THE TELLER AND THE TOLD: THE USES OF NARRATIVE IN MEDICINE

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DISCLOSURES

- None

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OBJECTIVES

- To examine the claims and limits of narrative in medicine
- To demonstrate the value of discomfort
- To explore opportunities for the uses of narrative in medicine

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THE BLOSSOMEST BLOSSOM

Below my window the blossom is out in full now ... it's a plum tree, it looks like apple blossom but it's white, and looking at it, instead of saying 'Oh that's nice blossom' ... last week looking at it through the window when I'm writing, I see it is the whitest, frothiest, blossomest blossom that there ever could be, and I can see it. Things are both more trivial than they ever were, and more important than they ever were, and the difference between the trivial and the important doesn't seem to matter. But the newness of everything is absolutely wondrous, and if people could see that, you know. There's no way of telling you, you have to experience it, but the glory of it, if you like, the comfort of it, the reassurance ... not that I'm interested in reassuring people, bugger that. The fact is, if you see the present tense, boy do you see it! And boy can you celebrate it.

Quoted in McKechnie CC. *Med Humanit* 2014;40:119–124

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- Is the narrative told in a first-person, second-person, or third- person voice?
- Is the teller intimate or remote?
- What mood does reading it leave you in?
- Does the story bring you somewhere in its course?

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CLAIMS AND LIMITS OF NARRATIVE MEDICINE

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1970S: MAKE ROOM, SCIENCE

"Patients are more than a list of symptoms to be "fixed," and doctors are more than the professional "fixers"; patients, along with their doctors, are more than conceptual entities to be guided by abstract principles that exist independent of their unique life stories."

Wear, D and JM Aultman. "Creating Difficulties Everywhere." *Perspectives in Biology and Medicine*, volume 50, number 3 (summer 2007):348–62

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NARRATIVE MEDICINE, DEFINED?

- Narrative Medicine fortifies clinical practice with the narrative competence to recognize, absorb, metabolize, interpret, and be moved by the stories of illness. (https://www.narrativemedicine.org/about-narrative-medicine/)
- Narrative: "someone telling something to someone about something"; *how* something is told

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WHY NOT JUST STUDY ETHICS?

"There is no reason to impoverish our [ethical] discussions by restricting moral concepts to just [non-maleficence, beneficence, autonomy and justice]… [Q]ualities such as courage, equanimity, tact, honesty or patience may be needed — even humility when things go wrong. The general point is that hospitals or general practices are microcosms of society as a whole — with heightened tensions — and *it is therefore necessary to have the entire range of moral concepts to understand their problems*."

Downie, R. 2016 "Medical humanities: some uses and problems." *J R Coll Physicians Edinb* 2016; 46: 288–94 .

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ISN'T THIS ALL JUST COMMUNICATION SKILLS?

"Good communication is not a manipulative technique but is inherently creative. The arts can bring out the myriad ways in which people can successfully and unsuccessfully communicate with each other."

Downie, R. 2016 "Medical humanities: some uses and problems." *J R Coll Physicians Edinb* 2016; 46: 288–94 .

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THE RITA CHARON EFFECT

Proponents of Narrative Medicine say it improves health care by:

1. [Strengthening] the attention that the clinician is able to pay to the patient's situation so as to improve accuracy and permit empathy; and
2. [Providing] the patient with the clinician's knowledge, skills, power, and caring, shared through an effective patient–clinician affiliation.

Charon et al. 2016. Acad Med. 2016;91:345–350.

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THE COMFORTS OF NARRATIVE

- Narrative is a way of ordering episodes/experience to make meaning through form and metaphor
- Helps us attend to the stories of suffering: confusion, silence, denial, disgust, shame, anger, fear, pain
- Offers continuity and closure
- "Civilizing influences" of literature and art

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AGAINST NARRATIVE MEDICINE (O'MAHONY 2013)

Narrative medicine:

- is spiritually arrogant and potentially harmful
- creates "customer-friendly" doctors
- creates unrealistic, maybe even dangerous beliefs that we can we can know what our patients feel

O'Mahony, S. Against Narrative Medicine. *Perspectives in Biology and Medicine* Volume 56, Number 4, Autumn 2013.

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THE VALUE OF DISCOMFORT

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The essence of a thing is only an opinion about the "thing."

