

# Nurse as Writer, Writer as Nurse

Theresa Laurel Brown, BA, MA, PhD, BSN, RN, OCN®

The first column I ever wrote for *The New York Times*, called “Perhaps Death Is Proud, More Reason to Savor Life,” generated a firestorm of attention. Literary agents sent me e-mails, my piece hit *The New York Times* “most e-mailed” list, and within three days I’d been offered a book contract with a major publisher.

The column described a sudden and grisly cardiac arrest where a patient with lung cancer exsanguinated. I felt happy and lucky when *The New York Times* accepted it. I thought the piece would come out and my friends would read it, and that’s where the endeavor would end. Instead, from that one piece, I ended up becoming a professional writer about nursing. My book, *Critical Care: A New Nurse Faces Death, Life, and Everything in Between* (HarperCollins), was published in June 2010 and comes out in paperback in April 2011. In addition, I am a regular contributor to *The New York Times*’ Well blog.

Whenever I talk about my two careers, people often ask the same questions. I have answered some of those recurring questions here, in part, because that is what interests other nurses, but also because those questions get at the heart of how I combine these two very different jobs.

## What About Patient Confidentiality?

When I began writing for the Well blog, commenters would say either they were amazed I hadn’t already been fired or that they were sure I would be fired soon. It has been more than two years now and I am still working as a bedside nurse, and still writing for the Well blog, so fortunately those comments were not prophetic. All of us in health care worry about Health

Insurance Portability and Accountability Act (HIPAA) violations, but the rules about HIPAA are actually pretty easy to navigate once you know them (e.g., HIPAA allows for patients to recognize themselves in writing but prohibits writing that identifies a patient to other readers). Because I rarely name my patients, this distinction between recognizing oneself and being recognized allows some easy substitutions that protect my patients.

For example, a 25-year-old male patient with a new diagnosis of acute myeloid leukemia becomes a “young man with a newly discovered blood cancer.” Similarly, a patient with breast cancer with metastases to the brain and bone can be described as a “patient with cancer that spread to her bones and her brain,” without the primary site being disclosed. I don’t have to disclose a patient’s race, exact age, or physical appearance, and rarely do unless the story requires it.

I can’t use fake names when writing for the Well blog, or blur factual details, but the rules were looser for *Critical Care*, which gave me more room to paint a vivid picture. Female patients became men and male patients women, a daughter became a son, a Caucasian patient became African American. I would only make such changes if they didn’t seem to affect the truth of the story, and the same concern governed how much diagnostic information I gave.

I write with HIPAA always in the back of my mind, like a second editor, and

I am always very careful about what I reveal. In the process of learning how to protect patients’ confidential medical information, I discovered that true stories can be told without saying exactly who they happened to. Sadly, there is a lot of universality in what patients with cancer experience. I try to communicate those general truths while still keeping my patients’ identities appropriately fuzzy.

## Do You Take Notes at Work?

This is another interesting question because I always feel I give the wrong answer, which is, “No, I don’t take notes.” I have a very good memory. My memory is so good that my husband, Arthur Kossowsky, bemoans my ability to remember—in exacting detail—experiences he recalls only vaguely, like what I wore on our first date, the movie we saw (*To Sleep With Anger*), and what I ate at dinner afterward (venison). He’s a theoretical astrophysicist, a numbers guy, and can remember highways, street addresses, and directions to almost anywhere. I would, at times, literally be lost without him. But the texture of an experience, what someone said, how things smelled and sounded, what feelings were in the air—those come back to me with a ready and easy sharpness.

What also helped when writing *Critical Care* was that I had a really crazy year.

Theresa Laurel Brown, BA, MA, PhD, BSN, RN, OCN®, is a contributor to *The New York Times*’ Well blog and an oncology nurse in Pittsburgh, PA. The author takes full responsibility for the content of the article. The content of this article has been reviewed to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.

Digital Object Identifier: 10.1188/11.CJON.225-226