

# SHAME IN MEDICINE: THE LOST FOREST

EPISODE GUIDE

EPISODE 1  
"HELLO SHAME"

the  
NOCTURNISTS





## How to Use This Guide

Though shame is everywhere in medicine, the topic is taboo, which can make it difficult to discuss. To help, we've prepared discussion guides for each episode of our audio documentary series, "Shame in Medicine: The Lost Forest," to facilitate conversations between friends, colleagues, and leaders.

This discussion guide is for **Episode One, "Hello, Shame."**

You'll find:

- Episode summary
- Notes from behind the scenes
- Discussion questions
- A medical trainee's reflection on the episode
- Additional resources

Lastly, talking about shame can be challenging, emotionally and interpersonally. Please feel free to use our **facilitation toolkit** for leading and organizing conversations around shame. You can find additional resources at [thenocturnists-shame.org/engage](https://thenocturnists-shame.org/engage).



Illustration by [Beppe Conti](#)



## Episode 1: "Hello, Shame" Summary

The Nocturnists teams up with two shame experts to investigate the nature of shame, and its role in the culture of medicine

## Behind the Scenes

This episode came near the end of our creative process. We tried creating it first, but it was hard to know where to begin. How do you introduce a topic as massive as shame? We knew we wanted to lay out some basic definitions, discuss why shame was important, and introduce the team. We also knew we wanted to open with Will's shame story. It felt important that one of our "expert voices" model the courage and openness that our storytellers demonstrate throughout the series.

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## Discussion Questions

1. Which parts of this episode did you connect with, and why?
2. What physical sensations come up for you when you think about "shame"? What does shame feel like?
3. Can you think of moments in medicine, in your own life or for others, in which shame has been present? Has it been named as "shame," or has it not been named?
4. Do you think that shame is part of medical culture? Why, or why not?
5. Do you think shame has a role to play in medicine?



## A Trainee Reflects on "Hello, Shame"

### Reflection by a MS1 Student

"I connected with the family medicine resident's story because it helped me realize a fear I did not yet fully materialize – the fear of messing up and affecting someone else's life drastically. I only recently started medical school, so I have little to no medical student experience in clinical spaces. Yet, the story aligns well with the "perfectionist" mentality that I have been observing since my premedical years in the field of medicine. This mentality creates an environment where it is looked down upon to make mistakes, and it is expected of someone interested in this field to limit as many mistakes as possible.

The family medicine resident's story highlighted, for me, the reality that we all make mistakes, and that is okay. Even then, I feel as if there needs to be an open space to discuss shame and our vulnerabilities towards it. For example, later on in the episode, when I realized the speaker was a residency program director at Duke University, an "aha" moment clicked within me. If the program director has gone through episodes of shame and is still looked up as a leader in their field, it must be okay for others to make mistakes and feel shame. Yet, I find it almost rare to hear an attending or someone with many accolades in the medicine field to talk about their shortcomings and failures. If more and more doctors and "successful" medical students talk truthfully about their vulnerabilities and failures, the culture of medicine being a "perfectionist's" career can be dwindled. I often feel imposter syndrome because of this perfectionism, which has caused its own form of anxiety within me. If, perhaps, this culture were to be mitigated and an open conversation regarding vulnerabilities, failure, and shame were to become the norm, the wide issue of imposter syndrome in the medical field may be addressed.

Shame is a part of medical culture, and it provides an opportunity to learn, grow, and become a better physician. If we can be empathetic and understanding towards our patients and provide non-judgmental services, why can't we be empathetic and understanding towards our medical students and residents when they make a mistake and provide non-judgmental feedback and encouragement? I believe shame originates from the unreal expectation that students and residents must be "perfect" in their care, seemingly like their professors or attendings. Shame is normal and creates an opportunity for growth in physician training. This podcast series is one of many steps toward this growth mindset perspective towards shame. If more stories of shame are shared, perhaps we can use these stories to slowly mitigate the knee-jerk reaction that shame is bad and that it can cause an individual to feel unworthy and like an imposter."



## Resources

### Listen:

- [The Nocturnists, Conversations: Cathy O'Neil on "The Shame Machine"](#)
- [Thales Well Podcast, "On Shame" with Luna Dolezal](#)
- [See Hear Feel Podcast, Luna Dolezal on Shame in Medicine](#)

### Read:

- [A Better NHS](#) – Blog by UK National Health Service (NHS) General Practitioner Jonathan Tomlinson exploring the relationships between doctors and patients and health policy. See posts on [Shame](#), [Empathy and Shame](#), [Shame and Redemption](#), and [Empathy, Shame and Medical Professionals](#).
- Aubin D, King S. [The Healthcare Environment: A Perfect Ecosystem for Growing Shame](#). *Healthc Q*. 2018 Jan;20(4):31-36.
- bell hooks, "Moving Beyond Shame," in [Teaching Community: A Pedagogy of Hope](#).
- Danielle Ofri, Chapter 5, "Burning with Shame," in [What Doctors Feel](#).
- Davidoff F. [Shame: the elephant in the room](#). *Qual Saf Health Care*. 2002 Mar;11(1):2-3.
- Dolezal, L., Gibson, M. [Beyond a trauma-informed approach and towards shame-sensitive practice](#). *Humanit Soc Sci Commun* 9, 214 (2022).
- Gilbert P. [Shame and the vulnerable self in medical contexts: the compassionate solution](#). *Medical Humanities* 2017;43:211-217.
- Lazare A. [Shame and humiliation in the medical encounter](#). *Arch Intern Med*. 1987 Sep;147(9):1653-8. PMID: 3632171.
- Lyons B, Gibson M, Dolezal L. [Stories of shame](#). *Lancet*. 2018 Apr 21;391(10130):1568-1569.
- Shame in Medicine project, [Shame Glossary](#) (work in progress)

### Watch:

- [The Shame Conversation](#), a film produced by Will Bynum, MD
- UCL Centre for Perioperative Medicine, ["Shame... An Interview with Dr Jonathan Tomlinson"](#)

