

*Everywhere one looks in the
academy these days, theory
is out and stories are in.*

J D Arras Professor of Biomedical Ethics University of Virginia 1997.

What is Narrative Medicine? Why Does it Matter?

Making Sense in Communication

Frontiers in Medical and Health Sciences Conference
Hong Kong 2009

Brian Hurwitz, King's College London,

Hon Professor School of Humanities & LKS Faculty of Medicine, HKU

‘The experience and *human significance* of illness are not science shaped.’

Raymond Tallis. Arts and Humanities Research Seminar *Medical Humanities*
Edinburgh 2005.

‘Doctors are specialists trained to intervene at moments of crisis, to cut, to radiate, to alter chemistry, then to move on to the next patient. But why is there no place in this elaborate medical system for sustained care of the human being who continues to feel the effects of the doctors’ knives and beams and chemicals?’

Lee Anne Schreiber. *Midstream* Viking 1989

Now that I know I have cancer of the prostate, the lymph nodes, and part of my skeleton, what *do* I want in a doctor? I would say that I want one who is a close reader of illness and a good critic of medicine....To most physicians, my illness is a routine incident in their 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....'

A Broyard. *Intoxicated By My Illness* New York 1992

A narrative of the effects of a medicine discoverer by Mr Keyser that cures venereal disease
James Cowper. London, 1763.

A narrative of the extraordinary effects of a medicine ... by the name of Le Lievre's Beaume de vie. Lievre. London 1767

The City Remembrancer; being historical Narratives of the Great Plague at London, 1665; Great Fire, 1666; and Great Storm, 1703.
Gideon Harvey. London 1769.

Oladaudah Equiano. *The African: the interesting narrative of the life of Oladaudah Equiano* 1792

Henry Brown. *Narrative of The Life of Henry Box Brown – Written by Himself* 1851

A NARRATIVE
OF THE
TREATMENT EXPERIENCED

BY A

GENTLEMAN,

(JOHN PERCEVAL)

DURING A STATE OF

MENTAL DERANGEMENT;

DESIGNED

TO EXPLAIN THE CAUSES AND THE NATURE

OF

INSANITY,

AND TO EXPOSE THE INJUDICIOUS CONDUCT PURSUED TOWARDS MANY
UNFORTUNATE SUFFERERS UNDER THAT CALAMITY.

*" Infandum Regibus patet, nec esse dolorem
Quoties ipse miseratus vidi
Et quare periret hunc."*

London:
EFFINGHAM WILSON,
ROYAL EXCHANGE.

1838.

(2)

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BY JOHN PERCEVAL, ESQ.

Infandum regina jubes renovare dolorem
——— queque ipse miserrima vidi
Et quorum pars magna fui. ———
ÆNEID, lib. ii. 3.

London:
EFFINGHAM WILSON,
ROYAL EXCHANGE.

—
1840.

Anon. Extraordinary narrative. *Lancet* 1832.

Anon. On a proposed remedy for epilepsy and other spasmodic affections: narrative of two visits to the hospital for epileptics at Tain, in France. *Lancet* 1862.

Our first moments with a patient are packed with visual, auditory, tactile and sometimes olfactory information... Of all the diagnoses that ever will be made, most are made during the history... Even when patients are referred to specialist centres... attention is appropriately refocused on the key clinical enactment: the patient's 'story' and the physical examination.

David Sackett. *Oxford Textbook of Medicine* 1996,15.

‘ We have a patient who came for a prostatectomy, ...as he was getting prepped, the nurses noticed that he wouldn’t talk about his family. Really odd. Then, after surgery, he tells us that his wife and children – even his secretary – all think he’s away on a business trip, and he doesn’t want us to contact them. Now the patient – and they name him - is bleeding, and we just took him back to the operating theatre’.

Chambers T, Montgomery K. Plot: framing contingency and choice in bioethics. In: Charon R and Montello M. (eds) *Stories matter*. New York Routledge 2002

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A man learns he needs surgery

He tells his family he is away on a business trip

After the surgery he tells the health care professionals about the deception

He suffers a bleeding complication of surgery and is taken back to theatre.

A man learns he needs surgery **A patient** underwent a **prostatectomy**

He tells his family he is away on a business trip **In fact (at some point) before the operation the nurses noticed that he would not discuss his family**

After the surgery he tells the health care professionals about the deception **After the operation, he discloses that he's kept the need for surgery a secret**

He suffers a bleeding complication of surgery and is taken back to theatre. **As he is being taken back to theatre (bleeding) he requests/?demands his carers make no contact with his family or business associates.**

Dear Doctor

This woman appears to have surgical emphysema extending from her chest into her face.....

Launer J. Dr Scrooge's Casebook. *Quarterly J of Medicine* 2004;97: 183-4

‘Stories are like shifting, sometimes messy rooms we must plunge into, head first... Gaining the necessary skills to read the contradictions and pauses, nonlinear plots, false stories, untold stories, surreal tangents, and implausible characters ... lends physicians the skill to enter more fully into the empathic relationship.’

DasGupta S. Being John Doe Malkovich: Truth, Imagination and Story in Medicine. *Literature and Medicine* 2006: 25;439-62

‘ ...knowing the tools of evidence-based practice is necessary but not sufficient for delivering the highest quality patient care. In addition to clinical expertise, the clinician requires compassion, sensitive listening skills, and broad perspectives from the humanities...’

Guyatt GH, Haynes B, Jaeschke R, Cook D *et al.* EBM: principles of applying users' guides to patient care. *JAMA* 2000; 284: 1290-96.