



**Self-Advocate and Listen: Examining the Importance of
Contemporary Poetry to Improving Communication
between Medical Professionals and Young Adult Patients**

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Abstract

Young adult patients (aged 18-25) are vulnerable to failed communication with medical professionals, often posing significant risks to both physical and mental health. Whilst considerable research has been conducted on communication with paediatric, adult, and geriatric patients, the young adult perspective has received scarce attention in comparison. This project addresses the need for improved communication and examines contemporary poetry as a resource for nurturing compassionate listening and confident self-advocacy. The main research methodology is semi-structured interviews with young adult patients and medical professionals about their experiences of communication in healthcare settings, and their views regarding how contemporary poetry could be used to improve communication. Further research methodologies include consulting existing research on poetry and medicine, the young adult patient experience, and engaging with a selection of ten contemporary poems written by young adult patients, medical professionals, or close family. The research findings reveal corroborating concerns reported by young adult patients about ineffective communication with medical professionals. All interview participants responded positively to contemporary poetry as a resource for nurturing compassionate listening and confident self-advocacy, making a variety of suggestions for effective practical implementation primarily, but not exclusively, outside of clinical settings.

Introduction

A young person enters a healthcare waiting room, alone, for the first time. They meet a receptionist who asks for their name and date of birth, before taking a seat among faces much older than them. Whilst waiting, they scroll through messages from friends, university emails, job advertisements: notifications about a bustling future they are desperate to return to. When their name is called, they enter a consultation room with a medical professional. That future relies on how effectively they will communicate. To reword physician-poet William Carlos Williams' famous lines, *so much depends upon a few words, glazed with hope, beside someone who could listen.*¹

Meanwhile, among flowers on graduation photos hides a 'pocket-sized poetry anthology'² titled *Tools of the Trade: Poems for new doctors*. It is gifted 'to all medical students graduating in Scotland since 2014' and 'includes poems by doctor-poets'³ and patients 'to help think about compassion.'⁴ Medicine and poetry are connected by palms dedicated to care. The anthology is a tribute to this, and an unassuming gateway to what every young person is hoping for: to be heard.

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The Declaration of Geneva, accepted as the modern version of the Hippocratic Oath,⁵ states the following as part of the Physician's Pledge: 'I WILL NOT PERMIT considerations of age...to intervene between my duty and my patient.'⁶ The World Medical Association (WMA) International Code of Medical Ethics emphasises that 'the physician must practise medicine fairly and justly and provide care based on the patient's health needs without bias or engaging in discriminatory conduct on the basis of age.'⁷ The British Medical Association's Core Ethics Guide also outlines that 'good communication and honesty between healthcare professionals and patients are fundamental to good medical practice.'⁸ Through these statements, viewed in context of one another, we can understand that medical professionals hold a formal responsibility to effectively communicate with young adult patients, ensuring that their age does not reduce chances of receiving effective care.

¹ "The Red Wheelbarrow," Poetry Foundation, accessed July 8, 2025, <https://www.poetryfoundation.org/poems/45502/the-red-wheelbarrow>.

² "Tools of the Trade: Poems for New Doctors," Scottish Poetry Library, <https://www.scottishpoetrylibrary.org.uk/project/tools-of-the-trade-poems-for-new-doctors>.

³ Ibid.

⁴ Ibid.

⁵ "Declaration of Geneva," World Medical Association, accessed July 8, 2025, <https://www.wma.net/what-we-do/medical-ethics/declaration-of-geneva/>.

⁶ "WMA Declaration of Geneva," World Medical Association, accessed June 26, 2025. <https://www.wma.net/policies-post/wma-declaration-of-geneva/>.

⁷ "WMA International Code of Medical Ethics," World Medical Association, accessed July 8, 2025, <https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/>

⁸ "Core Ethics Guidance," British Medical Association, accessed June 26, 2025. <https://www.bma.org.uk/media/iurldd5z/core-ethics-guidance-updated-feb-2025.pdf>.

Therefore, when communication fails, it threatens not only a young adult's outcomes, but also medical professionals' pledge to good medical practice.

The aim of this research project is to listen to perspectives of young adult patients (aged 18-25) and medical professionals, identifying ways in which communication needs to be improved. It also explores how contemporary poetry, used primarily outside of clinical settings, can address these needs by nurturing compassionate listening and confident self-advocacy.

For ethics purposes, the term 'young adult' refers to 18-25-year-olds, however it should be acknowledged that the NHS defines 'young people' as 16-24-year-olds.⁹ The term 'contemporary poetry' refers to poetry published since 2010.

As the research issue is grounded in human conversation, the chosen methodology is semi-structured interviews with eight young adult patients (who have experienced communication in physical and mental health services) and five healthcare professionals (specialising in general practice, physiotherapy, midwifery, and palliative medicine). This methodology allowed me to communicate directly with people who the research impacts, to hear 'what people themselves say about their own lived world...in their own words,'¹⁰ resulting in valuable first-hand insight presented as fully anonymised qualitative data.

