Guilt and Time: My Enemies

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"As a writer, I have been a physician, and as a physician a writer . . ."

– William Carlos Williams

As both an emergency physician and a writer of fiction, I'm fascinated by the inherent irony of these two activities. When writing, I use words on a page to create lives that readers will hopefully care deeply about, as if they were hated neighbours or close friends. Meanwhile, in the Emergency Department I'm faced with real people experiencing real suffering, and sometimes wonder why I don't care more.

I became hooked on emergency medicine during a fourth-year elective at Bellevue Hospital in New York City. It wasn't the trauma, the hectic pace, or the blood. For a middle-class kid, my imagination was captured by patients who on the surface were so unlike myself. And yet, listening to their stories, I also discovered how frightening and precariously thin the line was that separated me from the working poor, the drug abusers and alcoholics, the homeless. We are often a product of the choices we've made (or our parents and grandparents). A wrong turn here, a bit of bad luck there, and it's my dirty feet stinking up the area around my rusty stretcher as I snore away. After fourteen years of emergency medicine practice, I firmly believe that to be an effective and compassionate healer requires attending to patients' stories with fascination and humility. Even if I'm treating two identical acute myocardial infarctions, the patients experience their situation differently – fear, denial, acceptance.

From the very beginning of medical school I knew I also wanted to be a writer. This wasn't a calculated decision. I revered books as a child. It wasn't only the words and the stories, but how the books looked and smelled, how they sat in my hand. Writers were my superheroes. They saw the world as it really was. They were honest and truthful, and because I was learning that the world didn't necessarily rotate on honesty and truthfulness, writers were considered bold and brave. My allowance was often spent at a bookstore called Oscar's. Oscar himself would wink over his bifocals as I made a direct line to the paperback classics – Verne, Twain, Dickens. Sometimes he'd disappear into the basement and return with dustier and cheaper editions that he'd been saving for me. I was shy and chubby, and later precociously pimpled. My love of books and literature provided for a secret kinship with this kind, grey-haired man. At his bookstore my insecurities fell away. I felt important.

I'd spend hours alone in my bedroom, late into the night, breathing in the musty smell as I turned the pages. I suffered from childhood asthma. The wheezing was never serious, and my parents, children of Eastern Europeans, believed a touch of brandy or scotch would help me. From my earliest childhood, literature became an exhilarating mixture of danger and intoxication.

My professional career has become a protracted, unsuccessful negotiation between medicine and writing. Each has suffered because of the other. I can't fit them both, to their fullest capabilities, into a normal week, or even an abnormal week.

I write slowly and rewrite endlessly. I wish I could write fast, but I'm a tedious sentence builder. Only by writing can I discover what I'm writing about. The story emerges out of itself. I question facets of each layer as it is put down, and in such a stepwise manner construct a story. To improve and grow as a writer, I feel the need to devote significant hours. The process itself is an exploration into unmapped personal territory. I don't know what I'll find, what I'm capable of, unless I constantly challenge myself. Four years in medical school earned me the right to be called "Doctor." After a decade and a half of hard work, I'm still skittish about referring to myself as a writer.

Much of my precious writing time is compromised by guilt and doubt. I become defensive, slouch-shouldered, and racked with shame, especially when writing isn't going well. What am I doing wasting hours, or days, being diligently unproductive? What, exactly, is being accomplished? Shouldn't I be attending to one of the many academic articles begging for my attention? Why am I not in the ED, caring for suffering patients, being the doctor I was trained to be, making some badly needed cash in the process? During particularly bleak periods, my brain whites out, I can't muster an original thought, and the voices turn vicious. What have you written? This isn't paying the bills. Stop being selfish and get outside and play with your son.

Without writing, I might be a more accomplished physician, perhaps closer to the nosebleed heights on the academic ladder. Not only is my curriculum vitae lighter, but by cutting my clinical hours to accommodate writing, my family isn't in the financial position it might have been otherwise. I've tried to quit writing many times, but always found myself scribbling, taking notes, trying to convince myself that I wasn't writing.

Between my third and fourth year of medical school, I took a year's leave of absence to devote solely to writing. I needed to discover whether I had talent, or at least enough potential

to hope and dream. During that year I studied writing informally, began what turned out to be a truly awful novel, and supported myself as an editorial assistant at a medical publishing house (how else would a medical student with a BA in English earn a living?). There, I became acquainted with artists who worked full-time to support themselves so they could then go home and do their "real work." They were working eighty to ninety hours a week without any promise of critical or financial success. During my year "off" from medical school, I learned about self-discipline and the necessity of art as a life-giving source. Medicine should be approached with similar intensity. Medicine might be considered an art, but I wasn't convinced that it was practised by artists. Most importantly, having stepped out of the rutted rail that is medical education, my one year away gave me the courage to approach my medical career in non-linear terms.

I took another break from medicine a few years after finishing residency. My rewarding medical career allowed less and less time for writing. Without writing, the practice of medicine wasn't as satisfying. It felt like an awful itch that I couldn't reach around to scratch. I became restless, impatient, and in the spirit of honesty, a tad bitter.

Some colleagues made me feel that I was committing professional suicide.

What's more, I hadn't published a single story. The walls of my apartment in Brooklyn were papered with rejection slips. Some rejections came so quickly I suspected the U.S. Postal Service of vetting my submissions.

