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Voices from the Scrubs: Selected Indian Medical Autobiographies and the Critique of Medical Modernity

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Abstract

This paper delves into the unheard illness narratives from the Indian doctor's scrubs. Thus, it focuses on two autobiographies by Indian physicians, Padma Shri Dr Rajagopal's Walk with the Weary: Life-Changing Lessons in Healthcare (2022) and Padma Shri Dr Noshir H. Anita's A Life of Change: The Autobiography of a Doctor (2009). The paper investigates how the selected doctors use life-writing as a forum to critique modern medicine while narrating their lives and times. In a country where illness permeates the quotidian of life, these narratives give away the dehumanising healthcare realities to the public sphere and emphasise the need for holistic healing in the medical sphere. Divided into three sections, the paper probes into the social, clinical, and humane importance of these narratives. It will be done by close reading and thematic analysis of the selected medical autobiographies, relying on the framework of literary studies and the literature and medicine field.
Keywords: Indian Physician autobiographies, life writing, medical technocracy, medical reductionism, medicalisation of life, social aspect of medicine

Introduction

The call for Medical Humanities originated from disillusioned medics themselves and serves as an advocacy for improved medical practice. In the 1960s and 1970s, medical schools and practitioners felt a pressing need to counterbalance the predominance of biologically oriented medicine. They perceived medical practice as a "moral project" tainted by dehumanisation and related issues. Additionally, they saw the Humanities as offering "clinical virtues like compassion, curiosity, and moral resilience" (Vickers 389). One of the key drivers for the growth of this interdisciplinary field is the narratives by physicians. Carlin reflects this interrelation: "For some, the writings of doctor-writers are what constitutes medical humanities. And this is for good reason, because this is what they spend time in the section on medicine" (Carlin 1). In any discussions around medical humanities, these doctor narratives remain a mainstay, as they do in the medical humanities syllabi. The basic tenets of medical humanities – resistance to biomedical reductionism, sensitivity to the patient's narration, renewed focus on patient-centred care, judicious use of technology, holistic health perspectives, scepticism of rigid medical education, and promotion of medical ethics – are incidentally and evidentially grounded in physician autobiographies. The growing production and consumption of these autobiographies signal nothing less than an activist movement to challenge the modern medical paradigm.

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Medical Humanities and illness narratives in India are relatively still in their infancy, even though allopathic education is comparatively higher than in its neighbouring countries. Srihari (2030) in her survey on medical humanities in India highlights the lack of a "specific component called the *Medical Humanities* in the NMC-approved undergraduate medical curriculum in India. A similar lacuna exists in the matrix of production and reception of Indian physicians' autobiographies. Nevertheless, in recent times, a growing number of autobiographical narratives from Indian medical professionals have begun to emerge: Kavery Nambisan's *A Luxury Called Health*, Tripti Sharan's *House of Doctors*, Brijeshwar Singh's *In and Out of Theatre*, Rakesh Sinha's *The Anatomy of Success*, Brigadier Harjinder Singh's *The Learning Curve: A Neurosurgeon Memoir*, and Kumar Nanaware's *I Am a Government Doctor*. On the level of thematic concerns, they are in line with their Western counterparts, yet their commentaries are more geographically nuanced and contextually relevant. Since India is becoming the diabetic capital of the world, with cardiovascular disease topping the mortality rates and cancer incidence rising (Reddy, 2024), looking at the life narratives from Indian white coats is the bottom line. Having said that, this article attempts to read the selected Indian medical autobiographies as a testament against depersonalised medicine. The texts under consideration are: Padma Shri Dr Rajagopal's *Walk with the Weary: Life-Changing Lessons in Healthcare* and Padma Shri Noshir H. Anita's *A Life of Change: The Autobiography of a Doctor*.

Text and Analytical Context:

A Life of Change: The Autobiography of a Doctor (2009, hereafter *ALC)* is the autobiography of Padma Shri Noshir H. Antia. Anita (1922-2009) was born in Hubli, graduated as a doctor, and served as an army surgeon during WWII. One of the pioneers of plastic surgery in India, Anita established the Foundation for Research in Community Health (FRCH) and the Foundation for Medical Research (FMR) and one of the earliest burns units in India at J.J.Hospital, Bombay. Anita is interested not just in biomedicine but also in the social aspect of medicine. Along with a Foreword and Epilogue, *ALC,* with its 16 chapters, not only serves the life narrative of the physician persona but also his discontent with modern medicine.