The research methodology is complemented by consulting preceding research on young adult patient experience, multidisciplinary academic literature on medicine and poetry, and identifying practically applicable principles of poetry in specifically selected contemporary poems written by young adult patients, medical professionals, or close family.

The following chapters will discuss the poetics of health (relating contemporary poetry to improving communication in healthcare settings), young adult patients' and medical professionals' responses to this, recommendations for real-life applications, and evaluation of recommendations. Firstly, however, it will introduce the research issue in detail, guided by the voices of interview participants.

⁹ "Age," NHS Digital Service Manual, accessed July 8, 2025, <https://service-manual.nhs.uk/content/inclusive-content/age>.

¹⁰ Svend Brinkmann and Steinar Kvale, *Doing Interviews*, (Sage Publications, 2018), 2.

The Research Issue

Contrary to common belief, young adult patients are regular users of healthcare services for both acute and chronic illnesses. Youth Health Data (2021) reported that, in the UK, ‘overall approximately a quarter of young people have some kind of long-term health condition.’¹¹ A report by NICE (2025) also found that 14.3% of 18-25-year-olds live with chronic pain.¹² After gathering data relating to mental health conditions, The Health Foundation (2024) shared that ‘34% [of] people aged 18–24 report symptoms of ‘common mental disorders.’¹³

Whilst this provides insight into the quantitative scale of the issue, it must be remembered that, behind each figure, there is a young adult experiencing a unique, complex, and formative age in their life. Health issues, whether acute or chronic, can pose significant pressures on top of this. As a research paper about End Stage Kidney Disease (ESKD) highlights, ‘young adults with chronic diseases do not fit easily into an aging adult patient population and are frequently isolated from peers.’¹⁴ Although this is reported in relation to ESKD, the feeling of alienation from older adult patients in healthcare settings and isolation from peers in social settings is shared by young adult patients widely, whether they are ‘transitioning from paediatric care’¹⁵ or ‘presenting directly to adult care.’¹⁶ This leads to a variety of frequently overlooked consequences, including ‘poor outcomes,’¹⁷ and ‘poorer experience of care than older adults.’¹⁸

It is therefore vital that young adults are understood appropriately and individually, whilst being provided with opportunity to develop self-advocacy skills.

A research study on young adults’ experiences of adult healthcare services reassured that there is growing awareness ‘that young adults may have distinctive experiences of adult healthcare and that their needs may differ from those of other adult users,’¹⁹ however highlighted multiple concerns.

¹¹ “Long Term Conditions,” Youth Health Data, accessed June 30, 2025.

<https://ayph-youthhealthdata.org.uk/key-data/physical-health-conditions/long-term-conditions/#:~:text=Data%20from%20the%20Health%20Survey,health%20condition%2C%20disability%20or%20illness.>

¹² “Chronic Pain: How common is it?,” NICE, Accessed June 30, 2025. <https://cks.nice.org.uk/topics/chronic-pain/background-information/prevalence/>.

¹³ “What is happening to young people’s mental health?,” The Health Foundation, accessed July 9, 2025, <https://www.health.org.uk/features-and-opinion/blogs/what-is-happening-to-young-people-s-mental-health.>

¹⁴ Paul Neil Harden and Sam Nicholas Sherston, “Optimal management of young adult transplant recipients: the role of integrated multidisciplinary care and peer support,” *Annals of Saudi Medicine* (2019): <https://www.annsaudimed.net/doi/10.5144/0256-4947.2013.489.>

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ “Children’s and young people’s experience of the National Health Service in England: a review of national surveys 2001–2011,” *BMJ Journals*, accessed July 9, 2025, <https://adc.bmj.com/content/97/7/661.short.>

¹⁹ “Young adults as users of adult healthcare: experiences of young adults with complex or life-limiting

They found that whilst young adults' 'perceptions of adulthood are centred in notions of self-sufficiency,'²⁰ suggesting preference for having control over their own care, 'parents were – to a greater or lesser degree – actively involved in supporting them to live with and manage their condition.'²¹ The reason for this is 'that the young adult did not feel that they could manage all aspects of a clinic appointment.'²² This points to a lack of confidence with self-advocacy, and ties closely to the report's call for 'providing training in...the particular issues that young adults may face as users of adult healthcare services'²³ in order to give young adults the independence and confidence they want when it comes to managing their health.

While these findings were published eleven years ago, young adult participants' responses in interviews conducted for this research (June 2025) show similar concerns. The participants were eight young adult patients, aged 18-25 years, who have experienced communicating with medical professionals about physical and/or mental health issues. When asked to what extent they feel listened to, five main categories of concern appeared consistently in participants' accounts. As responses are anonymised, participants will be referred to numerically, for example: 'Participant 1' and 'Participant 8.'