In the medical profession, clinical decisions are based on evidence from statistically sound studies. Applicants to medical schools are admitted or rejected on the basis of quantitative measures, though many might seem irrelevant to the skills expected of excellent doctors. To many people, my decision smacked of irresponsibility, immaturity, with a whiff of mental illness. And maybe they were right. It wasn't rational, supported by sound data. It was an urge. How do you justify an urge in a field where evidence-based medicine is de rigueur, especially when I had my own doubts?

I soon distanced myself from many friends and medical colleagues. Fortunately, some friends outside of medicine understood completely and reminded me to keep my focus. I must admit that writing fiction, from within medicine, feels like an irrational act in a hyper-rational world.

At the same time, during those periods devoted solely to writing, I discovered that I missed the relevance of medicine, of engaging with people in immediate and profound ways. My writing became "writerly," self-conscious, laced with undeserved importance. Blessed with all twenty-four hours in the day to spend, I misused time, became less efficient and effective. Urgency vanished, not just with time, but with emotion and imagination. The tension and pressure that can grate on emergency physicians can nourish a writer. I don't mean stealing realistic details from this or that patient, trading on the inherent promise of confidentiality in the Hippocratic Oath, but the raw stuff that gets kicked up from being a close witness to the cruelty and beauty of lived lives.

For example, the failed resuscitation of a young man who died from a blow to the head didn't bother me as much as speaking with a family member later and noticing that she was holding a plastic bag with his bloody shirt and jeans. Imagining my patient getting dressed, rather than dead on the stretcher, brought tears to my eyes. That evening, I didn't write about the nature of the accident, the failed resuscitation, or the clothes. I wrote about grief as a shell game. Do I really believe that doctors become hardened over time? Or does the trigger point for deep sadness keep moving, beyond our control? And when caught unaware, how do we respond to the shock of it?

I didn't aspire to write about medical experiences, and in the beginning I did my best to avoid any topic that was medical. Part of that reasoning included some resentment, a half-assed temper tantrum. "I'm going to show you, medicine" – as I held my breath. Even if I made a conscious decision to block out that turf for creative use, I couldn't deny that medicine has shaped my identity. If I hadn't become a doctor, I'd have a different set of life experiences. I'd be a different person and a different writer. Eventually, medical themes, patients, and doctors started appearing in my work.

Quitting medicine isn't a viable option, nor is taking a doctor job only to pay the bills. I fear becoming one of those marginalized, out-of-touch doctors; a dot-matrix printer in a white coat. Since I don't see myself becoming a "fast" writer, time will always be my nemesis.

As a student of literature, I'm interested in characters, the context in which they live out their lives, and the motivations that drive them. Writers often write characters into corners; then they must write themselves out. The skilful writer often discovers something about the story, the characters, and himself (or herself) from such a dilemma.

As an emergency physician, I've learned that patients are more than their chief complaint. They have stories to tell. Their lives have been altered. They may have become unrecognizable to themselves, and they've come to the ED because they lack the specialized knowledge to understand what went wrong and how to regain their bearings. Illness isn't the disease or injury, but the experience of being diseased or injured. I've used my narrative skills to better understand their illness in the context of their lives, but many times this isn't possible.

The act of working in an ED can be mentally and physically demanding. There is constant pressure, perpetual sensory overload, and the fear that a patient in the waiting room might have a life-threatening problem. Well-trained, talented emergency physicians make it look easy. But anyone who has tried to do a pirouette, and looked ridiculous in the process, knows the sweat and work required to make that spin look effortless.

Circumstances seldom permit narrative penetration, maybe a scraping of the topsoil. I slide from one chief complaint to the next, from the "chest pain" to the "headache" to the

"bump on my bum." Sometimes it feels as if I'm riding on a cushion of air, staying long enough with each patient to establish a diagnosis or decide on a workup – blood work, radiological tests, or simply words of reassurance. I have proximity with each patient, but not intimacy.

I enjoy writing slowly; it allows me time to know my characters. Part of the fun and challenge of writing fiction is investing a story with a particular voice, tone, point of view that is unique and personal. For me, the hardest part of writing is tapping into the emotional heart of the story. When I have that, I have the thread that I can pull through the narrative, and hopefully, pull the reader along with it. I want to take readers with me on a trip and return them home at the end. But I want the story to resonate with them even after the experience of reading it.

My favourite emergency medicine story is Ernest Hemingway's "Indian Camp." The narrator tags along with his physician father who is called to treat an Indian woman experiencing a difficult labour. Her screams send the village men off to the outskirts to smoke. An axe injury to the foot forces the woman's husband to listen to her agony from the bunk above. The baby is coming out breach. The boy asks his father about the screaming, who replies that he doesn't hear the screams, the screams aren't important. Eventually the physician uses a hunting knife and fishing line to do an emergency C-section. He's proud of himself. Until he discovers that the woman's husband, unable to bear his wife's suffering any longer, had slit his own throat from ear to ear.

I couldn't be an emergency physician without writing. When I'm not writing, I become an inadequate version of myself. But I couldn't be a writer without emergency medicine either. I need to get out of myself and take care of patients. Difficulty with a story, or a paragraph, seems so insignificant when compared with the broken lives of many of my patients. I often feel guilty that through the disrepair in their lives I often find balance in mine.

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