

Narrative Medicine: a tool to build bridges between patients and providers

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Master's of Narrative Medicine, Columbia University

⌘ Explosion of the breadth and depth of scientific knowledge and technical capabilities in medicine

⌘ Decreasing public trust, wide-ranging, across medicine, politics, religion, and society

⌘ Increasing expectations of what medicine can offer – and what can be controlled

⌘ A rise of the individual narrative and emphasis on the 'singular story'

Our Present Context

Houston, we have
a problem

{ Current trends

- ⌘ The average time lapse between a patient beginning to speak to the physician interrupting is 23 seconds
- ⌘ Research suggests that communication skills do not reliably improve with experience
- ⌘ Research shows that the socialization process of training — the “hidden curriculum” — teaches HCPs to stay detached, objective, even a little cynical.
- ⌘ The most frequent feedback from patients is about attitudes of health care providers
- ⌘ The most common reason for lawsuits relate to attitude

- ⌘ Five out of six doctors say that medicine is in decline and close to 60% would not recommend it as a career for their children
- ⌘ Medical education has been characterized as an abusive and neglectful family system.
- ⌘ 53% of medical students experience 'burnout' and 11% reported suicidal ideation across 7 institutions in a single year (2006-7).
- ⌘ 1 out of 3 practicing physicians experiences burnout at any given time

effect of confounding variables, the relationship between the doctor's awareness and the patient's recovery was maintained for some groups of patients. Awareness did not significantly affect the patient's satisfaction. We list some practical recommendations to aid doctors in increasing their knowledge of their patients.

Greco and Pettinger, 1966; Shocket and Lisansky, 1966; McWhinney, 1972; Browne and Freeling, 1976). We believe that a doctor with a holistic approach will elicit more social and emotional problems than one who pays attention only to physical complaints.

Aims

It had two purposes: to determine the factors

tensive biopsy through the supraclavicular fossa was non-diagnostic and quite painful. Two weeks later, she had a thoracotomy for excisional biopsy of the grapefruit-sized mass, which proved to be Hodgkin disease.

"Why do I need a transfusion?" she demanded when I entered her room. "With my luck, I'll get hepatitis."

MOST CLINICIANS, when invited to do so, have trouble recalling special moments of closeness and with patients (1, 2). Although such moments may be chance occurrences that are pleasant but by-products of clinical activity, they are perceived

they are being treated impersonally (16).

Difficulties reflecting these changes in the direction and organization of health care are growing and appear to be symptomatic of the weakening of the patient-doctor relationship (15-25). There is considerable concern within medicine about increased numbers of malpractice suits, fewer medical students entering primary care specialties, and discouragement among practicing

Producing a goal of the patientistic physician. People and consider in his or her a passionate and cates compassion

educators agree that medical students must master basic and interpersonal skills applicable

FREDERIC W. HAFFERTY, PhD, and RONALD FRANKS, MD

The Hidden Curriculum, Ethics Teaching, and the Structure of Medical Education

VOLUME 69 ■ NUMBER 11 ■ NOVEMBER 1994

ACADEMIC MEDICINE

The Devil is in the Third Year: A Longitudinal Study of Erosion of Empathy in Medical School

Mohammadreza Hojat, PhD, Michael J. Vergare, MD, Kaye Maxwell, George Brainard, PhD, Steven K. Herrine, MD, Gerald A. Isenberg, MD, Jon Veloski, MS, and Joseph S. Gonnella, MD

Literature and medicine: narrative ethics

Anne Hudson Jones

Lancet 1997; 349: 1243–46

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD

Ronald M. Epstein, MD

JAMA, September 23/30, 2009—Vol 302, No. 12

A Good Clinician and a Caring Person: Longitudinal Faculty Development and the Enhancement of the Human Dimensions of Care

Academic Medicine, Vol. 84, No. 1 / January 2009

William T. Branch, Jr., MD, Richard Frankel, PhD, Catherine F. Gracey, MD, Paul M. Haidet, MD, MPH, Peter F. Weissmann, MD, Paul Cantey, MD, MPH, Gary A. Mitchell, MD, and Thomas S. Inui, MD, ScM