The first concern reported by participants relates to 'the power imbalance between doctors and patients that is rooted in Western medicine.'²⁴ In Dr Rageshri Dhairyawan's book *Unheard*, she addresses that 'due to inherent power imbalances, patients have to convince their doctor about the validity of their symptoms to be taken seriously.'²⁵ Young adults consistently expressed this power imbalance as a factor leading to failed communication, as well as a source of discomfort and fear in clinical settings:

'Medical professionals can be really scary...there's this whole realm of knowledge...he spoke to me in abbreviations' [Participant 1]

'It was quite a confrontational tone...it felt almost accusatory at times' [Participant 3]

'I think...we stop ourselves from saying more things cause we think they know more than we do' [Participant 4]

conditions," PubMed Central, accessed June 30, 2025,
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4952835/#CIT0012>.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Ibid.

²⁴ Dr Rageshri Dhairyawan, *Unheard* (Trapeze, 2025), 31.

²⁵ Dhairyawan, *Unheard*, 18-19.

Another common concern, the lack of simple human conversation, may contribute to the intensity with which this power imbalance is experienced. Dr Kate Granger, founder of the ‘hello my name is...’ campaign, suggested that ‘one way of rebalancing those scales of power is by introducing yourself.’²⁶ It is the absence or presence of small interactions like these that participants felt made a great difference to their experiences:

‘So focused on getting information and so focused on the clinical stuff that you forget all the extra personal communication’ [Participant 2]

[The best interactions are with] ‘The ones that like try and make the effort to like get to know you first and like make more like a normal conversation’ [Participant 5]

‘Just show some kind of human connection as opposed to just like *I’m telling you information*’ [Participant 8]

Adding to power imbalances and the absence of frequent ‘human’ interactions, patients reported dismissal of concerns as a common experience. They were linked to two stereotypes: that young people are healthy and not well informed. Dr Dhairyawan explains that this relates to a type of epistemic injustice known as ‘testimonial injustice,’²⁷ which ‘describes how some groups of people, due to stereotypes about their identity, are less likely to be listened to and believed.’²⁸ This can explain, but not justify, why ‘younger patients may report being taken less seriously,’²⁹ as ‘patients know their bodies and conditions better than anyone else, and should be regarded as having this expertise.’³⁰ Age should not carry the assumption that patients’ problems are less real or important, as the following responses show:

‘I think there’s also an expectation that people around this age range are pretty healthy and I think that also plays into why some of my concerns get dismissed’ [Participant 2]

‘They often are dismissive, and they think, you know, you’re a bit of a hypochondriac especially if...I’ve done...my own research’ [Participant 6]

‘They were...making me feel like I had to exaggerate what I was experiencing to be able to actually be seen’ [Participant 7]

²⁶ “Dr Kate Granger speaking at #Confed2014,” posted June 5, 2014, by NHS Confederation, YouTube, 27 min., 6 sec, <https://www.youtube.com/watch?v=hk6TydLCiy4>.

²⁷ Dhairyawan, *Unheard*, 22.

²⁸ *Ibid.*

²⁹ *Ibid.*

³⁰ Dhairyawan, *Unheard*, 52.

All concerns shared so far can cause distress, making it important to consider that participants consistently described unhelpful and unclear reactions from medical professionals. Dr Dhairyawan states that 'listening is a fundamental part of medicine and doctors need to learn to cope with it when it becomes uncomfortable, and to not let it affect their interactions with patients.'³¹ As the person in a position of power, medical professionals have the responsibility to consider the impact of their words and reactions, to avoid instances such as those recalled here:

'[The medical professional] Got really really panicked because I was crying and I think the breakdown in communication happened because she didn't know what to do when I was uncomfortable' [Participant 1]

'This nurse erm she started to talk about how it was funny because I was trying to gain weight, but she was actually trying to lose weight...she was like *oh maybe we can swap*' [Participant 4]

'She told me basically that she had spoken to so many other people that had it so much worse and that I was lucky' [Participant 7]

The final common concern that participants reported was a lack of information from medical professionals and lack of opportunity to ask questions that could clarify uncertainties:

'I would have loved to ask questions about what she thought happened' [Participant 1]

'At the beginning of the phone call it wasn't explicitly stated that it was a diagnostic interview' [Participant 3]

'I felt like I wasn't really being given any information...I was kind of having to ask for it' [Participant 7]

Listening to young adult patients is at the heart of this project, and these responses make clear the importance of promoting that in clinical practice. All participants expressed difficulty with self-advocacy to varying extents due to experiences mentioned above. These are not isolated occurrences, but consistent and subtle failures in communication, underpinned by unacknowledged stereotypes and oversights. When asked what would improve their experiences, potentially drawing from positive ones, participants answered almost unanimously:

³¹ Dhairyawan, *Unheard*, 69.

‘Literally just listening...actually taking in what I’m saying and responding to that’ [Participant 2]

‘Just have a bit of a general conversation...just a little *hi how are you*’
[Participant 3]

‘I felt like she was genuinely listening to me...she was smiling, that just meant so much’ [Participant 6]

The simplicity of their suggestions may be surprising, however it should not be surprising that young adults generally do not have unrealistic expectations of medical professionals. All participants acknowledged the pressures faced by healthcare workers and are aware that ‘the healthcare system makes it hard for doctors to listen.’³² They just want to be seen as people, in context of their experiences, and to be heard. And there should be time for that.