—Friedrich Nietzsche (1901)

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THE SKEPTICAL NARRATOR

- Our attempts at ordering another's experience can be restrictive and damaging (misheard things, invisible bias, -isms)
- *Whose* narrative? Does narrative = destiny?
- Who defines how and what we see (and not see?)
- The (medico-)cultural story of triumph and the missing stories of failure?
- Does everything have meaning? What does it "mean" when a child is killed? When a woman dies in childbirth?
- Multiple truths

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INTERSUBJECTIVITY

"From an intersubjective perspective, lab reports and numerical data both depend on multiple human subjects. They require consensus on methods for verification, on standard operating procedures, on legal and economic arrangements. Tests are open to false positives as well as to interpretation, fraud, or error… *knowledge is constructed, and thus the grounds of its constructedness are always open for analysis*."

Morris, DM. "Narrative Medicines: Challenge and Resistance." *The Permanente Journal*/ Winter 2008/ Volume 12 No. 1

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"Narrative is a constructed artifice, no matter who is doing the constructing or why; it does not exist outside and beyond the human and it does not accurately reflect events, but on the other hand perhaps it does so as much as anything else. It is … a contested and contestable way of mediating the world."

McKechnie CC. "Anxieties of communication: the limits of narrative in the medical humanities." *Med Humani*t 2014;40:119–124.

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MAKING STRANGE

- Distortion of "our perceptions of common objects, relationships, ideas, identities, or beliefs, to force us to look at them anew"
- Pause: time to deal thoughtfully with complexity and ambiguity
- Layers: revealing the influences of history, ideology and power
- Leaning in: "slipping into someone else's skin"

Kumagai, AK. "Beyond "Dr. Feel-Good": A Role for the Humanities in Medical Education." *Academic Medicine*, Vol. 92, No. 12.

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WHEN?

"The dominant aim of the medical humanities seems now to be research rather than teaching… It will be unfortunate if this outward-looking aim is turned into an inward-looking purely academic activity."

Downie, R. 2016 "Medical humanities: some uses and problems." *J R Coll Physicians Edinb* 2016; 46: 288–94 .

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AN APPLICATION

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THE COLLEGE OF PHYSICIANS AND SURGEONS OF COLUMBIA UNIVERSITY READING GUIDE FOR REFLECTIVE PRACTICE

1. Observation

Signs of perceiving—seeing, hearing, smelling, touching. Details, descriptions, sensory aspects of the scenes.

2. Perspective

Were multiple perspectives represented, explored, guessed at? How were these perspectives conveyed?

3. Form

What is the genre—story, poem, play, screenplay, parable, cautionary tale, ghost story, black comedy? Notice any use of metaphor or imagery. Describe the temporal structure of the text—are events told in chronological order, in reverse, in chaotic sequence? Are there allusions to other stories or texts? Are there inserted texts (like quotations, letters, substories)? What is the diction—formal, breezy, bureaucratic, scientific?

4. Voice

Whose voice tells the story? Is the narrative told in a first-person, second-person, or third- person voice? Is the teller near or far, intimate or remote? Can you feel the teller's presence as you read? Is the telling self-aware?

5. Mood

What is the mood of the text? What mood does reading it leave you in?

6. Motion

What does the story do? Does the teller seem to move from the beginning to the end? Does the story bring you somewhere in its course?

Charon, R, N Hermann and MJ Devlin. et al. Close Reading and Creative Writing in Clinical Education: Teaching Attention, Representation, and Affiliation. *Acad Med*. 2016;91:345–350.

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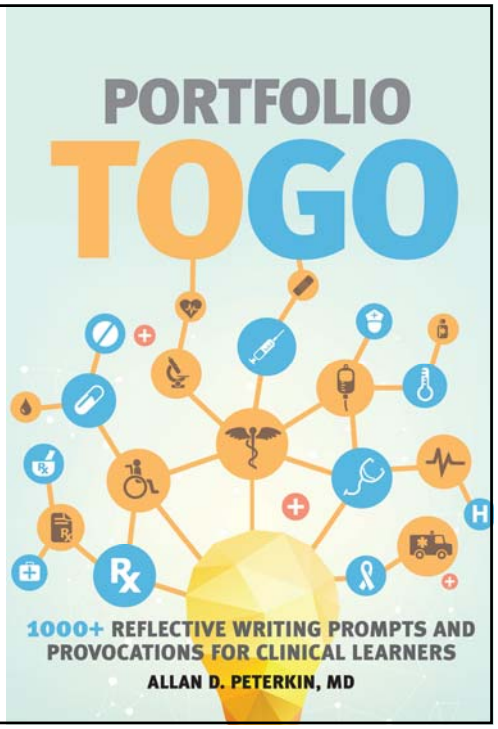
WRITING PROMPTS

- Talk about a time when a patient surprised you.
- Describe the hospital corridors at 3am.
- Write about a mistake.



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COULD YOU DO IT AT YOUR PLACE??

Could the results enrich your care centre? Your patients? You?

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