Recapturing the soul of medicine Physicians need to reclaim meaning in their working lives

Rachel Naomi Remen

wjm Volume 174 January 2001

Enhancing Meaning in Work A Prescription for Preventing Physician Burnout and Promoting Patient-Centered Care

Tait D. Shanafelt, MD

JAMA, September 23/30, 2009—Vol 302, No. 12

Medical Humanities and Their Discontents: Definitions, Critiques, and Implications

Johanna Shapiro, PhD, Jack Coulehan, MD, MPH, Delese Wear, PhD, and Martha Montello, PhD

Academic Medicine, Vol. 84, No. 2 / February 2009



The care of the sick unfolds in stories. The effective practice of healthcare requires the ability to recognize, absorb, interpret, and act on the stories of others. Medicine practiced with narrative competence is a model for humane and effective medical practice. It addresses the need of patients and caregivers to voice their experience, to be heard and to be valued, and it acknowledges the power of narrative to change the way care is given and received.

Charon, R JAMA 2001; 286 (15)

Narrative Medicine

{ Practices

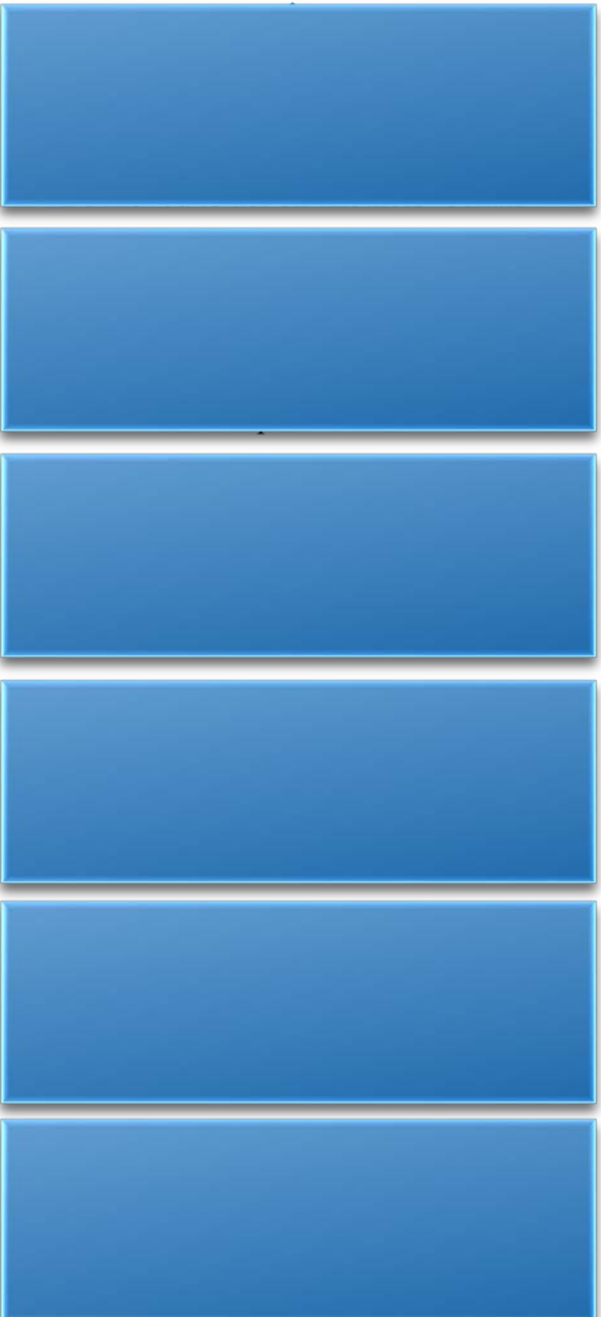
- & Sharing of a narrative
- & Close reading
- & Reflective writing

{ Principles

- & Experiential
- & Relational
- & Embedded

What does NM involve?

