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## Narrative medicine in the art of healing in clinical practice

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Narrative medicine as a model for humane and effective medical practice [1] has gathered momentum in research in clinical practice and medical education over the past two decades. Narrative Medicine has been introduced into the curricula of medical schools such as McMaster University and the University of Toronto while the University of Columbia offers a Master of Science Degree in Narrative Medicine.

This paper aims to review narrative medicine within the physician-patient relationship and the art of healing in clinical practice.

Narrative medicine emerged from the coming together of diverse disciplines such as the medical humanities (history, philosophy, ethics, the arts, cultural studies); patient centred care; bio-psychosocial medicine; holistic care and the work of Michael Balint [2]. There is no accepted definition of narrative medicine or narrative based medicine (NBM). The definition arrived at in 2014 by a committee of international experts was that NBM is “a fundamental tool to acquire, comprehend and integrate the different points of view of all participants having a role in the illness experience” [3].

A key proponent of Narrative Medicine, Rita Charon says that narrative medicine is medicine practiced with narrative competence to recognize, absorb, interpret, and be moved by the stories of illness [4, 5, 6].

Stated simply, narrative medicine or narrative based medicine (NBM) means listening to the patient's story. A story has to have a teller and a listener or a writer and a reader. Stories emerge during physician patient encounters where the patient's narration of the illness is a story that brings out a symptom, how it is affecting his or her life expressed in words and gestures amidst silence and tears, accompanied by fears, worries, family issues etc. Such a story reflects the uniqueness of the patient and his or her experience [1, 2]. The physician, the listener follows the patient's narrative and tries to imagine the biological, cultural, emotional and family circumstances of the teller [1].

When practicing narrative based medicine, good communication skills are necessary to deliver patient centred care (PCC) where the doctors' mandate goes beyond the bio-medical model to the bio-psychosocial model [7]. The



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aims of patient centred care (PCC) are, to understand the patient's experience of the illness and to diagnose the disease whenever possible. To arrive at a deeper understanding of the patient's illness experience, attentive listening is fundamental as it allows the patient to narrate the story freely in his or her own words. When the patient's story is complex, the doctor may ask the patient "why did you decide to consult me today?" and other open ended questions that will help decipher the true meaning beneath the patient's story [2].

Depending on the doctor's personality, attitude and reactions towards the patient, the doctor needs to reflect not only on the patient but on the self and be aware of one's own feelings, emotions and reactions and his or her role in the dynamics of the interaction. With experience, a physician's increased awareness of the patient, the self and the interaction will change from being separate entities to awareness of all three at once. The ability to consider these three dynamic entities together is a powerful skill, where what the patient says and what the doctor says or does, changes the narrative and makes the doctor respond in the moment in a way that makes the encounter more effective during the consultation itself [8]. This is described as 'reflection in action' in contrast to 'reflection on action' which happens after the encounter and is the theory behind its use in reflective writing in medical education [9].

Therefore, doctors need to acquire narrative knowledge to understand the meaning and significance of stories through cognitive, symbolic and affective means [1]. This comprises narrative competence demonstrated via clinical encounters where the patient's story and the doctor's story interweave to create a new story with a new meaning where there is better understanding between them and empathy is conveyed to the patient by the doctor. The use of narrative skills during the consultation would be to understand the patient's illness rather than problem solve, thereby opening the pathway towards healing and a better health outcome [2].

A physician's most potent therapeutic agent being the self, should have the attributes of trustworthiness, compassion, and courage to impart empathy and help patients overcome their pain and suffering. When empathizing with the patient, the physician needs to stay in touch with his or her own feelings evoked by the patient's emotional outburst and continue to function in a steady and objective fashion described as emotional resilience [10]. Attentive listening, mindfulness and compassion while imparting empathy would help establish a positive therapeutic alliance that creates the interpersonal space where transformation and healing occurs [11]. These skills comprise the healing art of medical practice leading to the desired positive outcome to humane medical care.

The second aim of PCC is making a diagnosis, where the doctor's story comes in comprising past experiences, medical knowledge, scientific protocols and evidence

based medicine (EBM). During clinical encounters, a doctor's narrative competence (NBM) would intertwine with EBM, effectively demonstrating the intermingling of the art and science of clinical practice, indicating that NBM and EBM are complementary and would help achieve the best possible care for the patient [7]. A group of clinicians and scholars in Columbia university have addressed the need to resolve the conflict between the objectivity of EBM and narrative singularity of NBM by coining the term 'narrative evidence based medicine' (NEBM) and are working on a research programme that integrates the two to illuminate the fundamental unities between them [12].