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Good communication is not a radical hope, but it can make radical change. In fact, when interviewed, all medical professionals described communication styles which embody the hopes of young adult patients:

‘I actually found that by introducing yourself and being pleasant actually enabled the workload to decrease a little because you’ve already gone several steps down that journey of allowing the patient to feel confident and trust you’ [Medical Professional 1]

‘I think it does help to know a bit about the person in front of you...you’ve got an idea of how whatever that problem is that they’ve come to see you with impacts on their life’ [Medical Professional 2]

‘Open questioning and active listening...feeding back to them what they’ve said...making sure that you come back to any concerns that they’ve expressed’ [Medical Professional 3]

Medical professionals, on the whole, try to listen in a system which fails to listen to them.³³ By championing voices of young adult patients and recognising recurring communication failures, the aim is not to criticise medical professionals but to call for more effective support for everyone involved, in order to achieve improved communication. In the words of one of the participants:

³² Dhairyawan, *Unheard*, 21.

³³ Dhairyawan, *Unheard*, 84-118.

'I do think there is hope for more compassionate communication between patients and medical professionals because I have seen it and I have experienced it, I just wish it was what people could experience all the time'
[Participant 3]

The question is: what can we do to help young adults experience it more of the time?

The Poetics of Health: A Brief History of Poetry and Medicine

An issue tied so closely to human communication will naturally not have a stand-alone solution. There is no single way of listening or self-advocating that will suit every young adult patient, medical professional, and situation. The issue is simultaneously simple and complicated. It makes sense, therefore, to engage with disciplines outside of medicine and explore a role for them within it. Contemporary poetry, for example, demonstrates significant potential for improving communication between young adult patients and medical professionals.

Upon first reading, this may seem completely irrational, impractical, and unrealistic. We are, after all, made to imagine medicine and poetry as separate and incompatible disciplines. It is evident in the way we speak about them: SCIENCE and... *the arts*. Poetry, however, has a rich and overlooked history within ‘the great tradition of medicine,’³⁴ with consistent contributions from both patients and medical professionals. This is accompanied by a shorter, yet evolving, history of academic research on this interdisciplinary subject.

In 1936 and 1937, Earle Parkhill Scarlett ‘published a two-part article...titled ‘Medicine and Poetry.’’³⁵ This ‘catalogues physicians who were also...poets,’³⁶ suggesting that ‘physicians educated in reading the body could also read the world’³⁷ and ‘were experts in close noticing.’³⁸ Scarlett traces the history of medicine and poetry back to Greek gods, explaining that ‘Apollo, the god of poetry, was the father of Aesculapius, the divinity of the healing art,’³⁹ before presenting a long line of physician-poets starting from Floridus, who lived in ninth century France,⁴⁰ a time in which ‘verse was the medium for medical teaching.’⁴¹ Famous examples of poets who either studied or practiced medicine include John Keats,⁴² Sir Arthur Conan Doyle,⁴³ and the ‘only medical man in the long line of poet-laureates of England,’⁴⁴ Robert Bridges. Throughout his articles, Scarlett demonstrates that medicine has historically arrived at expression through poetry, whilst the anthology *A Body of Work* showcases how literature, for centuries, has responded to personal and public health concerns.⁴⁵ It is clear that

³⁴ EP Scarlett, “Medicine and Poetry,” in *Routledge Handbook of Medicine and Poetry*, ed. Alan Bleakley and Shane Neilson (Routledge, 2024), 82.

³⁵ Shane Neilson and Alan Bleakley, “Introduction to EP Scarlett’s ‘Medicine and Poetry,’” in *Routledge Handbook of Medicine and Poetry*, ed. Alan Bleakley and Shane Neilson (Routledge, 2024), 57.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Scarlett, “Medicine and Poetry,” 60.

⁴⁰ Scarlett, “Medicine and Poetry,” 65.

⁴¹ Ibid.

⁴² Scarlett, “Medicine and Poetry,” 73.

⁴³ Scarlett, “Medicine and Poetry,” 81.

⁴⁴ Scarlett, “Medicine and Poetry,” 80.

⁴⁵ Corinna Wagner and Andy Brown, ed. *A Body of Work* (Bloomsbury, 2017).

medicine and poetry know how to communicate with one another, meaning they must also have something to share about improving communication.

As young adult patients are the focus of this research, contemporary poetry appears the most suitable type of literature to address this issue. Firstly, it most closely resembles modern vernacular, increasing its accessibility to those who may not read poetry regularly. This is vital for ensuring that both young adult patients and medical professionals feel welcomed by the prospect of poetry and not intimidated by it. Further, contemporary poetry is the latest addition to a vast history of physician-poets and poets who have experiences as patients. Contemporary poets write in response to the current climate of healthcare, providing the most representative portrayal of present-day experiences. Therefore, contemporary poetry is likely to resonate most with young adult patients and medical professionals of today.

