



# A Meta-Review of Patient and Physician Narratives: Utilizing Narrative Medicine Methods to Ameliorate Doctor-Patient Communication in Diverse Health Care Systems

Layla Shaffer<sup>1</sup>, Maura Spiegel<sup>2</sup>

<sup>1</sup>Tufts University, School of Engineering

<sup>2</sup>Columbia University Irving Medical Center, Division of Narrative Medicine

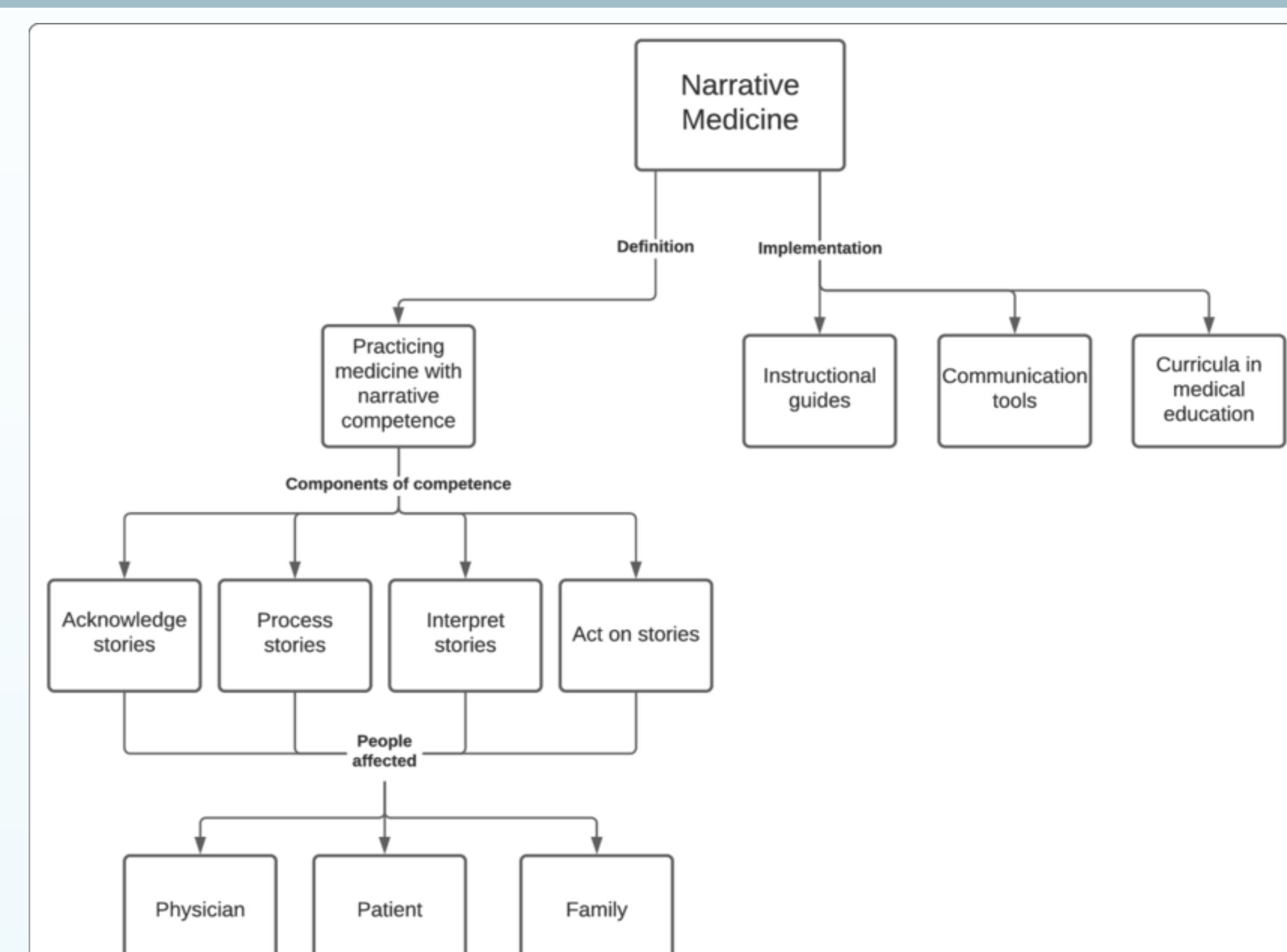


## Abstract

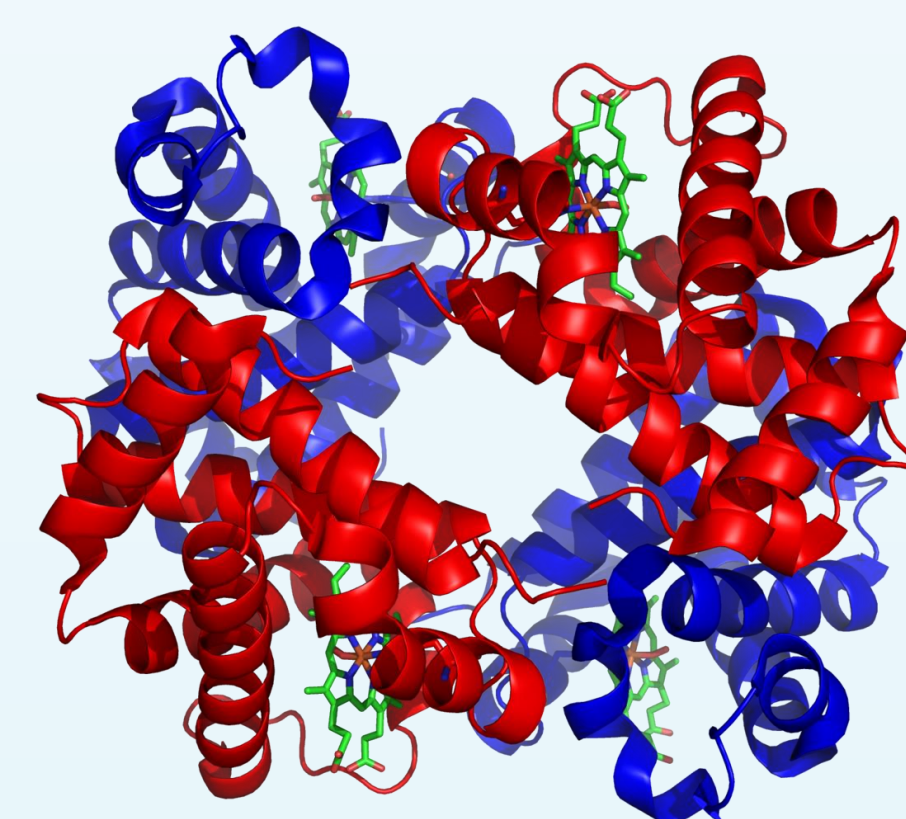
Narrative Medicine is an emerging interdisciplinary field devoted to **honoring the role of the story in medicine**. The notion that the patient is at the center of medical care is key to its ideology: Only by valuing and enshrining patients' stories as their own unique experiences, perspectives, and narratives, can healthcare providers begin to listen actively to patients, engage with their emotions, and collaborate with them in decision-making processes to offer better care. Centered at the intersection of humanities and clinical practice the field also emphasizes that providers examine their own experiences and biases, helping them develop **critical self-awareness and narrative competence in order to understand patients' stories more effectively**. In recognizing the power of storytelling to augment healing, empathy, and understanding in healthcare, narrative techniques are integrated into clinical practice, humanizing medicine and improving both patient care and provider understanding. This allows for large scale progress in the healthcare system in terms of mitigating the impact of disparities and ameliorating the patient experience.

This research seeks to display one such way narrative medicine principles can be employed to identify gaps in healthcare perspectives and characterize key aspects of the doctor-patient relationships/identities so that targeted solutions aimed at improving communication between roles can be instituted.

## Narrative Medicine: Methodologies And Applications



**Clinical Applications:** Parallel Charting: hemoglobin analogy



## Literature Review: Doctor and Illness Narratives

- The communication between patient and physician is a widely studied interaction—the vulnerability, trust, and power deficits inherent to the relationship within a healthcare experience can have deep-seated physiological and psychological ramifications for both parties.
- While numerous qualitative and quantitative systems have been created to study what is said between patient and provider, it is often the ineffable, the parts left out, that have the most important implications for the trajectory of the relationship and treatment course.
- One such way to gain insight into the patient's and provider's thoughts regarding an interaction and its subtext is through written narrative. It is by creating a narrative that patients gain self agency over their variant and unpredictable illness and through which doctors can reconcile with their idiosyncratic role in preserving, bettering, and elongating human life.
- Narratives, from both the patient and physician perspective, provide an opportunity to extend a greater sense of understanding on one's role and interactions with illness.