Just as narrative based medicine has a role in the healing art of medical practice with regard to patients, NBM also has an important role to play in helping physicians heal themselves when they become overwhelmed by patient's stories and suffer from physician burnout. In the twentieth century, medical students were taught to remain detached, objective and keep the patient at a distance because the emotional burden will be too great, but with the discipline of narrative based medicine coming to the forefront, this thinking has changed. The College of Family Physicians of Canada in 2004 during its 50<sup>th</sup> Anniversary, held storytelling workshops called the Heartbeat Project to share patients' stories that had moved, inspired, or worried family physicians during clinical practice. The book of life stories subsequently published brought out the real passion of general practice that form the art component of medicine, unfortunately not taught in traditional medical curricula that concentrate only on teaching the science of medicine. Sharing stories with one another was found to make exhausted physicians emotionally drained by patient's stories, to self reflect, gain insight and understanding on new perspectives and to feel they were not alone, thus helping to heal physician burnout [13].

In addition to the use of narrative medicine for patients and their healers, researchers have also looked at evidence for healing through narrative medicine interventions for conditions such as cancer, depression and mental illness. Systematic reviews and randomised controlled trials have been carried out on the use of art, drama and expressive writing to help in recovery and healing from such illnesses [14, 15, 16].

Massimo and Zarri [14] performed a drawing therapy intervention by collecting spontaneous and solicited drawings from children suffering from cancer or leukaemia and asked them to tell a brief story about their drawings afterwards. It was found that the intervention made their willingness to cooperate with therapies and reaction to hospitalization less stressful.

Michalak *et al* [15] used theatre to address mental illness stigma in bipolar disorder and found enduring positive effects on mental stigma measures during qualitative interviews following the drama intervention

among patients with bipolar disorders and their health care providers.

A systematic review and meta-analysis of randomised controlled trials by Zhou *et al* [16] assessed the effect of an expressive writing intervention (EWI) on health outcomes in patients with breast cancer that asked participants to reflect on negative past life events and write them down (EWI) to allow emotional expression. The review found that it led to an improvement in their physical health more than psychological health in the short-term at a 3 month follow-up.

Houston *et al* [17] assessed the use of storytelling as an intervention to improve blood pressure in patients with uncontrolled hypertension. In a randomised trial, the experimental group with DVDs containing patients' stories were found to have significant improvements in their blood pressure 3, 6 and 9 months after the intervention.

Chocinov *et al* [18] implemented a dignity therapy intervention with patients near the end of life who were invited to discuss issues of their life story they most wanted remembered, the objective being to determine its impact on psychological distress. Post intervention measures showed a reduction in depressive symptoms and sense of suffering, desire to live, a heightened sense of dignity with ninety one percent being satisfied with dignity therapy.

Attentive listening, the hallmark of NBM has been found to be intrinsically therapeutic by giving permission for patients to unburden themselves. In fact in palliative care, when medical science has nothing more to offer, it is comfort and understanding that patients seek to carry them through until their last breath [19].

Fioretti *et al* in a systematic review states that narrative medicine could be implemented by physicians in daily medical practice, stressing the importance of humanisation of care tailored to suit the personal story and needs of every patient. The authors also conclude that future research should have a common methodology replicated in different contexts to provide scientific evidence of a therapeutic role for the use of narrative medicine interventions in clinical practice [3].

In summary, the benefits of narrative based medicine are that it

- improves communication
- promotes deeper understanding of the patient and empathy
- enriches the doctor-patient relationship (enhancing trust and empathy)
- fosters shared decision making (co-construction)
- is intrinsically therapeutic for the patient (in the telling and in being listened to)

- enhances the doctor's powers of reflection (with respect to both patient and doctor)
- facilitates healing through establishment of a therapeutic alliance with potential for considerable change
- enhances work satisfaction and decreases clinician burnout (self-awareness, attention to self-care, development of resilience)

The importance of narrative medicine cannot be overemphasized in an era where modern technologies and expensive sophisticated health systems have taken dominance over primary care health systems required for the majority of sick people in the community needing mainly humane and empathetic competent medical care to relieve them from suffering and ill health.

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