

# A CASE FOR NARRATIVE MEDICINE ... and a Prompt

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Fewer than half of Americans rate the U.S. health care system as “excellent” or “good.” A separate poll reveals that 31% of U.S. adults describe their mental health or emotional well-being as “excellent,” while another 44% rate their mental health as “good.” Each of these are the lowest ratings ever recorded.<sup>1,2</sup> Simultaneously, physician burnout has reached a historic high.<sup>3</sup> Something must change.

Adopting narrative medicine as a technique for interacting with patients is an opportunity to augment these distressing trends. Narrative medicine is a term used to describe close listening and careful reading, interrogating meaning to demonstrate attentiveness and help patients understand and tell their story.<sup>4</sup> For example: In a busy clinic, when my patient’s PHQ-9 reveals a high score of 15, I might mistakenly diagnose and treat depression in the midst of addressing the metabolic and dermatologic concerns. However, with a more nuanced reading of the situation, I may instead discover what this patient needs is someone to listen.

Narrative medicine teaches us to pay attention and then act by helping our patients construct their story. Perhaps insomnia is related to financial concerns, anxiety due to worry about their family. By using narrative skills, we can help patients understand their diagnosis and prognosis, make connections related to theme, and rewrite outcomes. This skill may be as valuable as discussing the risks and benefits of treatment options.

Storytelling is part of what makes us human. People not only crave a good tale, one might say we need it, and if an explanation is not forthcoming, we may manufacture one. Thus, it behooves us to refine our reading and writing skills. Close reading — from asking why one uses a particular phrase to noticing when our patients pause — can serve us in many ways. It is also worth refining our own writing, which can be therapeutic on many levels and does not require entering the clinic room.

Reading for pleasure allows us to ask from where material is derived, why a character is driven by desire, how age or maturity plays a role, and what seems to motivate and inspire. Responding to the text can mean describing the feelings evoked, considering what we might

have written differently, or finding another meaningful way of telling the story. Describing our patients in poetry or story can help restore texture to documentation that has become rather dull and telegraphic with the use of the electronic medical record.

Rereading and rewriting about what we encounter forces us to emphasize and economize, to pair some ideas and pare others. The best storytellers practice their art and refine their abilities. Our patients will surely appreciate those efforts, as will our colleagues, and *JLGH* might be an ideal forum for sharing these pursuits.

Consider doing some narrative writing yourself. Here are a few prompts:

1. Describe how you felt when a patient told you they declined to follow your recommendations.
2. Describe the last time you conveyed to your patient or colleagues how surprised you were.
3. Write about the last time you were in awe.

While I invite you to read the many important articles in this issue, please spend some time with what we hope will be a new column, “Narrative Medicine,” and what Dr. Scott Paist has written as he recalls afternoons with a dear patient. I am as excited by this kind of writing as I am with the scientific reports we have the privilege to present.

Thanks to all the writers represented within, and a special “Thank you!” to Dr. Paist and his patient for this initial contribution. I encourage you to share your narratives as well.

## REFERENCES

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