Succeed in caring for others



How Narrative Medicine Works



1. Believe that story is
important

{ Disease versus Illness

& Illness

- ⌘ Innately human experience of symptoms and suffering
- ⌘ Refers to how the sick person and members of the family perceive, live with, and respond to symptoms and disability

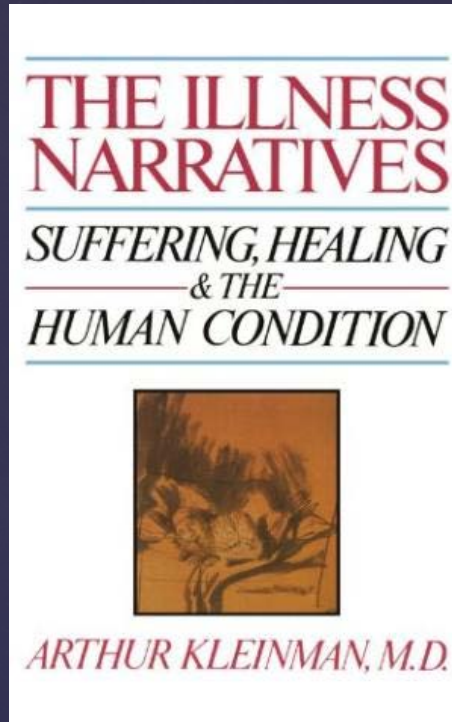


& Disease

- ⌘ What the practitioner creates in the recasting of illness into theories of disorder
- ⌘ A reconfiguration of the patient's and family's illness problems as narrow technical issues and problems of altered biological structure or function



Illness vs. Disease



Conflict may arise between doctor and patient because:

- { ...something essential is lost
- { ... experience is not legitimized
- { ...key issues may not receive intervention

When illness is *reduced* to disease...



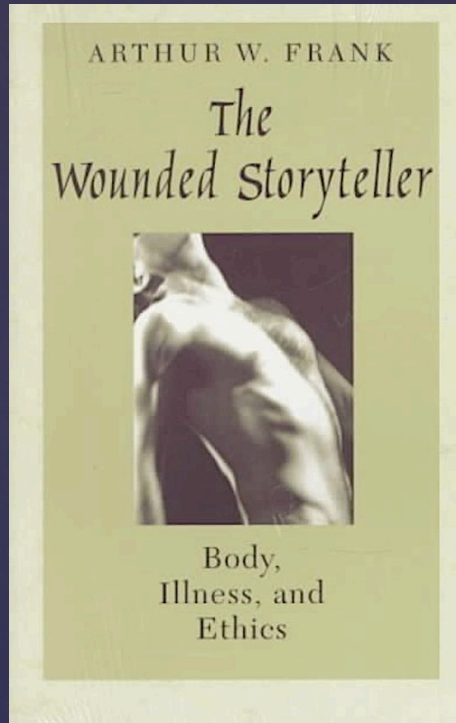
2. Listen for Stories

{ 'A citizen of two kingdoms'



- ⌘ Disease is an interruption of a life
- ⌘ Illness means living with
 - ⌘ Perpetual interruption
 - ⌘ A body, or 'self' that has been *made strange*
 - ⌘ A narrative that is constantly being 'written upon' by others
- ⌘ As a result, the ill person is at risk for
 - ⌘ Losing their 'destination and map'
 - ⌘ Losing their sense of familiarity with their body and self
 - ⌘ Losing their voice

Effects of Illness and Disease



*Stories
emerge in
illness
because...*

Practical

The phone rings and ppl want to know what's going on

Existential

{ Illness creates 'narrative wreckage', and stories are a mechanism to repair the damage that illness has enacted on the person's sense of where she is in life, and where she may be going

Relational

Strategy for *re-claiming voice*, and *re-engaging*

The Function of Story

3. Use the Skill of Narrative Competence

{ Training with Story

“The capacity to recognize, absorb, interpret, and be moved by stories of illness”

Developed through the practices of NM

Narrative Competence

“To know what patients endure at the hands of illness and therefore to be of clinical help requires that doctors *enter* the worlds of their patients, if only imaginatively, and to see and interpret those worlds from the patients point of view. This process requires ‘narrative knowledge’ ...and [calls us to] deal with *experience* rather than facts...with the *singular* rather than the generalizable.

