NARRATIVE IN MEDICINE

The patient's story is the human voice in medicine. It is critically important to the physician's approach to and care of the patient. What we call the "story" is the narrative created by the patient to describe and interpret what has happened (is happening) to him or her; this being the reason the patient is now seeing the doctor.

In this session, we (1) explore how the physician's narratives about the patient are derived from the patient's story, then come to represent the patient and to influence the physician's diagnosis and plan for treatment; (2) describe a narrative approach to medicine and its implications for medical practice; (3) attend to the patient's story, in all its variety, and examine why patients construct and need to voice their stories; (4) discuss how the physician develops narrative competence, so that she or he is able skillfully to hear and interpret the patient's story, translate it, and use it to work together with the patient toward healing; and (5) consider multiple narrative perspectives on a single case.

1. Medical narratives/patients' stories: The case of Sandra Casey.

Sandra Casey: HPI #1

39 yo female, former cook in UVA cafeteria, here to meet new MD taking over from Dr. Miller, who used to follow her but moved away. Complains of constant, sometimes severe low back pain. Relates pain to MVA 2 yr ago. Had lumbar fracture at that time, Rx'd with spinal fusion and ~2 mo in hospital. Received several wks of PT; not currently exercising. Repeat X-rays normal by pt report.

Pain "always there"; mostly low back, bilateral. With any effort, gets much worse, goes up back, not down legs, + stiffness. When pain bad, has to lie down to relieve it. Takes codeine and Valium PRN, usually BID - QID (not sure of dose); helps some; needs scrips. Heat or ice sometimes helps.

Unable to work since accident; on disability. In process of divorce. Lives with parents and 2 children. No tobacco use; no drugs. Occasional glass of wine to "take edge off pain." Weight gain over past 2 yr due to lack of exercise.

Problem list #1:
1. Chronic back pain due to muscle spasms + lack of exercise/ flexibility?
2. Psychological issues?
3. Drug-seeking?
4. Seeking renewal of disability certification?

Plan #1:
1. Recheck films
2. More PT?
3. Try NSAID s, wean other meds

Sandra Casey: HPI #2

39 yo woman, former cook in UVA cafeteria, here to meet new MD taking over from Dr. Miller, who used to follow her but moved away. Has constant, sometimes severe low back pain since MVA 2 yr ago. Had lumbar fracture then, Rx'd with spinal fusion, ~2 mo in hospital, PT after discharge for several wks. Has not continued with exercises because didn't seem to help; exercise makes pain much worse. Told that follow-up lumbar films show no explanation for pain.
Pain "always there"; mostly low back, bilateral, feels "tight." With exertion, pain moves up to all of back; does not go down legs. Often very stiff, unable to move without bad pain. Lying down helps; walking and sitting more painful.

Given codeine and Valium to take PRN. Over past yr, almost doubled the amount of each that she takes. Helps, not a lot; she's sure she needs them - esp Valium to ease anxiety about living situation, divorce, etc. By mid-afternoon, has to lie down for pain relief; heat or ice sometimes helps. To help control pain, has glass of wine with lunch, 1-2 more during afternoon. Up for dinner, more wine then and through evening as she watches TV (lying down). She can't get to sleep without wine in evening.

Sees pain as changing her whole life. Husband gone; had to sell house, move in with parents; no job; money's tight; son blames her; went off to Navy; older daughter a problem. Younger daughter okay, but pt worries about the load on her. Misses job and friends; used to play on softball team, misses that. Bothered by weight gain from no exercise, using food and wine for comfort.

Problem list #2:
1. Chronic back pain probably due to muscle spasms + decreased mobility
2. Substance abuse - codeine, Valium, alcohol
3. Depression - difficulty sleeping, diminished personal care, multiple losses
   ? relation to substance abuse
4. Significant losses - husband, in midst of divorce
   sex, little or no activity x 2 yr
   job, previously content
   physical activity, unable to contribute much at home, previously enjoyed team sports
   son, gone into Navy, limited contact
   15 yo daughter, some estrangement
5. Psychosocial stressors (other than above)
   living in parents' home
   financial limitations
6. Overweight - increased intake (incl wine), little exercise
   ? contribution to back pain, mood problems

Plan #2:
1. Approach pain control, substance abuse, and affect together
   negotiate with patient appropriate steps, things to try
   ? consult chronic pain center
   ? counseling of some sort re losses, substance abuse
   ? try antidepressant for mood enhancement and pain palliation
2. Follow up as indicated to assess course
3. As work through #1, regularly assess functional abilities with goal of future employment

