering my university freshman writing seminar, I was shocked to find copious red ink scrawled on my writing assignments. I had taken advanced placement English in high school with a tough teacher who praised my writing. The freshman seminar instructor’s criticism without encouragement left me with the message “You cannot write,” and thereafter I threw myself into the sciences, which relieved me of the obligation to produce prose text.

During my year after college, while I considered entering medical school, I enrolled as a Jesuit volunteer and began a year’s work in social service, working with impoverished families in West Los Angeles. For a small-town, lower-middle-class young woman, witnessing the ravages of poverty, the challenges of immigration, hunger, and unplanned pregnancy went straight to my heart. As a way of coping with these new and often unsettling experiences, notwithstanding my “inability to write,” I began to journal and found myself recording stories from my clients, mostly undocumented immigrants from Mexico and Central America. Writing helped me reflect on the burden of immigration and poverty. Sharing this writing helped my own family of origin understand my work and learn about a perspective on poverty that many of us in middle-class America never personally encounter.

During medical school, I again found myself in the world of facts, equations, and biochemical cycles, with little need to write prose. I often felt oppressed by the content and volume of biomedical information, which seemed so removed from what I imagined my future patients would want me to know. As an antidote to this rote learning, I enrolled in a humanities “selective.” We wrote poetry, narrative, book reviews. I don’t know whatever became of my writing from this epoch of my life. I do remember the catharsis of putting words to page and sharing with others. I can recall one poem I wrote to remember my maternal step-great-grandmother who suffered from severe dementia. I had inherited and reupholstered her special chair; seeing it made me recall the times I cared for her to give my grandmother respite from caregiving. Writing this poem brought forth my ability to reflect, to remember, to observe, and to create.

As a third-year resident, I enrolled in medical family therapy coursework. My family of origin course required a final essay—I hadn’t written a required essay in years. However, the topic, writing about my family of origin, was easy, if not entirely straightforward. The seminar prompted me to learn more about my ancestors. My paternal grandmother Katherine, the eldest daughter of Polish farmers who settled the rocky Connecticut hills, put herself through nursing school in the “big city” of Bridgeport at a time when women’s career choices included homemaker, nurse, or secretary. She married late, age 27, after completing her education and beginning her career, which she continued, on the night shift, as she raised her family. As a child, I occasionally ran into elders in my hometown who fondly remembered her compassionate nursing care. Writing about her life gave me insight into one of the strong women in my family and helped me connect my family of origin to my own path to becoming a physician.

Other strong women in my family included my maternal great aunts, who told me tales of driving over the narrow country roads in northwest Connecticut to New York State to fill prescriptions for diaphragms. Connecticut in the 1940s claimed the most restrictive laws in the nation, prohibiting the sale, dissemination, or use of contraceptives. As Roman Catholic women, this gave them no small measure of guilt, flouting both church and civil law. Eventually, they decided simply to no longer confess this “sin” to the priest. Writing this story helps me remember how much our foremothers endured for our success and how far we have come.

As a new attending, working with migrant farm workers in rural western New York, I finally began to care for those patients who I had only imagined in medical school. Delivering babies, working with severe illness, and working across language and cultural differences—here
were the patients for whom I had trained. Challenging stories compelled me to reflect and to process what I was seeing and learning. I again turned to writing, to help process experiences and to share learning with others. I wrote from my perspective as a community physician, practicing in a setting where I knew something about the context of both tertiary care, having recently been a resident, and understanding the close connections among the migrant farm workers.

When one of my young patients was transferred to the tertiary university hospital and unexpectedly died, I soon noticed other young migrant patients coming in requesting unusual testing for seemingly benign symptoms. Writing about this experience helped solidify my understanding of the importance of the biopsychosocial model in health care.

Caring for a Mexican migrant farmworker couple during their pregnancy with an anencephal- 

cic baby gave me intense emotions: doubt in my own competence, anxiety about how the birth would go, and dreams, sometimes nightmares, of a difficult labor and birth. Writing about my emotions, doubts, worries, and particularly my fears, helped me tame the fear and realize that my emotions, although raw and real, didn’t need to define my experience with this difficult birth. This recognition allowed me to have my feelings and also put them aside while I worked with the family and the labor and delivery staff during this infant’s birth. Sharing this work took several years and ultimately helped me resolve the emotions I experienced.

My first several years of academic medicine found me writing more empiric than creative work. After returning to the same inner-city community health center as faculty where I’d trained as a resident, my patients’ stories captivated me, and I began to keep jotted notes in my clinic desk drawer. I happened upon 55-word stories in 2007 and was intrigued with the brevity and power they represented. I began to convert some of my scrawled notes into brief stories and became hooked. Several of these pieces remind me of the daily challenges of practice with real people, in contrast with the tidiness of clinical guidelines and evidence-based medicine. Writing brief stories of compelling moments in my practice helps me remember and honor my patients and our discipline.

Writing took on a whole new dimension when I was diagnosed with breast cancer in 2009. After a routine mammography revealed a lump, the biopsy came back showing ductal carcinoma in situ (DCIS). I can recall my terror, notwithstanding the radiologist’s statement that “This is the one to have.” As I called the Breast Cancer Coalition of Rochester (BCCR) soon after diagnosis, hoping that I could attend some of the programs, I remember how tentative I had felt. When Tracy, the program coordinator, returned my call, I told her, “Well, I only have DCIS, so I’m not sure I qualify.” Bless her for her unforgettable response, “Oh, honey, I’m so sorry, but you do qualify. Welcome to the club!”

BCCR hosts a regular writing group for women dealing with any stage of breast cancer. Writing in response to prompts, or just as often, ignoring the prompts and writing from my heart, was an amazing way for me to connect to my experience as a patient and to reflect on the challenges and downsizing of the health care system. Writing with this group helped channel the limited energy I had going through treatment toward listening to myself better.

As I experienced the fear of the pre-operative suite, the exhaustion and fatigue accompanying radiation, and the unexpected connections I felt with certain staff and even other patients, writing became a steady companion, a way to catalog and manage these new experiences. As I healed, I reviewed my writing and picked out pieces that I thought could be helpful to others working in health care. In this way, my own illness has become an important topic of my learning and writing, in addition to my role as a physician caring for others.

For me, writing has represented an important evolution in my work as a physician and person. Writing has helped me reflect on and understand life experiences far different from my own and has helped me reflect on my own family’s role in becoming a physician. Writing helps me to capture, honor, and share important moments of clinical care both from the vantage point of the physician and the patient. And so I continue to respond to the call to write, to add my voice to the dialogue about who we are as clinicians, as patients, as healers, and as those in need of healing.

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References