Charon, R JAMA 2001; 286 (15)

NARRATIVE MEDICINE

*Honoring the Stories
of Illness*



RITA CHARON

4. Access the Personal Experience of Another

{ Inter-subjectivity

Published Online October 3 2013
Science 18 October 2013:
Vol. 342 no. 6156 pp. 377–380
DOI: 10.1126/science.1239918

REPORT

Reading Literary Fiction Improves Theory of Mind

David Comer Kidd*, Emanuele Castano*



Forces the reader to:

1. Make inferences about characters
2. Be sensitive to emotional nuance
3. Be tolerant of complexity and ambiguity

Why?

1. Leaves more to the imagination
2. Unsettles the expectations of the reader
3. Challenges their thinking

Reading fosters inter-subjectivity

However...some stories
are heard better than
others

{ 'Narrative knowledge'= the skill set we use
to make sense of story with it's teller, time
course, plot and meanings.



Illness narratives

Restitution

Chaos

Quest

5. Join with the person who suffers

{ Co-constructing



Co-constructing

Both doctor *and* patient are held as 'experts'



Equal power



{ Therapeutic relationship arises through

Sharing of respective knowledge

Identification of common goals

Collaboration on choosing strategies

6. Be moved to act
on another's behalf

{ Implementation

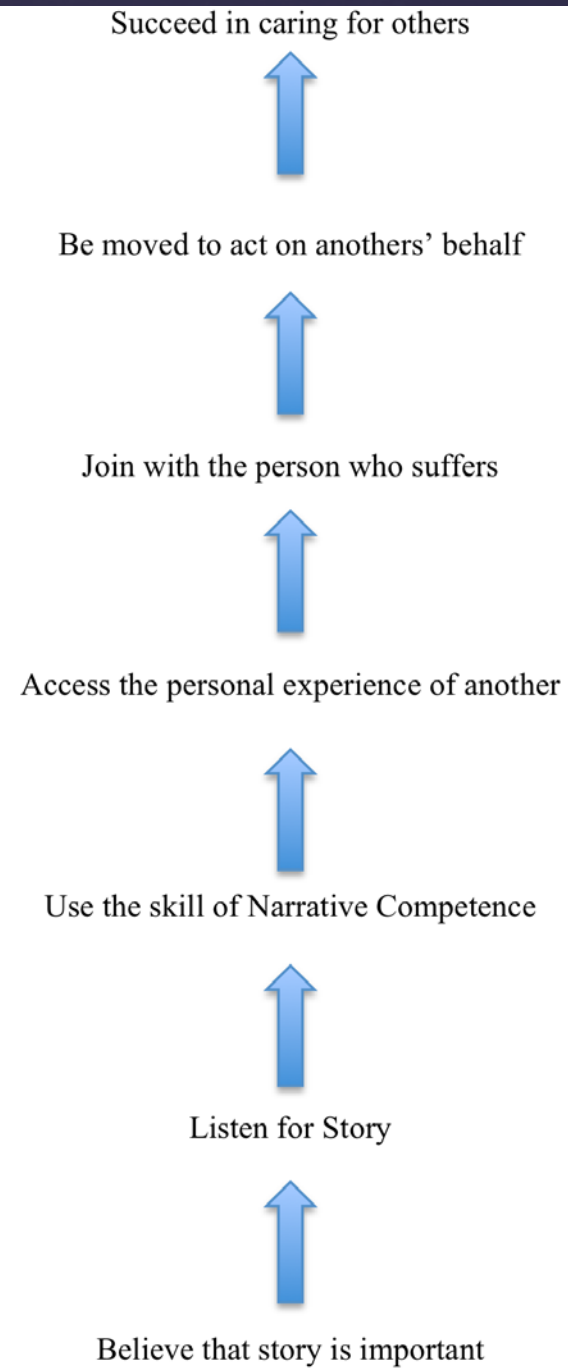
- ⌘ When illness isn't going to end
- ⌘ When the problem isn't neat and tidy
- ⌘ 'Staying with' the suffering patient
- ⌘ Partnering with 'the difficult' patient
- ⌘ Acknowledging and navigating our own humanity, fallibility, mortality

When is NM clinically useful?