Over the past four years, Alan Bleakley and Shane Neilson have published two significant works relating to medicine and poetry: a monograph titled *Poetry in the Clinic: Towards a Lyrical Medicine* and the academic anthology *Routledge Handbook of Medicine and Poetry*. The latter, a ‘first in the field...landmark collection,’⁴⁶ published only last year, ‘draws on an international selection of authors to ask what the cultures of poetry and medicine may gain from reciprocal critical engagement,’⁴⁷ providing a firm foundation for examining contemporary poetry’s potential for improving communication between young adult patients and medical professionals. By engaging with these texts, the following section will introduce key principles of poetry: prioritisation of space over narrative, ambiguity, metaphor, close noticing, facilitation of expression and protest. These are then identified within examples of contemporary poetry written by young adult patients, medical professionals, or their families, to demonstrate the utility of poetry for clinical communication.

⁴⁶ Alan Bleakley and Shane Neilson, “Introduction,” in *Routledge Handbook of Medicine and Poetry*, ed. Alan Bleakley and Shane Neilson (Routledge, 2024), 12.

⁴⁷ Alan Bleakley and Shane Neilson, ed., *Routledge Handbook of Medicine and Poetry* (Routledge, 2024).

The Poetics of Health: Principles of Contemporary Poetry

A distinguishing feature of lyric poetry, as explained by Bleakley and Neilson, is that its 'primary concern [is] with space'⁴⁸ as opposed to time. They discuss it in reaction to Rita Charon's *Narrative Medicine*, a 'medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness.'⁴⁹ Charon identified that humans 'reach naturally for narrative, or storytelling,'⁵⁰ and applied this approach to medical practice, aiming to create a holistic view of the patient, thereby humanising them and resulting in more compassionate care. Bleakley and Neilson, whilst acknowledging the influence of Charon's approach, emphasise a significant limitation. They argue that although patients might 'recount their symptoms in terms of temporal plot,'⁵¹ it is equally likely that they 'offer disconnected events as a spatial account...(right *here* is where I hurt).'⁵² During interviews, though participants recalled parts of their experiences using narrative, the accounts were often interrupted by thoughts, feelings, and emotions which equally characterised those memories. As Bleakley and Neilson suggest, poetry would allow insight into those non-narrative spaces, aiding young adult patients to be more comfortable expressing and medical professionals to be more comfortable listening and responding to fragmented and incomplete accounts.

An extract from Zarah Butcher-McGunnigle's verse novel *Autobiography of a Marguerite* presents the speaker's thoughts whilst filling out a form, jumping back and forth between previous experiences and the present one: 'Last time I was here I filled in a form, or maybe I filled it out. I hate forms.'⁵³ This relays the overarching feeling of doubt that characterises this space for the speaker, a space into which the doctor's presence and voice also blurs when 'the doctor is looking at my form.'⁵⁴ A non-narrative account such as this demonstrates the importance of listening to experiences that are not expressed with a clear beginning, middle and end, as Bleakley and Neilson suggest. Contemporary poetry is well-equipped for expressing and increasing understanding of non-narrative expression, making engagement with it useful for both medical professionals and young adult patients.

Closely related to this, another key principle of poetry is the 'tolerance of ambiguity.'⁵⁵ As medicine is most comfortable with objectivity, medical professionals are often focused on reaching a conclusion, leaving alternative options, which may be the root of a patient's concern, unacknowledged. Jiameng

⁴⁸ Alan Bleakley and Shane Neilson, ed., *Poetry in the Clinic* (Routledge, 2022), 12.

⁴⁹ Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford University Press, 2006), 7.

⁵⁰ Ibid.

⁵¹ Bleakley and Neilson, *Poetry in the Clinic*, 12.

⁵² Ibid.

⁵³ Zarah Butcher-McGunnigle, *Autobiography of a Marguerite* (Hue&Cry Press, 2014), 22.

⁵⁴ Ibid.

⁵⁵ Bleakley and Neilson, "Introduction," 5.

Xu explains that ‘uncertainty is the starting point of interpretation of any understanding,’⁵⁶ suggesting that uncertainties should also be listened to. In poetry, ambiguity can sit on a page for an infinite time, letting the reader unravel it at their own pace. Poet-physician Fady Joudah, in his poem *The Mother Between Us*, shows humility and humanity when facing a patient at the end of their life, considering the daughter’s perspective. He addresses the ambiguity between life and death, expressing ‘who am I to tell you her time is no longer hers or yours?’⁵⁷ Joudah removes himself from the position of authority, instead standing with his patient and their family in uncertainty and grief. Similarly, Rafael Campo, in *What I Would Give*, expresses a desire to break away from giving ‘the usual prescription with its hubris of the power to restore’⁵⁸ and instead give his patients ‘my astonishment at sudden rainfall’.⁵⁹ By engaging with poetry such as this, both medical professionals and young adult patients can practice normalising communication of uncertainties and human hopes without feeling uncomfortable or judged.