The medical autobiography *Walk with the Weary: Life-Changing Lessons in Healthcare* (2022, hereafter *WWW)* was authored by Padma Shri M. R. Rajagopal, a pioneer in palliative medicine in India and a founder of Pallium India with a vision for a pain-free India. Born in the outskirts of Kerala, Dr Raj studied medicine at Government Medical College, Trivandrum and obtained his M.D. from AIIMS, Delhi. Dubbed the father of palliative care in India, Dr Raj has been nominated twice for the Nobel Prize for Peace. Marked by Shashi Tharoor as a fascinating book in the foreword, *WWW* is divided into seven parts. *BMJ* observed the book as a severe critique of modern healthcare and a prescription for transformation, and a nephrologist wished this book to be prescribed to every medical professional.

Rajagopal and Anita are radical, resilient and revolutionary. By advocating against the medical orthodoxy, they are radical; surviving amidst several bureaucratic problems and corruption, they are resilient, and by being empathetic and compassionate and placing an immense role in the country's history of health (Raj in palliative and Anita in burns unit and plastic surgery), they are indeed revolutionary. That way, Anita's *A Life of Change* and Raj's *Walk with the Weary* move beyond the autobiographical accounts of physicians, but provide a bare critical commentary of the country's healthcare. The following subsections – namely "Decommodifying Healthcare,"

"Death of the Stethoscope," and "Decolonising the Profession" – will shed light on the selected authors' use of personal narratives to express their discontent with medicine, which is also a macrocosm of the collective whole. The methodology employed in this paper involves a close reading and thematic and comparative analysis of the autobiographies of Dr. Noshir H. Antia and Dr. M. R. Rajagopal to explore their life narratives as a critique of modern medical practices in India.

Decommodifying Healthcare

Over-commercialisation in medicine is a common concern when considering public health in countries like India. Derived from the concept of the military-industrial complex and coined by Bud Relman, former chief editor of *NEJM*, the medical-industrial complex dubs the same anxieties as Marxism about the over-commercialisation of health. In his article "Medicine and Marx", Horton writes why Marxism matters to medicine because it explicates ill of the profession ranging from product/profit/techno-driven medicine, defending the values and questioning the agency; quoting Rogoff, the article also envisaged how *"*the next great battle between socialism and capitalism will be waged over human health" (para. 1).

Analogously, Anita and Raj strongly censure the disquieting trends of modern medicine. Anita and Raj strongly advocated de-commercialising and making quality healthcare affordable for below- and middle-class families. For Raj, the need to focus not only on biological but also on social and economic aspects of medicine had its roots in his exposure to Gandhian writings. Raj illustrates how corruption permeated hospitals. During his early internship, he depicts a sinister surgeon who would only perform a preliminary surgery instead of a definitive one if the patient and caretakers' payment did not meet his expectations, resulting in more suffering, hospital visits, and expenses for the patient. He also recalls his senior's advice to be rude and ruthless, create the impression of corruption, and build a reputation of no-bribe-no treatment. However, he quickly adds that not all individuals are corrupted; the majority of doctors are honest and sincere in serving the sick. Thus, he aptly titles the chapter "The Good and the Bad."

While government hospitals lacked significant facilities, Raj illustrates how big corporate hospitals burdened patients with unnecessary treatment costs. In one instance, he recounts the experiences of an upright retired and famous government physician, a big corporate institution recruited because they believed he would attract patients due to his reputation. He was told, "But doctor, we are concerned that you are not ordering enough MRI scans. We have invested so much into this new equipment. Surely, more patients could benefit from them. Do please cooperate, doctor" (Rajagopal 30). Raj thus questions the industry's ethics by asking what the healthcare system is doing to its citizens. He wonders if future generations will look back at the history of modern medicine in India and doubt whether "an interesting syndicate of the pharma industry, equipment manufacturers, exporters, impostors, politicians, bureaucrats, and doctors" started considering themselves successful only if they could extract more profit from human suffering (Rajagopal 227).