7. Succeed in caring for others

{ Putting it all together

Putting it all together





1.For the patient

Formation of meaning
Legitimizes experience

2.For the doctor-patient relationship

{ Therapeutic alliance
Co-constructing

3.For the practitioner

Self as therapeutic agent
Existentially meaningful

4.For society

Birth of a storyteller →
engagement of listeners
Caring potential and
purpose via 'me too, me
too'

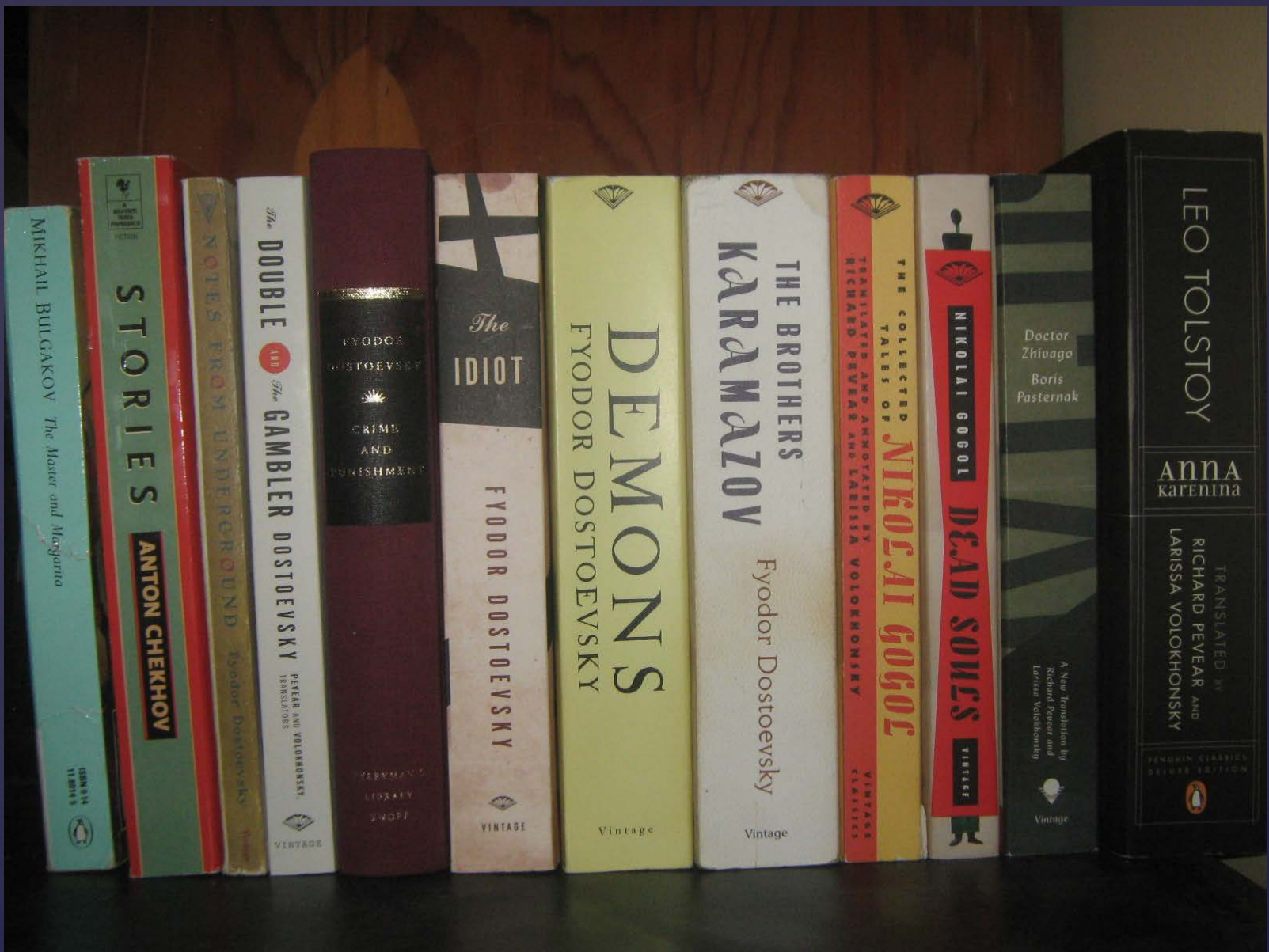
Outcomes of Practicing with Narrative Knowledge

Building a Narrative Practice

{ If you're interested in doing more of this!



