

EDITORIAL

Publication of Reflective Papers— are We Lagging Behind?

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What is medicine? An art or science; a hard fact; an expression of empathy and humanity?

For more than 100 years medical education comprised of basic and clinical sciences adopting the Flexner report [1]. Later it moved towards integrated curriculum which focused on integration of the two phases of medical education so that the students get an early clinical exposure enabling them to apply the basic science knowledge into clinical situations. Academia has also emphasized the publications related to facts and data pertaining to medical management of diseases. The more controlled an environment is during a research, the more valuable is the result and the higher is the chance of getting it published in reputed journals. Lesser importance is given to ideas, opinions, or experiences, both for educational and publication purposes [2]. Evidence based medicine is advocated, which is actually great to avoid malpractice, unethical treatments and harm to patients.

In the recent years, however, concerns have been expressed that a truly integrated medical curriculum may not be complete without inclusion of non-medical subjects like ethics, leadership, psychology, etc. [1]. Medical practitioners are expected to master not only the diseases and their cure, but also the impact of health and illness at an individual and societal level, the financial burden it poses, and the emotional aspect of a disease on patients and families. Thus medical education now needs to focus not just on the facts and figures, but also on their real life application— the psychological aspects of patient care. Since the beginning of the new millennium, narrative medicine has come up as a part of medical education which is defined as “a fundamental tool to acquire, comprehend and integrate the different points of view of all the participants having a role in the illness experience” [3]. According to Rita Charron, narrative medicine is the “clinical practice fortified by narrative competence— the capacity to recognize, absorb, metabolize, interpret, and be moved by stories of illness” [4]. One of the important components of narrative medicine is reflective writing.

Declarations

The author declares that she has no conflict of interest.

Reflective writing is an analytical practice following a real or imaginary clinical encounter, event, thought or memory. The writer tries to explain about those events and feelings, and tries to analyze the deeper meaning from those experiences— how they have moved him/ her emotionally, or helped him/ her grow or change [5]. Reflective writing has some proven benefits like deeper understanding of professional activities, better patient care, better planning for future course of action, improved empathy towards patients and others, and is also a way of relieving stress and burnout among clinicians [6]. It is also considered a technique for long-term learning among health care practitioners. Although rarely embraced in the Asian subcontinents, reflective writing is not only an important part of medical education in Europe and America, but also a mandatory requirement during medical trainings in the United Kingdom. The National Health Service (NHS) of the United Kingdom requires all doctors to keep a portfolio of reflective writing based on their clinical practice, whether they are in-training or post-qualification [7]. A study published in 2012 had shown that 35% of the 107 Clerkship Directors of Internal Medicine member institutions in the United States of America were already using reflective writing assignments during the internal medicine clerkship and 6% of the institutions were considering starting it [8].

But is this the only scope of reflective writing? Like the publication of randomized controlled trials or systematic review, should such reflections be published? Academia still encourages original research articles; such reflections are considered expert opinion and lie at the bottom of the evidence pyramid [2]. The platforms for publications of such articles are also limited— such articles usually land up as blogs or newsletters rather than in the indexed medical journals. Recently “medimmoire”, the medical memoire, is on the rise as a genre of literature, where health care workers are publishing books based on their daily diaries written while working in the care of patients [7]. But apart from such publications for easy reading and entertainment, there are several high indexed journals that have special columns for publication of such reflective essays, although the number of articles accepted per issue is limited. The columns like “Perspectives” in *The Lancet*, “A piece of my mind” in the *Journal of American Medical Association (JAMA)*, “Personal reflections” in the *Journal of Palliative Medicine*, “Mind to mind” in the *Anaesthesiology* are some examples of the special

columns dedicated to such reflective essays. Such publications are available in medical indexing like PubMed, giving them the status of standard medical publications.

There is no set guideline to be followed for publishing such articles, but a survey conducted among the editors responsible for reflective papers of different journals have concluded that such narrations should be based on a specific professional experience, convey a deeper meaning, should resonate with the readers and stimulate reflection in them, provide an emotional engagement, provide a lesson applicable to patient care, and stimulate discussion with the colleagues [6]. Most of the reviewers analyze the manuscripts based on the criteria that the writings should provide a lesson applicable to caring, humanism, and relationship in health care; they should be clear in terms of language and focus or message, and the story should be compelling and appealing to the readers [9]. Similar to other medical literature, such publications should provide unique insights into patients and make significant contributions to professional education.

The publication of reflective writings has some limitations. Ethical issues related to patient identification and consent, and even a possibility of threat and litigation to the health care workers have been identified. It may negatively affect the relationship of the healthcare professional with his/ her patient and co-workers, and demoralize them rather than encourage their professional and reflective practices [6]. Thus the authors should be careful to avoid physician-centered or arrogant narrations and take prior consent from the patients and approval from co-workers for publication. Some journals even give the option of anonymous publications to protect the author from such harm.

In the context of Nepal, publications are especially encouraged for academic growth. Since publication of such narrative essays are not considered for academic advancement, it is not emphasized from the author, the institution or the publisher side. Hardly any medical journal from Nepal has a separate column that caters to reflective writings. This is a missed opportunity to learn from experiences of others. We do not need to learn from our own mistakes, we can learn as much from other’s experiences, successes and failures. Health care workers are also missing out on the opportunity to open up to the peers and share their doubt, get expert opinion, or relieve the stress that is building up on their mind. Since our education system has also not

incorporated reflective writing or narrative medicine in the curriculum yet, our professionals are not gaining the competence of critical reflection. So, I believe it falls on the shoulders of all the Nepalese medical journals, their editors and publishers to focus on publication of reflective essays. Since this will be a new venture for most of our journals and authors, it will definitely

mean we first will have to train the editors, reviewers and the medical professionals as a whole to write and review critical reflection that is suitable for medical publication. Such initiative will be a huge leap towards humanities in medicine and towards production of healthcare professionals with reflective capacity.

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