Accordingly, "Health for All" was Anita's byword. Through *ALC,* he was unsparing of the medical profession for industrialising health into a commodity that only a few could afford. As a man of medicine, trained in the Western tradition of medicine, Anita observes how it highly emphasises the curative aspects of medicine but is microscopic in sickness's social/economic dimensions. Of not looking at the bigger picture, he writes:

> We are now medicalizing, not eradicating, poverty. We do not remove; poverty; instead, we build big and expensive hospitals to deal with its results. This is proving to be a lucrative business because there is no consumer resistance (Anita 24).

Due to the conditions of villages and slums in India, the majority of the population's health has been medicalised and diagnosed. Instead of eradicating the causing factor, the emergence of pharmaceutical and instrumentation companies led the health industry to mushroom. In this industry of social disease, Anita states that the rich are over-medicalised, the middle class are pauperised, and the poor are simply abandoned. In tandem with Raj, Anita also realised how public health could not be solely addressed through the medical domain alone but necessitated consideration of the general public's social, cultural, and economic perspectives.

Anita is a great physician and equally a socialist. He narrates episodes with one of his patients for whom he performed a major colectomy. He advised his patient to come for a check-up, but the patient failed to do so. In two weeks, when the patient turned up, Anita was rude to him for the delay in the consultation. The patient explained how he had to walk miles from his village to the hospital because he could not afford the bus or any other transportation. On hearing it, Anita wondered how many patients walked miles just after the primary operations to keep an appointment, making the physicians ignore the social and economic conditions of the sufferers. Anita is all in praise of the medical system of Britain, where he went to do his post-graduation. In the 1950s, the war-stricken England lived frugally, petrol was rationed, and even the king ate an egg a week, "yet the work that was being done in the hospitals, as I soon discovered, was of remarkably good quality" (Anita 20). He considered himself fortunate to work in Britain during this period, where he learnt to achieve "with little money and facilities, and without compromising on quality" (Anita 20). He opines that the establishment of "five-star hospitals" has astronomically increased healthcare costs, but the effectiveness remains static. At the same time, he laments how the "basic and appropriate surgery is out of the reach for 90 % of our [India's] population" (Anita 33). As an expert in biomedical research, he disparages the research primarily connected with profitable and commercial biotechnology ventures, patenting and similar occupations. In short, Anita, as a biomedical researcher whose vision did not isolate him from the humane side of medicine, with a wider perspective going beyond hospitals and laboratories, mourns the mushrooming of the healthcare industry at the cost of 'health for all.'

Decolonising Professionalism

In the chapter, *"A Modest Beginning,"* Anita declares that medicine, according to him, is caring for patients as well as curing their diseases. He laments the current trend where doctors scarcely look at or listen to their patients. He observes that for these doctors, ordering a battery of investigations regardless of cost or the patients' ability to afford it takes precedence. He further emphasises how modern doctors fail to appreciate the love and care that doctors used to provide in the healing process of the sick, disproportionately. As a plastic surgeon, Anita and his department have embraced a total patient-centric approach from the beginning. For him, being empathetic and rehabilitation following the surgery is as important as correcting the deformity. Apart from social aspects, he cared about the emotional aspects of his patients. Since beginning his career in plastic surgery, Anita adopted and advocated a total approach towards his patients. Not only the diagnosis that mattered for him, which was the correction of deformity as the plastic surgeon, but also the prognosis.

For the father of palliative care in India, Rajagopal, empathy and compassion were paramount. It