1. Develop a community
of practice



2. Read a lot

ARTHUR W. FRANK

The Wounded Storyteller



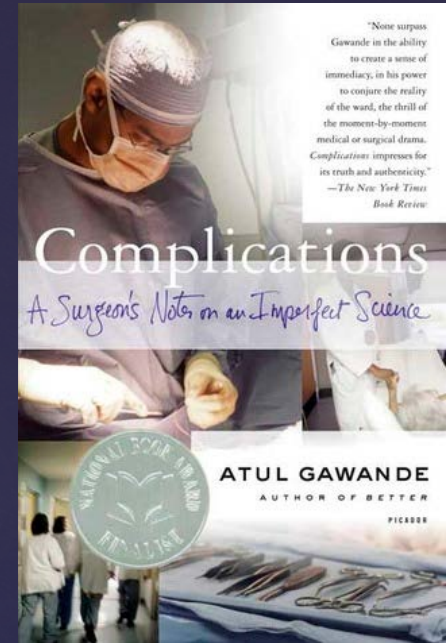
Body,
Illness, and
Ethics



Stories of Illness and Healing

Women Write Their Bodies

Edited by Sanyasini DasGupta & Marsha Huron



THE ILLNESS NARRATIVES

SUFFERING, HEALING
& THE
HUMAN CONDITION



ARTHUR KLEINMAN, M.D.

Narrative Based Medicine

Dialogue and discourse in clinical practice



Edited by
Trisha Greenhalgh and Brian Hurwitz

Danielle Ofri, MD



What Doctors Feel

HOW EMOTIONS AFFECT
THE PRACTICE OF MEDICINE



"Danielle Ofri brings us into that place where science and the soul meet. Her vivid and moving prose enriches the mind and tames the heart."
—JEROME GROOPMAN, author of How Doctors Think

The Cancer Journals
Special Edition



Audre Lorde

AN INTERNATIONAL BESTSELLER

THE
DIVING BELL
AND THE
BUTTERFLY



"A witty,
poetic, ironic and ultimately
affirmative treatment by a man
who refused to die in spirit."
—*The New York Times*

JEAN-DOMINIQUE BAUBY

The BLOOD of
STRANGERS



STORIES FROM
EMERGENCY MEDICINE

FRANK HUYLER

"If you need to be reminded that there are still diseases that can't be cured or at
least a debilitating permanent burden, this book is for you. You're not alone."

—HUGH LAURIE

Every Patient
Tells a Story



MEDICAL MYSTERIES
and the
ART OF DIAGNOSIS

LISA SANDERS, M.D.

New York Times "Diagnosis" Columnist

Medical Advisor to **HOUSE, M.D.**

NARRATIVE
MEDICINE

*Honoring the Stories
of Illness*



RITA CHARON

"Must reading for every physician who cares for patients and
every patient who wishes to get the best care." —*Time*

