

BEYOND THE SYMPTOMS

Years ago, my primary care physician made what I thought was a profound statement: “If you really listen to a patient, 80 percent of the time they can tell you exactly what is wrong with them.” That was in the day when patients worshipped the all-knowing physician, so he was ahead of his time.

Since then, the entire field of narrative medicine has emerged. Diagnostics are focused on quantitative measures; narrative medicine adds a qualitative measure. “Every patient has a story that goes beyond the symptoms they bring into the doctor’s office,” observes Kim Krisberg, a public health reporter for AAMC News. “These stories can illuminate how a person became ill, the tipping point that compelled them to seek help, and perhaps most importantly, the social challenges they face in getting better.” The stories help provide the physician with the context of a patient’s life, and nurture empathy and trust, the cornerstones of a physician-patient relationship.

Now offered as a formalized program — either in many medical schools as an elective or in humanities programs — the field was pioneered by Rita Charon, executive director of the Narrative Medicine Program at Columbia University. In a 2001 article for *JAMA: The Journal of the American Medical Association* she writes, “From the humanities, and especially literary studies, physicians can learn how to perform the narrative aspects of

their practice with new effectiveness.” Explaining further, “As the physician listens to the patient, he or she follows the narrative thread of the story, imagines the situation of the teller (the biological, familial, cultural, and existential situation), recognizes the multiple and often contradictory meanings of the words used and the events described, and is in some way moved by the narrative.” It is only after such a close reading of the patient that the physician can answer the complex question of what is wrong.

Narrative medicine is not without its obstacles. There are the economics of physician practice that can make deep adoption of this technique challenging. Patient throughput is often the focus in physician practices so bottom lines can be enhanced as declining reimbursements loom. Realistically, how far can you delve into a patient story with a fifteen- to thirty-minute visit? The most skilled physicians have learned to ask the hard questions with empathy, Charon contends.

MAIRE O. SIMINGTON (Arizona State University) is on the faculty of the School of Community Health Sciences at the University of Nevada, Las Vegas. She is a graduate of Hofstra University, the University of Phoenix, and Arizona State University. She is a peer reviewer for the *Journal of American Culture* and the *Journal of Healthcare Management*. Email her at msimington1@cox.net.



Physician poet William Carlos Williams was also ahead of his time with this concept. In his essay “The Practice,” he says this of his patients: “My business is to make a different sort of diagnosis concerning them apart from anything for which they seek my advice.”

For more information:

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<https://news.aamc.org/medical-education/article/narrative-medicine-every-patient-has-story/>

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