was his empathetic encounter with the screams of his cousin suffering from cancer that propelled him to pursue medicine and alleviate suffering and pain. Rajagopal illustrates how patients in the then-public healthcare system were treated without compassion and empathy, exacerbating their suffering on top of their illness. These instances led him to initiate a quiet revolution in India by establishing Pallium India. Rajagopal acknowledges how medical schools often train students to be indifferent and shield them from suffering and pain, despite the patients being the ones who truly endure it. This "studied insensitivity" (Rajagopal 23) articulates the need to diagnose, cure, care, and heal. Medical literature and grey literature observed the wane in the empathy level of medical students from their first year to their final year (Triffaux 2019; Akgun 2020; Baig 2023). Of "studies insensitivity" he writes even if compassionate doctors continued to be holistic and caring, they are forced to turn away from the sufferings by the rigid medical education which focuses "only on the disease to the exclusion of everything else, including on the disease to the exclusion of everything else, including suffering. I was beginning to see that as doctors we are taught to see only the disease, not the human being who has it" (Rajagopal 45). Rajagopal dedicates an entire chapter, "The Generous Listener", to underscore the importance of listening in the practice of medicine. He refers one of his patients, Warrier, a cancer patient who endured agonising chest pain for which no doctor could ascertain the cause. During this period of suffering, Rajagopal's mere presence and words provided solace to Warrier. Rajagopal's patient, Warrier, also found solace in the compassionate physician. When Warrier requested a weekly consultation, despite Rajagopal being busy with numerous responsibilities, he agreed to accommodate the plea of his ailing patient. Rajagopal records,

> 'I know you are busy,' he said. 'So I try not to come often, but I really cannot manage without any support now. Even if the medicine do not help, your words give me some solace.' My words? What words? I hardly spoke. And then it dawned on me - it wasn't my words, it was my ears that he needed. He wanted to unburden his mind and I was willing to listen whenever I could. (Rajagopal 59)

Through Warrier, Rajagopal confesses that he learnt the value of listening. He learnt that he could be more than a doctor who always talked, but rather a doctor who was always ready to listen to them. The debate surrounding the significance of empathic listening in the healing process is time-honoured. Several patients and physicians, in a manner comparable to Rajagopal's, have made a case for the art of talking and listening in medicine. Nambisan, the acclaimed Indian doctor-writer, in her memoir, *A Luxury Called Health,* proclaims how "to touch and to talk" is the basic way of providing care and also adds that these are the "most ignored" (Nambisan 159). Brijeshwar's *Next Patient, Please* also, underscores how medical education often overlooks the human side of illness. He notes that all his patients need is "gentle prodding or questioning", and "they would talk" while he listened (Brijeshwar 5). It is this realisation of the importance of narrative competence and therapeutic communication that prompted the integration of arts and humanities within the curriculum of medical schools.

While Rajagopal emphasised the art of medicine, such as compassion and empathy, Anita placed greater importance on the social aspects of medicine. Nevertheless, he was still empathetic and compassionate, and viewed patients as individuals beyond their diseases, setting an example for Indian medicine. Anita's and Raj's life narrative has great relevance today where empathy, compassion, quality of life and dignity in death are engulfed by the spell of commercialisation, which beholds health as an ally of corruption, neatly packs the human body into products, or-

ders tests in terms of profit, and physicians according to their sales. Both authors critique the power imbalance between doctors, who hold medical knowledge, and patients, who often feel disempowered by their lack of understanding of their illnesses.

Death of the Stethoscope

In 2016, Dr Jagat Narula, a renowned cardiologist, declared, "The stethoscope is dead, and its time has gone" (qtd. in Das and Roy), coinciding with the bicentenary of its invention, i.e. 1816. Once revered as the doctor's best friend, it is now considered a relic of the past. Despite its advantages, critics argue that the healthcare community itself has pushed stethoscopes to a crossroads. Although better alternatives are ahead, the stethoscope remains a symbol of the personal connection between practitioners and patients (thus rightly called a "conversational piece") amidst a healthcare landscape increasingly dominated by technology. Sandeep Jauhar, in his autobiography *Doctored: The Disillusionment of an American Physician* (2014), reminisces about the past where "keen observation and the judicious laying on of hands were virtually the only diagnostic tools'' (Jauhar ch. 3) available to physicians.

On the other hand, technology like MRI and other similar devices rules today, allowing diagnosis from a distance. He deplores how "many doctors don't even carry a stethoscope anymore" (Jauhar ch. 3). Gawande in *Being Mortal: Medicine and What Matters in the End* (2014) solicits how to cater to the emotions and feeling of the dying when the technology driven medicine made it impossible to know "who the dying even are?" (157). Similar sentiments have been expressed in the other physician narratives abroad.