NEW YORK TIMES BESTSELLER

How
Doctors
Think

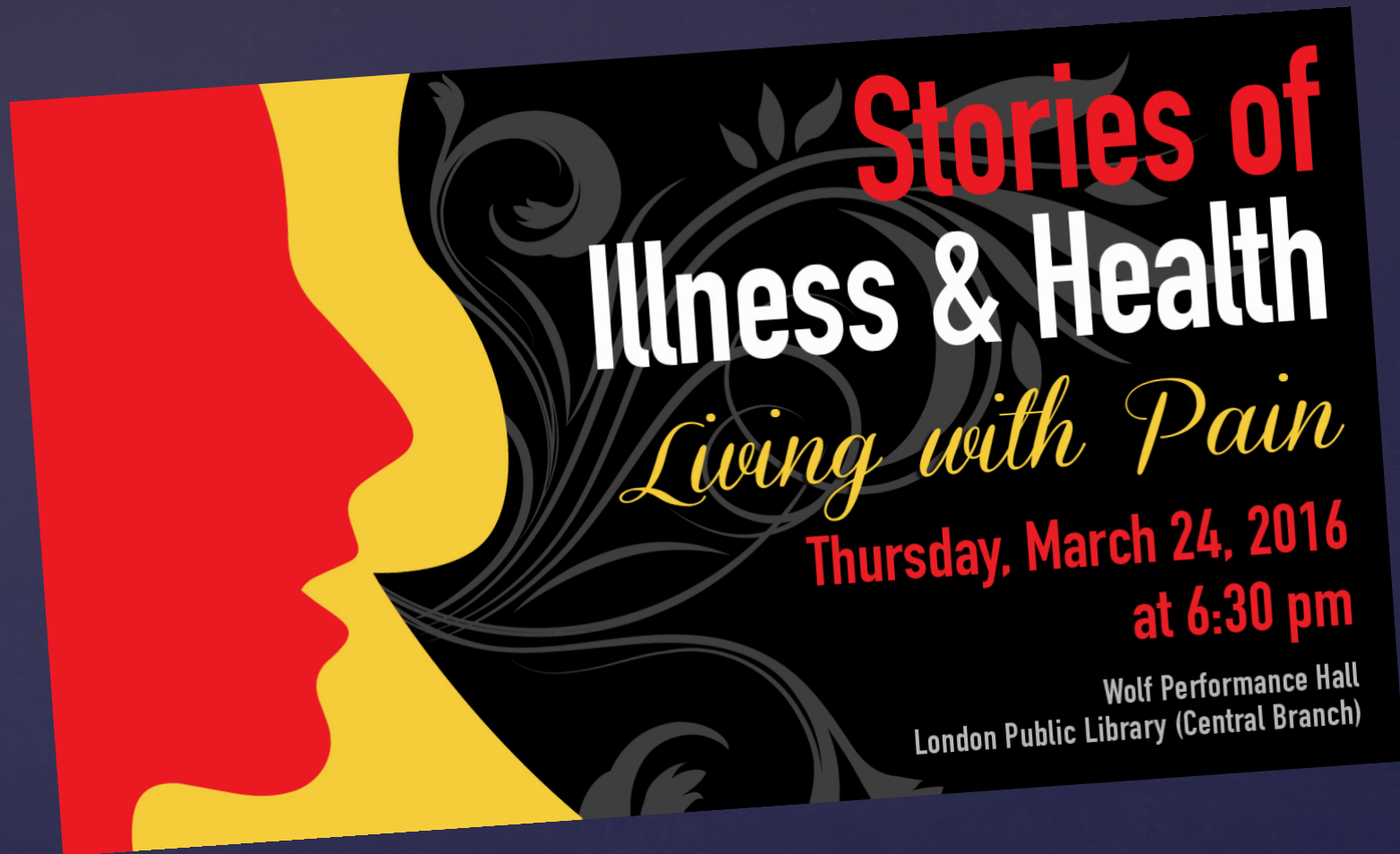


JEROME GROOPMAN, M.D.

WITH A NEW AFTERWORD



3. Make time to write
reflectively



4. Start community storytelling



NARRATIVE ROUNDS

September 18, 2017 at 5:00 p.m.

WITH:

Martha McDougall (Patient)

Janet Taylor (ICU)

Mike Ott (Gen. Surg.)

Chris Lusty (OB)

Ray Guo (CVT)

Can engaging with the
experience of illness be a
strategy for improving
patient care?

Can narrative literacy improve
health care delivery and
education?

- ⌘ Our most central task is to alleviate suffering
- ⌘ One of our most difficult duties as human beings is to listen to the voices of those who suffer
- ⌘ Our practice will always be imbued with fallibility, mystery, and uncertainty

{ “Medicine, as an enterprise in which one human being extends help to another, will always be grounded in life’s intersubjective domain”

Rita Charon

Thank You!