
Narrative Medicine as an Opportunity to Humanize Healthcare in a Post-Pandemic Reality

Submitted 07/06/21, 1st revision 27/06/21, 2nd revision 18/07/21, accepted 20/08/21

Iwona Czerska¹

Abstract:

Purpose: This article aims to present the concept of narrative medicine as an opportunity for the health care system to humanize it in the context of current and future pandemic conditions.

Design/Methodology/Approach: The article consists of three parts. The first one covers the definitions of narrative medicine and its other terms. The second part of the study deals with the concept of narrative in medicine. It emphasizes the importance of telling the patient's and doctor's stories to build a new relationship of significant importance for the treatment process. The third part of the article focuses on the values and principles of narrative medicine as critical determinants of the narrative approach to the doctor-patient relationship.

Findings: Narrative medicine treats the patient holistically as a person, not as a set of symptoms, by listening deeply, sharing understanding and empathy, and recognizing a patient's fears, emotions, and feelings related to their disease. The concept of narrative in medicine is key to ensuring a higher standard of health care and improving adherence to policies and procedures in the treatment process.

Practical Implications: Every healthcare professional should practice listening and providing attention, representation, and affiliation as wise and humane values at every stage of the treatment process. The concept of narrative should be promoted as an innovative and effective way of stimulating the professional development of medical students by teaching them to approach patients' experiences with the disease with greater understanding and compassion.

Originality/Value: The approach to the concept of narrative medicine, based on scientific publications and information from Internet sources, takes into account current reports in this area and enriches the recent scientific achievements in the context of an innovative approach to the treatment process, taking into account the narrative of the disease.

Keywords: Narrative medicine, healthcare, the COVID-19 pandemic.

JEL: I10, P46.

Paper Type: Research Paper.

Acknowledgement: "The project is financed by the Ministry of Science and Higher Education in Poland under the programme "Regional Initiative of Excellence" 2019 - 2022 project number 015/RID/2018/19 total funding amount 10 721 040,00 PLN"

¹ Dr. Lecturer, Department of Marketing Research, Faculty of Management
Wroclaw University of Economics and Business, e-mail: iwona.czerska@ue.wroc.pl;

1. Introduction

The current pandemic situation in the world related to the spread of the coronavirus has led to a shift from the typical doctor-patient relationship to a remote visit. Telemedicine has made its way into health care for good, eliminating observing the patient's body language and careful listening to him. The concept of narrative may be the answer to the technicization of medicine, treating the patient impersonally. Because in the current, complicated pandemic reality, and the future also post-pandemic, narrative medicine can help both patients and medical professionals, which, through sincere conversation, mutual understanding, openness to another person's emotions, humanizes medicine anew. By telling the doctor about their experiences, the patient feels heard and taken care of him.

In contemporary healthcare models that sometimes fail to deliver holistic, patient-centered care, the foundations of narrative medicine provide an opportunity to improve clinical care and promote patient well-being (Remein *et al.*, 2020). The patient is no longer a problem that must be solved and becomes a partner whose needs must be understood. There is no question of authoritarian imposing on the patient one's opinion and treating it objectively. The patient ceases to be a passive participant in his disease. Such a holistic way of treating a patient is significant nowadays when patients live for many years with chronic conditions, function normally, and do not want to be seen solely through the prism of their illness. They want an individual approach, mindfulness, and care at every stage of the healing process (Tarasewicz-Gryt, 2019).

Within the framework of narrative medicine, each patient is essential because it recognizes the uniqueness of each patient, sincere interest, and concern for his health. It is also listening carefully, discovering fears, feelings, and emotions to improve and strengthen the doctor-patient relationship (Zaharias, 2018a).

The COVID-19 pandemic has highlighted the powerful potential of using the technologization of medicine. In the context of the problematic epidemiological situation, we are dealing with a significant acceleration in healthcare transformation, visible in three dimensions: automation of medical and non-medical personnel in healthcare entities, digitization of medical records, and digitization of medical records health services. On the one hand, e-health technologies, by building bridges between patients and healthcare providers, can give physicians more time for narrative techniques with patients. Still, on the other hand, there is a risk that digitization of healthcare could potentially limit the possibility of such narrative contact (Rosti, 2017).