Despite the embryonic state of technical developments in the Global South, its effect on the values and principles of medicine is evident. By the same token as Anita and Rajagopal, several physicians in their narratives adopted a judicious and critical stance towards the role of technology in medicine. The rural surgeon and the founder of the Association of Rural Surgeons of India J K Banerjee, in his *Memoirs of Rural Surgeon* sets an example of how rural surgeons with minimal influence of technology deliver maximum healthcare outcomes: "with only limited resources at his disposal, and serve mankind using technology as their slave and not as their master" (Banerjee pref.). These autobiographies caution against letting the machines engulf the human-centred care and also advise posterity to be prudent in their use of the wires and rays.

Frankenstein, "the too-familiar hubris of today's technoscience" (King), is more relevant today than ever, often evoked to warn the tech-led world. Coined by Mary Shelley's fandom in the digital space, the term "Frankenscience" (Safire para. 5) is defined by critics as an attack on the overuse of technology in medicine that threatens human nature. Anita and Rajagopal, the selected physicians, wanted medicine to be the masters of technology, not the slaves. Both the autobiographies *WWW* and *ALC* utilise Mary Shelley's *Frankenstein* as an analogy to gently remind medicine not to be engulfed and eclipsed by technology. Interestingly, as a humanist of our age, Rajagopal intertexts Shelley's *Frankenstein* to discourse on the probable fall of Science:

> I hope the custodians and practitioners of the Science I have learnt, the noble medical Science, will be compassionate and remember that there is an art to healing as well. I hope they will not succumb to some *inner Frankenstein*[emphasis added], programmed to believe that they are obliged keep the heart beating, or that a beating heart is more valuable than a peaceful existence. (Rajagopal 231)

With years of experience in palliative care, Rajagopal understands the difference between

over-medicalisation and peaceful letting go. He coaxes the practitioners and custodians to recognise that medicine is a subtle art, not just an exact science. Rather than indulging in Frankenstein-like pursuit, he is concerned with the quality of life and voices against rote treatment and empty formalism compared to Tolstoyon's stereotypes of a doctor.

On the over-technology in medicine, Anita in *ALC* also invokes the technology muse - *Frankenstein* as follows:

> The equipment and facilities make you think along their lines like *Frankenstein* [emphasis added], swayed by scientific discoveries, creates a monster in Mary Shelley's novel. (Anita 13)

Anita comments on the over-reliance on technologies in practising, linking it to the creation of Frankenstein's monsters, where scientific discoveries swayed the direction of reason. He rejects the unquestioning acceptance of science and technology and blind reverence towards them as gods by healthcare, though they make valuable slaves when wisdom is employed. He emphasises the importance of discernment when adopting technologies, advocating for a careful selection process that considers the specific conditions and requirements of Indian healthcare settings. Extending his commentary to the societal implications of unrestrained technological advancement, he wanted to convey that Scientific inventions and technological innovations, devoid of social values and the lack of ethical considerations, are a serious threat, for medicine is a moral endeavour as much as it is curative.

Foucault, in his *The Birth of the Clinic*, discussed three forms of spatialisation that trace the evolution of how diseases are understood and managed: primary, secondary, and tertiary. Nevertheless, a fourth spatialisation has emerged in the space of technology, where scans, numerous tests, and telemedicine overshadow touch, care, and talk. In this technological space, distance is dispelled, dispersed, and dissipated, adding to the sorrows and sufferings of the vulnerable and left alone in the nightside of life.

Conclusion

Walk with the Weary and *A Life of Change* are inclusive texts, for these narratives are written for both medical professionals and lay readers. For medical professionals, Rajagopal's life story accentuates the healing potential of simple gestures such as tactile pat, empathetic words, patient ears, and the smallest act of caring amidst the technologically driven biomedical landscape. For the broader audience, the recounted tales of the pained lived experience of his patients serve as poignant reminders of our shared vulnerability and the inevitability of illness or loss. Similarly, Anita dedicates *A Life of Change* to "the people of Bharat" (Anita v), emphasising its relevance not only to medical practitioners but also to sociologists and anyone invested in the progress and welfare of the nation. As much as these narratives are inclusive, they are subversive because they confront the thriving injustice and rebel for social injustice. By chiding the medical bureaucracy that sells health, the medical practice that reads the machine and unreads the person, and the current medical landscape that adds the prefix 'de' to humane, human and humanitarian model, these medical cum personal narratives tried effectively democratised the discourse surrounding medicine, creating a public sphere for discussion and reflection. Thus, the medical autobiographies are at once personal, biographical, medical as well as social.

