Inviting Stories, Creating Medicine

Samuel M. Philbrick

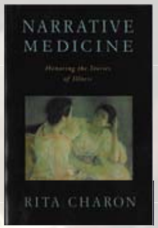
Barrett, the Honors College and the Center for Biology and Society at Arizona State University

What is the value of focusing on narrative in medical practice?

Comprehending and responding to both personal and patient narrative absolutely contributes to good medical practice. Discussion about narrative in clinical practice has been largely generated and led by Rita Charon, who promotes **narrative medicine** as a model for medicine characterized by **narrative competence**, the ability to understand and respond to stories.[1]

Numerous authors, along with Charon, show that:

- Understanding and respecting patients' narratives is critical for fostering empathy in physician-patient relationships.[2–4]
- Literature and reflective writing help students and doctors learn and develop.[5–8]
- Narrative medicine has a valuable place alongside other models for clinical practice.
- Respect for patients' stories may bring economic and physiological benefits to both patient and physician.



Narrative Medicine by Rita Charon – Oxford University Press 2006.

However, in its focus on physician response to stories the current model for narrative medicine may overlook potential for patients to participate in their own healing and care.

Relate, Meditate, and Educate

- Valuing the patient's story helps to build a patient-physician alliance grounded in understanding which may influence patient compliance and understanding.[13]
- Many physicians use reading and reflective writing as a means to step back from their practices to contemplate.[2, 14, 15]
- Literature and medicine courses are taught in medical schools across the country.[5, 16]
- The brain actually learns better when it is emotionally engaged.[17–20] This makes an useful explanation for continued use of the case study–which tells a human story–as a primary vehicle for medical education and study.

Contributing to cultural competence & complementing evidence based medicine.

- Reflective essay writing was employed by medical students who participated in a pediatrics rotations that served disadvantaged youth.[9, 10]
- Literature was used in program designed to teach doctors and social workers cultural competence.[11]
- Large research trials apply mathematical formulas to large populations of patients. Narrative competence enables doctors to understand the unique experiences of patients to which standardized data is blind.[12]


Ossler writes at his desk. From the University of Arkansas for Medical Sciences Division of Medical Humanities website.

Research Methods

In 2005 Arizona State University began a partnership with Mayo Clinic in Arizona under the title *Poesía del Sol* that enabled poets from Arizona State (MFA students and some faculty) to serve Mayo patients in the palliative care unit. Poets traveled to Mayo hospital where they visited with individual patients–usually for about an hour–and then left the patient's room, returning to the lobby where they composed a poem based on their conversation with the patient and the patient's family. Interviews were conducted with various program participants from Arizona State University, including faculty members, program administrators, students, and alumni. The goal of the interviews was to contribute to the growing body of research on practical applications of literature and humanities in medical contexts. Conversations with interviewees brought to light several ideas that contribute to the narrative medical model.

The Circuit of Medicine

The "Circuit of Medicine," a phrase coined by program director Alberto Rios, is the idea that medical interaction has the potential to be a relationship not just of giving advice or care, but of giving care and receiving something from the patient in return.

In this program, participants' interactions with patients showed that interactions between patients and poets were mutually challenging and beneficial:

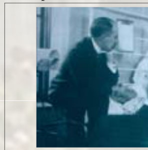
- Patients were asked to contribute to the process of creating poetry as poets asked about their stories and made personal queries.
- Poets had to step past normal comfort zones to interact with patients who were close to death.
- Despite the difficulty, poets consistently reported that the experience was highly personally rewarding, gained a different view of death and dying.
- Patient response to poetry was almost universally positive, and patients frequently expressed desire to give gesture in return.


Sir Luke Fildes, "The Doctor" 1887. Oil on Canvas. The Tate Britain, London.

"A man… was going through the dying process and he had his wife there with him. And they were very resistant to the program… but their nurse convinced them to participate. So we talked to them and… we each wrote a poem for them and we brought it back. Both of them–when they heard the poem–they started crying… And we talked to them for a very brief amount of time but you could just see the joy of those moments on his face and his wife's. **I don't know, medically, what type of implications that has but I know for that moment I gave him I gave him a sense of comfort and relief, and from anything that was going on in his body physically… no amount of morphine or medicine may have been able to give him that type of feeling.**" – Leah Soderberg

What's the Utility?

- Paying attention to emotional clues and addressing patients' personal concerns actually *reduces* the average time needed for a patient visit.[21]
- Research shows a strong correlation between perceived lack of empathy and the decision to sue for malpractice.[22–24]
- Programs incorporating literature and creative writing can help medical students and doctors understand their practice more completely.[7, 25, 26]
- Studies show that interpersonal relationships and emotions can influence the immune system.[17, 27, 28] Therefore doctors may influence patient health simply through the empathy they show patients.


Osler at work-Contemplation. From the John Hopkins Medical Insistutions Medical Archives.

Conclusions

Literature on narrative medicine demonstrates its applicability in medical education and stresses the importance of hearing and processing the patient's narrative so the physician can give the best care possible.

The *Poesía del Sol* program contributes to this principle of narrative medicine the idea that narrative-focused medical practice may also be a reciprocal process. By actually inviting the patient to share, caregivers enable patients to minister back to them, and to take an active role in their own healing or dying as givers of their stories.

It would be wonderful to see more programs like *Poesía del Sol* expanded or introduced in other hospitals. More research on the effects of programs that bring humanities to patients is needed to fully understand their effects.

In the field of narrative medicine in general, research on the biomedical benefits of healthy patient-physician relationships, as well as research on how these relationships affect patient compliance would make the benefits of narrative medicine seem more tangible and less theoretical.

Beyond research, implementing more programs in medical schools and hospitals allowing students and doctors to engage literature and write creatively could help students and physicians foster empathy and ultimately better enable them to care better for their patients throughout their careers.

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For further information

Please contact me at *samuel.philbrick@asu.edu* for more information regarding this project.

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