2. Definitions of Narrative Medicine

Narrative medicine is also called the narrative of disease (Zurzycka and Radzik, 2015) or medicine practiced with narrative skills/competence (Avrahami and Reis,

2009; Chu, Wen, and Lin, 2020) or narrative-based medicine (Milota, van Thiel, and van Delden, 2019), are a global trend that puts the word and the narrative at the center. The founder of this medical sub-discipline is Rita Charon from Columbia University, who defines narrative medicine as a patient-centered model for empathy, reflection, profession, and trust (Charon, 2001). According to R. Charon, narrative competence is the ability to read texts accurately, including patient medical records, and reflectively write, making it easier for doctors to process information and give meaning to their decisions in the treatment process (Charon, 2007).

According to Segen's Medical Dictionary, narrative medicine provides a platform for improving the interaction between doctors, nurses, social workers, therapists, and other caregivers by analyzing patients' narrative phenomena (Narrative Medicine, n.d.). A slightly more colloquial definition is that it is a medical practice that knows what to do with a patient's stories (Nowaczyk, 2014).

3. The Concept of Narration in Medicine

In the context of the current pandemic conditions, the health care system requires a different, new approach to treatment, better outcomes, and cost reduction, which often happens at the expense of the dehumanization of patients' experiences. Narrative medicine as an innovative approach involves storytelling of the patient and the doctor to build a new relationship of significant importance, shared understanding, and potential change. Recognizing the uniqueness of each patient, medical professionals affirm their "story" and express empathy through genuine concern and care. Such behavior means listening deeply, exploring fears, feelings, and emotions, and developing a deeper understanding of the disease's experience and the patient and doctor (Myers, 2021).

Narrative medicine emerged from the amalgamation of different schools of thought, the humanities, patient-centered care, the biopsychosocial model, holistic care, psychoanalysis, and the work of Michael Balint (Zaharias, 2018a). The concept of narration as an essential and integral part of medical practice helps build empathy in the doctor-patient relationship and enables patients to be heard and understood. This type of medicine is a powerful tool for medical professionals with tangible benefits for both sides of the treatment process (Muneeb *et al.*, 2017). The concept of narrative is part of the technologization of medicine where electronic medical records assist in documenting history.

The narrative changes as there is a shift from the doctor's narrative to the patient's narrative. In modern times, the dominant medical narrative was that of a physician in a classic objective biomedical scientific report. The contemporary medical narrative is increasingly directed towards the patient. Currently, the concept of narrative is seen as a valuable source of patient understanding of the disease (Kalitzkus and Matthiessen, 2009). Because narrative medicine teaches medical professionals to

listen and tell stories, interact with patients, and develop mutual recognition for the other person's life experiences (Wittenberg *et al.*, 2017).

Narrative medicine provides a unique approach to treatment, using narratives in clinical practice, research, and education to promote the well-being of patients and doctors. This approach emphasizes individual patient stories in the context of psychological, relational, and environmental stressors related to physical illness. By benefiting the patient by managing his experience, narrative medicine also encourages medical professionals to develop their self-awareness and creativity (Thompson *et al.*, 2021). According to Charon (2005), the therapeutic potential of narrative medicine expands when patients are encouraged to join physicians in writing their medical records because patients are or should be co-authors and curators of all papers on them. Unfortunately, medical practice is quite different in many countries.

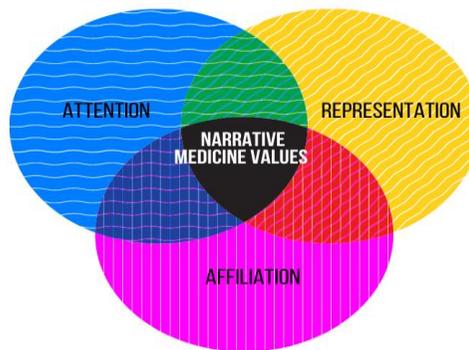
In summary, the concept of narrative should be promoted as an innovative and effective way to stimulate the professional development of medical students by teaching them to approach patients' experiences with the disease with greater understanding and compassion. Improving their listening and observation skills stimulates their empathic abilities and increase their ability to reflect and adopt different perspectives (Milota, van Thiel, and van Delden, 2019). Therefore, any training system for future medical professionals should contain elements of narrative medicine, shaping the soft skills of medics and sensitizing them to listen carefully and interpret patients' stories.