Works Cited

Akgün, Özge, et al. "Medical Students' Empathy Level Differences by Medical Year, Gender, and Specialty Interest in Akdeniz University." *Journal of Medical Education and Curricular Development*, vol. 7, 2020, https://doi.org/10.1177/2382120520940658.

Anita, Noshir H. *A Life of Change: The Autobiography of a Doctor*. Penguin India, 2009.

Baig, Khalid Saifullah, et al. "Empathy Levels in Medical Students: A Single Center Study." *Cureus,* vol. 15, no. 5, 2023.

Banerjee J.K. *Memoirs of a Rural Surgeon.* Ocean Books Pvt. Ltd, 2012. Kindle Book.

Birbari, A. E. "Death of the Stethoscope." *Le Journal Médical Libanais: The Lebanese Medical Journal*, vol. 47, no. 5, 1999, p. 308, https://pubmed.ncbi.nlm.nih.gov/10887535

Carlin, Nathan. *Contemporary Physician-Authors: Exploring the Insights of Doctors Who Write*.Routledge, 2022.

Das, Mohua, and Sumitra Deb Roy. "Is Stethoscope Losing Its Pulse or Docs Their Ear for the Beat?" *The Times of India*, 7 May 2024, https://timesofindia.indiatimes.com/city/mumbai/is-stethoscope-losing-its-pulse-or-docs-their-ear-for-the-beat/articleshow/109847714.cms.

Foucault, Michel. *The Birth of the Clinic*. 1973. Routledge, 2003.

Gawande, Atul. *Being Mortal.* Picador, 2014.

Horton, Richard. "Offline: Medicine and Marx." *The Lancet,* vol. 17, no. 10107, 04 Nov. 2017, https://doi.org/10.1016/s0140-6736(17)32805-2.

Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Pathography*. Purdue University Press, 1998.

HT Correspondent. "Is the Iconic Stethoscope Dead?" *Hindustan Times*, 4 Jan. 2016, https://www.hindustantimes.com/health-and-fitness/is-the-iconic-stethoscope-dead/story-9D4gF5X8G9k1TtpOjJZgJL.html

Jain, Ankur. "Demise of the Stethoscope." M*edical Journal Armed Forces India,* vol. 78, no. 1, 2022.

Jauhar, Sandeep. *Doctored: The Disillusionment of an American Physician*. Farrar, Straus and Giroux, 2014. Kindle Book.

Jeffries, Stuart. "Take a Deep Breath: The Stethoscope Is Dying." *The Guardian,* 24 Jan. 2014.

King, Richard. "Frankenstein's Warning: The Too-Familiar Hubris of Today's Technoscience." *The Guardian*, 30 Apr. 2023, https://www.theguardian.com/books/2023/may/01/frankensteins-warning-the-too-familiar-hubris-of-todays-technoscience.

Nambisan, Kavery. *A Luxury Called Health.* Speaking Tiger, 2021.

Rajagopal. *Walk With the Weary: Life-Changing Lessons in Healthcare*. *Aleph Book Company,* 2022.

Reddy, Prathap C. "The Road to a Healthy Democracy." *The Hindu*, 6 Feb. 2024, op-ed.

Safire, William. "On Language: Franken -". *The New York Times Magazine*, 2000, https://archive.nytimes.com/www.nytimes.com/library/magazine/home/20000813mag-onlanguage.html.

Singh, Brijeshwar. *Next Patient, Please*. Rupa Publications, 2022.

Srihari, Meenakshi. "The Medical/Health Humanities and IWE: A Survey Essay." *Indian Writing in English Online*, 14 Aug. 2023, https://indianwritinginenglish.uohyd.ac.in/

the-medical-health-humanities-and-iwe-a-survey-essay-meenakshi-srihari. Accessed 17 Jan. 2024.

Triffaux, Jean-Marc, et al. "Decline of Empathy among Medical Students: Dehumanization or Useful Coping Process?" *L'Encéphale*, vol. 45, no. 1, 2019, pp. 3–8.

Vickers, Neil. "Illness Narratives." *A History of English Autobiography,* edited by Adam Smyth, Cambridge UP, 2016, pp. 388–401.