Part of what makes poetry so tolerant of ambiguity is metaphor. Metaphor can equally embody uncertainty and transform it into vivid images. The figurative language commonly seen in poetry, John Launer argues, ‘similes, metaphors, allusions, puns, humour, paradox, or other imaginative forms of speech,’⁶⁰ ‘transcend the banal formulas of everyday medical conversations,’⁶¹ allowing for more imaginative ways of understanding. This is especially true for describing pain, as discussed by Anne Boyer in *The Undying*. She rejects the ‘scale of 1-10’⁶² system by using metaphor: ‘the delicate raw and anxious pain of fingernails and toenails lifting away from their beds’⁶³ and ‘the pillowy congested pain of the inflamed body in contact with the mattress.’⁶⁴ Similarly, Miriam Culy describes her pain in metaphor, describing it as a ‘monster’ that attacks her throughout every day: ‘stabs me in the back at night when I am trying to sleep.’⁶⁵ Through engaging with metaphors, medical professionals can gain insight into patients’ ‘self-understanding and ways of coping,’⁶⁶ and develop

⁵⁶ Jiameng Xu, “The Capaciousness of Uncertainty: from standing over to becoming alongside,” in *Routledge Handbook of Medicine and Poetry*, ed. Alan Bleakley and Shane Neilson (Routledge, 2024), 266.

⁵⁷ Fady Joudah, “The Mother Between Us,” *Yale Review*, accessed June 30, 2025, <https://yalereview.org/article/fady-joudah-poem>.

⁵⁸ Rafael Campo, “What I Would Give,” in *Tools of the Trade: Poems for New Doctors* (Polygon, 2022), 17.

⁵⁹ *Ibid.*

⁶⁰ John Launer, “Medicine as Poetry,” in *Routledge Handbook of Medicine and Poetry*, ed. Alan Bleakley and Shane Neilson (Routledge, 2024), 84-85.

⁶¹ *Ibid.*

⁶² Anne Boyer, *The Undying* (Penguin Books, 2020), 219.

⁶³ *Ibid.*

⁶⁴ *Ibid.*

⁶⁵ “Miriam Culy on Pain Poetry,” *Young Poets Network*, accessed June 26, 2025, <https://ypn.poetrysociety.org.uk/features/miriam-culy-on-pain-poetry/>.

⁶⁶ Laurence J Kirmayer, “Toward a Poetics of Illness and Healing,” in *Routledge Handbook of Medicine and Poetry*, ed. Alan Bleakley and Shane Neilson (Routledge, 2024), 36.

empathy for their experiences. They ‘need to attend closely to those stories and metaphors and invite the patient to elaborate on them.’⁶⁷ Further, metaphor functions not only to foster compassionate listening, but are such a natural part of everyday language that ‘students and clinicians do not realise how much they use and rely on [it].’⁶⁸ To become more conscious of this and actively engaged in the potential it holds for new forms of communication would be progress within itself.

Metaphor also ‘educates close noticing and witnessing,’⁶⁹ partly due to the generally short length of poems demanding a careful selection of words to the point that ‘summarizing a poem so eviscerates the poem that a brief synopsis is meaningless.’⁷⁰ Such detail and precision of language is something that should be reflected in clinical conversations, allowing medical professionals to closely focus on what patients share and choose appropriate words when formulating their response. Rebekah Miron’s *Checkup* presents another angle on close noticing, as the speaker expresses how ‘she wonders if he [the doctor] can see the water threatening to render him awkward and soft as it runs off her cheek and onto his palm.’⁷¹ This highlights the importance of close-reading body language and non-verbal cues too, as the speaker is aware the doctor does not notice or acknowledge that she is close to crying. Hannah Hodgson’s collection *163 Days*, documenting her longest hospital admission, presents a sequence of poems with dates as titles. Each poem opens with Hodgson’s own perspective, including specific observations and feelings, and is contrasted by a stanza written in the style of clinical notes, completely removed from the experience described just lines before: ‘successful midline placement on the 6th attempt.’⁷² With practice in close noticing and reading, the bluntness of clinical notes could be accompanied by empathy and understanding, recognising feelings that are more representative of a young patient’s experience. For example, Janet McDonagh, in *Adolescent Clinic*, describes finding a way to communicate with a patient by recognising and taking interest in their love for music: ‘the history of vinyl lowers the guards, creating common ground and

⁶⁷ Rita Charon, *Narrative Medicine*, 342.

⁶⁸ Peter Stilwell and Christine Stilwell, “Embracing Metaphor in Pain Medicine,” in *Routledge Handbook of Medicine and Poetry*, ed. Alan Bleakley and Shane Neilson (Routledge, 2024), 134.

⁶⁹ Martina Ann Kelly and Megan EL Brown, “Timecrevasses and Breathcrystals: How poetry and philosophy can refresh an instrumental medicine to re-engage patients,” in *Routledge Handbook of Medicine and Poetry*, ed. Alan Bleakley and Shane Neilson (Routledge, 2024), 295.