2. A narrative approach to medicine.
Two kinds of knowledge are crucial to good medicine - logico-scientific knowledge or the biomedical data of medicine, and narrative knowledge, which concerns motivations and consequences of human actions. Always particularized, narrative knowledge seeks to examine and comprehend singular events, contextualized within time and place. [Narratives] recount and interpret events, bound in some form of chronology, that have befallen humans or human surrogates. They bear the stamp of their tellers, who are not detached observers but who actively participate in generating the stories they tell. [Narrators] rely on such features as metaphor and allusion to convey... the particular and to suggest causal connections among random events. Through narrative knowledge, humans come to recognize themselves and each other, telling stories in order to know who they are, where they are from, and where they are going. (Rita Charon, "The Narrative Road to Empathy")
Medicine is a story-telling enterprise, with patients' stories and doctors' stories, all subjective accounts of particular events unfolding over time. The patient's story is an organic, detailed recounting of experienced events and subjective states, enmeshed in the context of his or her values, beliefs, and larger life. Doctors' stories include medical narratives (such as HPI). Created out of the initial exchange with the patient, these medical narratives are the doctor's presentations of the patient and they serve to introduce and track the patient through the medical system. Many doctors also write non-medical narratives about their patients and their work in medicine.

A story model of medicine has implications for the structure and content of the patient-physician interview.
- Doctor surrenders some control
- Interview becomes conversation, not interrogation
- Emotion and affect become integral parts of the exchange, for both parties
- Physician's interest must necessarily extend to the patient's subjective states
- Patient's story conveys a sense of what the patient values, and why
- Patient's narrative may be messy, may even sometimes sound incoherent
- Patient's narrative may not strictly pertain to medicine, and may include problems that medicine doesn't customarily address and can't remedy

The story model acknowledges that the physician, like the patient, is a subject in the exchange and is affected by the encounter.

3. Stories of patients.
Empathy begins with the doctor being attuned to the patient's voice.

Patients' stories assume many forms and are told for many reasons:
- Creating explanatory model
- Making sense through retrospective review and rationalization
- Voicing fear, naming the illness for the first time
- Describing experience of illness and treatment
- Seeking meaning
- Denying - yet also disclosing - full impact of events
- Describing subjective experience otherwise inaccessible to listener/observer
- Articulating moral or spiritual response to illness
- Summing up, opening to new possibilities

4. Narrative competence.
Narrative competence is the learned ability of the physician to be a good critical reader of patients and also of her- or himself, alone and in relation with patients.

Narrative competence involves facility in
- entering, and returning from, worlds different from one's own
- adopting another's frame of reference and suspending one's own
- recognizing patterns of human behavior and emotion

Narrative incompetence can lead to
- replacement of the patient's story by the doctor's agenda
- insensitivity, resulting in misinterpretation of patient's story and its mistranslation into medical narratives
- inability of the physician to find coherence or meaning in the story, which may lead her or him inadvertently to damage or diminish the patient's sense of the meaning of the illness
- stunted clinical imagination, so that the doctor prematurely judges patients
failure of the physician to arbitrate successfully the tension between identifying with and being detached from patients

Narrative competence requires a limber imagination and healthy curiosity about patients. Reading imaginative literature and writing about patients can help a physician cultivate and maintain narrative competence, give clinically competent and compassionate care, and find joy and satisfaction in the practice of medicine.

5. Multiple narrative perspectives on a single case - breast cancer.
   The poem.
   The journal.
   The book.
   The case.
   (Mohrmann and Childress)
   The poem.
   Grace Herman MD, "The Clinic (for Sharon Washington)," from Angela Belli and Jack Coulehan (eds), Blood and Bone: Poems by Physicians (Univ of Iowa Press, 1998)

6. Resources.
Rita Charon and Martha Montello (eds), Stories Matter: The Role of Narrative in Medical Ethics, Routledge, 2002.
Trisha Greenhalgh and Brian Hurwitz (eds), Narrative-Based Medicine, BMJ Books, 1998.
Howard Spiro, Mary McCrea Curnen, et al (eds), Empathy and the Practice of Medicine, Yale Univ Press, 1993.
Angela Belli and Jack Coulehan (eds), Blood and Bone: Poems by Physicians, Univ of Iowa Press, 1998.
And, every week in JAMA, "A Piece of My Mind" (brief essays by physicians about their life in medicine).