This meta-review analyzed 4 narratives: Two illness narratives, *Intoxicated by My Illness*, by Anatole Broyard and *Your Heart, Your Scars*, by Adina Talve-Goodman, and two doctor narratives, *What Patients Say, What Doctors Hear* by Danielle Ofri and *Letters to a Young Doctor* by Richard Selzer.



These four texts were chosen based on the diversity of genre (essays produced after receiving a terminal diagnosis by a 69-year-old man; a posthumously produced collection of essays written by a woman in her twenties who, at the time of writing, had overcome heart failure; a collection of letters written in 1982 by a surgeon; and a review of medical practice filled with anecdotes and research on patient/doctor communication by an internist).

## Impact

**"To the typical physician, my illness is a routine incident in his rounds, while for me it's the crisis of my life. I would feel better if I had a doctor who at least perceived this incongruity." (*Intoxicated*, 43)**

Table 1.

Narrative Co-Construction	Recognition
Narrative Agency	Illness as an Identity; Doctor's Professional Identity

- Understanding the way doctors feel about their role within the medical hierarchy is helpful for improving physician quality of life and offers a way for patients to understand the system in which their providers work.
- Observing how patients struggle with their illness identity, be it engulfment or enrichment, explains certain choices that patients might make regarding treatments. These ideas aren't easily accessible in the constraints of an exam room but are offered via narrative.
- Writing narratives offers an outlet for patients and providers to discuss and grapple with their identities and roles within a complex system.
- Narrative enables recognition, agency and perspective taking.

## Conclusion

- This research elucidates the ways in which adopting a metanarrative approach and putting narratives written by both patients and doctors in conversation with each other can be applied to improve the doctor-patient relationship. Four major themes emerged from the meta-review:
  - Story Telling and the Terminal Diagnosis:** Broyard's narrative gives him **agency** over his death and legacy. His work highlights the necessity for doctors to engage in **perspective taking and empathetic witnessing**.
  - Illness Identity and Organ Transplantation:** Talve-Goodman leans away from a narrative of empathy and inspiration to one that challenges reader's conceptions of illness. Her writing adds complexity to the **illness and patient identity and changing sense of self during invasive medical procedures like transplantation**.
  - Reconciling with Mistakes:** Ofri's metanarrative offers insight into the power dynamics within the medical hierarchy especially following physician mistakes. Her work calls attention to the **imbalance of power** both between physician and patient and physicians and their superiors.
  - Thickening of Role:** Selzer's letters give insight into what happens when the **definition and role of the doctor crumble**.

## Recommendations

**Areas of improvement within diverse healthcare systems:**

- Recognition of morphing identities: Both in illness and in caregiving
- Awareness on power dynamics and vulnerability
- Use of narratives in grappling with complex medical situations
- Reading narratives as a form of perspective taking, narrative dialogicality, and narrative imagination



## Recommended Initiatives:

- Implementing parallel charting in clinical care
- A survey asking patients what they wish their doctor knew/would have known
  - Focus on patient agency
- Instituting narrative medicine workshops for providers
  - Focus on role, mistakes, power dynamics

## Acknowledgements

I would like to sincerely thank Professor Maura Spiegel for her mentorship throughout this whole process and her patience and care in introducing me to the field of Narrative Medicine. I would also like to express my gratitude to the Laidlaw Foundation for supporting and funding this project.

## References

- Fox, D.A., Hauser, J.M. Exploring perception and usage of narrative medicine by physician specialty: a qualitative analysis. *Philos Ethics Humanit Med* (2021).
- Vetter, Thomas R. MD, MPH, MFA. Recognizing and Maximizing the Nexus of Perioperative Medicine and Narrative Medicine. *Anesthesia & Analgesia* 136(4):p 665-674, April 2023.
- Edwards, L.M., Kim, Y., Stevenson, M. et al. When it's needed most: a blueprint for resident creative writing workshops during inpatient rotations. *BMC Med Educ* 21, 535 (2021). <https://doi.org/10.1186/s12909-021-02935-x>
- Anatole Broyard. (1993). *Intoxicated by my illness : and other writings on life and death*. Fawcett Columbine.
- Talve-Goodman, A. (2023). *Your Hearts, Your Scars*. Bellevue Literary Press.
- Ofri, D. (2018). *What patients say, what doctors hear*. Boston: Beacon Press.
- Selzer, R. (1996). *Letters to a young doctor*. San Diego ; New York ; London: Harcourt Brace & Co., Cop.
- Charon, R. (2017). *The principles and practice of narrative medicine*. New York, Ny: Oxford University Press.