⁷⁰ Audrey Shafer, “Poetry and Medicine,” in *Routledge Handbook of Medicine and Poetry*, ed. Alan Bleakley and Shane Neilson (Routledge, 2024), 97.

⁷¹ Rebekah Miron, “Checkup,” in *The Emma Press Anthology of Illness*, ed. Amy Mackelden and Dr Dylan Jaggard (The Emma Press, 2020), 42-44.

⁷² Hannah Hodgson, *163 Days* (Seren, 2022), 22.

more of you is understood.⁷³ This is testament to the potential of close noticing, a skill that can be developed through active engagement with metaphor in poetry.

It should be noted that poetry also has potential to transcend the page as a form of visual or audible performance and protest. Audre Lorde, about women's rights, stated that poetry 'is a vital necessity in our existence'⁷⁴ as it 'predicate[s] our hopes and dreams towards survival and change.'⁷⁵ In the case of young adult patients, this remains true. Poetry can be a way to express frustration, raise awareness of the issue, and turn it into 'more tangible action.'⁷⁶ Emma Taylor, for example, in the poem *It's A Beautiful Day to be Told You'll Be Sick Forever*, expresses her experience of a chronic illness diagnosis within the hopeful resistance of the refrain 'it's a beautiful day,'⁷⁷ and reaches a quiet resolution in acceptance that she'll take 'one day at a time.'⁷⁸ The refrain '(as far as he was able)'⁷⁹ in Wendy French's poem *it's about a man*, about her physician father, similarly acts as resistance by humanising a doctor through recognising his limits and personal life. If used for advocacy and protest (as opposed to being read in silence) poetry has the potential to both lessen isolation by creating community in shared experience and build confidence to challenge expectations and figures of authority.

It is evident that medicine and poetry continue to communicate in the present moment, through the words of medical professionals, patients, and their families. A long history is simply continuing in a new context. Young adult patients' primary concerns can be addressed by learning from the principles of poetry (prioritisation of space over narrative, ambiguity, metaphor, close noticing, facilitation of expression and protest), moving toward more open listening and louder advocacy. Though Virginia Woolf argued that English suffers from 'poverty of the language'⁸⁰ expressing illness, by exploring the potential of existing poetic language on illness and poetry more generally, we can work towards minimising suffering caused by ineffective communication.

⁷³ Janet E McDonagh, *Airgaps are Allowed* (Janet E McDonagh, 2025), 90-91.

⁷⁴ Audre Lorde, "Poetry Is Not a Luxury," in *Your Silence Will Not Protect You* (Silver Press, 2017), 8.

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Emma Taylor, *Bed and Breakfast* (CPI Group, 2023), 1.

⁷⁸ Ibid.

⁷⁹ Wendy French, "it's about a man," University of Warwick, accessed June 18, 2025, https://warwick.ac.uk/news/pressreleases/winners_of_first/winningpoems/#french.

⁸⁰ Virginia Woolf, *On Being Ill* (Paris Press, 2022), 6.

Interviewee Responses to the Role of Poetry in Medical Communication

All interview participants were asked to what extent they see a role for contemporary poetry in improving communication, including any limitations they foresee. The response was overwhelmingly positive, from both young adult patients and medical professionals, with one consistent comment regarding the memorability of poetry:

‘I’ll remember the time and place I was there when I was reading it’
[Participant 4]

‘Poetry is something that can really stick with you beyond that initial like reading experience’ [Participant 7]

[They, at a conference, saw an] ‘Oncologist using poetry to communicate some of their experiences...I remember it...I can picture the hall we were in and the stage that he was stood on, so it’s clearly quite an effective...emotive and powerful way of communicating’ [Medical Professional 5]

The ability for poetry to foster empathy, close listening, and comfort in vulnerable conversations – in direct relation to the principles of poetry stated previously – also appeared frequently in responses:

‘Poetry is probably a really good way to train people to be able to appropriately engage with vulnerability’ [Participant 1]

‘The very emotional nature of poetry would lend itself...to medical communication because...it is tied to emotion and feeling dismissed, or feeling judged’ [Participant 6]

‘The emotions of it are at the heart of a lot of poetry and so I think it’s gonna open up that very question for some people and give them a way to talk about the challenges they’re experiencing’ [Medical Professional 5]

When asked, medical professionals expressed interest in engaging with poetry written from young adult patients’ perspectives:

‘Anything that helps you to...understand the person in front of you better is a good thing’ [Medical Professional 2]

‘Definitely...anything you can derive about that patient’s belief system...their ideas, their expectations, their hopes, their dreams...you’ll impart...more authentic emotional...information about that patient’
[Medical Professional 3]

‘To not want to read it, to not want to digest it and maybe enhance...my communication skills would be silly...I would be up for that definitely’
[Medical Professional 4]

Equally, young adults expressed interest in listening to medical professionals' perspectives:

'You'd need to empower them as well...even though they're the adults with more power in the situation they would also be in an unfamiliar situation and maybe feeling more vulnerable because of that' [Participant 3]

