

LETTER



From the inside out: personal journeys in intensive care

Briseida Mema^{1,2*} , Andrew Helmers^{1,2}, Cory Anderson¹, Kyung-Seo Min³ and Laura E. Navne^{4,5}

© 2020 Springer-Verlag GmbH Germany, part of Springer Nature

Dear Editor,

Medicine unites science and art; its mandate is to heal patients rather than to fix disembodied problems with evidence-based precision. Such healing demands a scientific method that is coupled with the myriad elements that collectively form the living Art of medicine. There are many who practice medicine and—privately or publicly—strive to capture the images, the stories, the poetry, and even the music of those moments of joy, tragedy, loss, recovery, life, and death.

Within the discipline of the medical humanities, narrative medicine and reflective writing, in particular, can deepen our understanding of our patients and our experiences caring for them [1]. Health professionals have been writing for centuries [2] and today's medical journals have begun publishing an increasing number of medical narratives. Intensive Care Medicine is a preeminent journal in that field which since 2013 has chronicled a breadth of perspectives in their medical humanities section "From the Inside" [3]. "From the Inside", being a consistent chronicle specific to critical care professionals (and patients), presents a unique opportunity for reflection and applied humanism.

Our group, composed of clinicians, educators and an ethicist, anthropologist and art historian took a comprehensive look at this compendium of 81 medical humanities in critical care medicine which might allow for the identification of core reflections translating a myriad of personal experiences in critical care into shared insights.

We found that at the core of all these narratives lie clinicians in the eye of the hurricane, clinicians pausing

amidst the dynamic tension between life and death. Life is beautiful and precious but also finite and transient. We may want to live forever, but we are all born with the knowledge that we must die; life is haunted by the ever-present, universal prospect of death. Most of us can ignore death by attending to the business of living, but this is impossible when one's business of living exists at the intersection of life and death in the ICU. The existence of these clinicians in the center of that tension naturally demands witnessing and living among opposing forces, events, roles, emotions, and contexts. Saving lives while interfering with the dying process, caring for a patient while "violating" the body, maintaining hope against hope while facing reality, and balancing the technological objectification of patients with their need for humanity and compassion are major examples of this dialectic. The writers featured in "From The Inside" have described what it means to be both a witness to and a participant in grief, to be a clinician and a patient, to meet superhuman demands with human abilities, and to navigate real scenarios that feel surreal by virtue of their intensity. All of these experiences point to a profession that brings fulfillment and meaning at the expense of a heavy emotional burden.

Living at the center of these tensions can be disorienting and exhausting. For medical professionals, the tension that exists at the heart of critical care is inescapable; like a tempest that blows up at sea, it must be navigated actively; a passive course spells disaster. These clinicians write about how they seek to live in this tension: to master it before it masters us.

The resilience of these writers is clear, because of who they are and who surrounds them. During this COVID-19 pandemic, where tensions run high and waves of worry assail all comers, this resilience of us as a medical community is articulated by these medical humanities pieces [4].

*Correspondence: briseida.mema@sickkids.ca

¹ Department of Critical Care Medicine, Hospital for Sick Children, 555 University Avenue, Toronto, ON M5G 1X8, Canada
Full author information is available at the end of the article

Author details

¹ Department of Critical Care Medicine, Hospital for Sick Children, 555 University Avenue, Toronto, ON M5G 1X8, Canada. ² Department of Pediatrics, Faculty of Medicine, University of Toronto, Toronto, Canada. ³ History of Art Department, Johns Hopkins University, Baltimore, USA. ⁴ The Danish Center for Social Science Research, VIVE, Copenhagen, Denmark. ⁵ The Department of Public Health, University of Copenhagen, Copenhagen, Denmark.

Funding

University of Toronto's Faculty of Medicine, 2019 Medical Humanities Education Grant.

Compliance with ethical standards**Conflicts of interest**

All authors state that they have no conflict of interests to declare.

Ethics approval

Not applicable.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Accepted: 20 October 2020

Published online: 8 November 2020

References

1. Charon R (2001) The patient-physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA* 286:1897–1902
2. Osler W (1929) *Bibliotheca Osleriana: a catalogue of books illustrating the history of medicine and science*. Clarendon Press, Oxford
3. Azoulay E, Citerio G, Timsit J-F (2013) The identity of Intensive Care Medicine. *Intensive Care Med* 39:343–344
4. Einav S (2020) Inexorable. *Intensive Care Med* 46:1252–1253