'It would be good for patients to understand doctors'...side of things too...we all know how much pressure the NHS is under' [Participant 6]

Young adult patients also shared that poetry written by other patients their age may help them to confidently self-advocate, reassuring them that they are not alone:

'The metaphors and talking about feelings...is a really good way of doing it because it shows people that they're...not just on their own with it' [Participant 4]

'People have used poetry as social protest throughout history...as a tool for activism...it does work' [Participant 6]

'Reading experiences of people who have gone through a similar thing and felt a similar way at the time...I think I would have found that really helpful as well because it can be very...isolating' [Participant 7]

Common concerns surrounding the practical implications of contemporary poetry as a medium for improving communication included whether patients and medical professionals would be willing to engage with it, and how it could fit around a high-pressure work environment:

'I think not everyone's willing to...[they are] underfunded and very much overworked, some people may see it as just like one more thing to add on top of that' [Participant 2]

'The only thing that I would be concerned about would be like thinking back to myself at certain points...I don't know if I would have engaged with it at that point' [Participant 7]

'What I wouldn't want to do is then have to write out what I was thinking...it means something in the moment...I wouldn't be very keen to tell other people what that poem meant to me' [Medical Professional 1]

The positive response from both young adult patients and medical professionals, coupled with the concerns raised, can help us to draw conclusions about how contemporary poetry could be most effectively implemented in real life.

Recommendations for Practical Applications

Given that communication rests greatly on individual perspectives and experiences, there is an opportunity to explore numerous ways of implementing this research in real life settings. We can use the versatility of contemporary poetry to address the endless nuances of communication, guiding towards more effective conversation in each individual clinical encounter. Below are the suggestions for research implementation.

To support medical professionals with compassionate listening:

- Poetry workshops, including poems written by young adult patients, could become a more frequent part of communication skills sessions in medical education.
- For practicing medical professionals, shorter poetry workshops could be implemented as part of existing Vocational Training Scheme (VTS) and Continuing Professional Development (CPD) Scheme sessions.
- Medical students and professionals could receive weekly or monthly contemporary poetry, either written or recorded, through newsletters, journals and magazines which they already regularly engage with.
- Inviting poets with experiences as young adult patients and physician-poets to deliver their poetry live at medical conferences and lectures.
- Promoting contemporary poetry more generally among medical professionals, making opportunities for close reading and listening easily accessible.

To support young adults with developing self-advocacy skills:

- Introduce poetry workshops in schools, including guided discussion about how skills gained from writing and reading poetry aloud could be useful in other situations. For example, when communicating with a GP.
- Poetry highlighting patients' right to a second opinion and promoting self-advocacy could be made easily accessible in medical settings, such as waiting rooms and consultation rooms, thereby normalising challenging medical professionals.
- Promoting the poetry of poets who are also young adult patients. Making their work easily accessible in clinical settings (for example, waiting rooms), at conferences, in schools, and across social media (potentially in collaboration with healthcare organisations and charities), can begin to break down assumptions that 'young = healthy' and allow more young adults to feel represented, heard, and empowered to advocate for themselves.

Evaluation of Recommendations

The recommendations for practical applications are made with consideration of the high-pressure healthcare environment experienced by both medical professionals and young adult patients. It is unrealistic to expect active engagement with contemporary poetry in clinical settings, and without careful thought it may be viewed as additional and unnecessary burden upon already busy and stressful situations. Therefore, all recommendations require active participation only outside of clinical settings (workshops, reading newsletters, conferences, lectures) or passive engagement within them (posters in waiting and consultation rooms). They also aim to implement contemporary poetry into existing structures and environments that medical professionals and young adults are present in and already engaged with (communication skills classes, VTS and CPD schemes, schools, magazine subscriptions). This would allow contemporary poetry to become an accessible and consistent part of medical professionals' and young adult patients' lives, without expecting them to do a potentially overwhelming and unwelcome amount of additional work.

Contemporary poetry, both on the topic of illness and more generally, can arrive in individual lives and experiences in several different ways. Inevitably, some will be more engaged and impacted by it than others. By remaining aware of potential limitations and utilising existing resources, it should be possible to give medical professionals and young adult patients valuable opportunities to develop close listening skills and nurture more confident self-advocacy, both of which are transferable to effective conversations in medical settings.

Conclusion

As demonstrated throughout this research paper, contemporary poetry (both about medical experiences and more generally), has unique potential to nurture close listening and confident self-advocacy skills. If applied primarily outside of clinical settings, in areas already present in the lives of medical professionals and young adult patients, it could be a natural step towards improving communication between them. Contemporary poetry holds promise for young adult patients to feel more represented, confident to self-advocate, and look forward to the future comfortable in the knowledge that, whenever they may find themselves in conversation with a medical professional again, they will be heard.

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Further Reading

Due to copyright restrictions, poems referenced in this essay are not included in full. To access the complete poems, please see their original sources as listed in the bibliography, and enjoy reading.

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