4. Narrative Medicine Values and Principles

Narrative medicine focuses on three values (Figure 1). The first is *attention* focused, firstly, on listening to the patient's speech, i.e., what and how he says, what words he uses, how sentences are built, and what is not displayed. Secondly, we carefully observe the patient's non-verbal behavior: facial expressions, gestures, body position (Chojnacka-Kuraś, 2019).

The second value is the *representation* consisting of presenting the conversation results with the patient in the form of an entry in the history of the disease, i.e., reflective writing. The last component is *affiliation*, treated as building a bond between the participants of the medical professional-patient relationship, consisting of mutual respect and understanding (Zurzycka and Radzik, 2015).

The first step in the narrative is letting the patient tell their story in their own words. It is not accessible from the doctor's point of view because the modern patient is better informed and has higher expectations than in the past. In addition, there are serious challenges such as comorbidities and the fragmented nature of care that affect the physician's understanding of a patient's experience of illness (Zaharias, 2018b).

Figure 1. Narrative Medicine Values

Source: Own study based on Charon, 2005.

Therefore, listening to the patient's narrative, analyzing it, and drawing conclusions from it may seem daunting for the primary care physician, at least at first. The following tips may be helpful: showing interest in the patient, listening attentively, keeping up - especially at the beginning of the visit, allowing the patient to finish his thinking, asking open-ended questions, listening to and following directions, observing the patient's body language, not judging, not rushing to resolve the problem (Zaharias, 2018c). In addition to value, narrative medicine is based on six principles presented in Figure 2.

Intersubjectivity, or the relationship about oneself, means the study of relationality through literature. The wealth of literature allows patients to react creatively, which helps construct a narrative with the patient in clinical conditions. *Relationality* means healthcare professionals benefit from a more integrated 'me' in listening carefully and responding to patients.

Personhood and embodiment represent a dualism that permeates modern medicine, causing losses for patients and caregivers, especially in situations of power imbalance because the clinical attitude dehumanizes both caregivers and patients.

Action toward justice means narrative ethics emerging from clinical experience and allied with justice's feminist and structural framework. Its purpose is to integrate the ethics of literary narrative with the ethics of clinical history. The original, central method of narrative medicine is *close reading*. By enhancing mindful listening, careful reading deepens relationality and intersubjectivity, allowing for a link between the medical professional and the patient.

The lack of *creativity* in healthcare is partly due to control, the value of "evidence-based" and "numbers-based" medicine. Narrative medicine stimulates the creativity hidden in every human being (Charon *et al.*, 2017).

Figure 2. *Narrative Medicine Principles*



Source: *Own study based on Charon et al., 2017.*

The narrative medicine model focuses on creating links between diagnoses and the understanding that not every procedure or principle is the same. Narrative medicine does not replace traditional evidence-based medicine. Still, it complements it by being open to the humanistic aspects of the disease, which increases clinical competence and affects the quality of medical care (Zurzycka and Radzik, 2015). As one of the newest branches of humanistic medicine, narrative medicine allows you to look at the activities of doctors from a broader perspective, combining the points of view of disease specialists, narrative specialists (literary scholars), anthropologists, specialists in deciphering hidden cultural codes (Woźny, 2020).

5. Conclusions

In the current disease-centered healthcare model, doctors focus on collecting a medical history, not dealing with patients' real problems, because understanding the experience of illness is essential in healthcare. Narrative medicine offers this possibility, which aims to develop empathy among medical professionals by listening to their patients' stories.

Narrative medicine tries to bridge the gap between doctors and patients by telling stories. By listening deeply, sharing understanding and empathy, and recognizing the patient's fears, emotions, and feelings about their illness experience, healthcare professionals treat the patient holistically as a person, not as a symptom set.

In the current pandemic times, maintaining health through health promotion, incremental care, long-term relationships between the patient and the primary care physician (and other healthcare entity personnel) becomes crucial. Enabling the

narrative of self-care is a powerful and valuable tool even for decades of a person's life, or after that - in the face of their death. Every healthcare professional should practice listening carefully, ensuring the values of attention, representation, and affiliation, wise and humanizing, at every stage of the healing process.

In summary, healthcare is usually not related to the interpretation of history. The treatment process results are influenced by the strict facts associated with applying policies and procedures in a clinical setting. However, storytelling and narrative medicine are vital to ensuring a higher standard of care and improving adherence to policies and procedures. That is why the narrative concept in healthcare responds to modern treatment that treats the patient more and more mechanized, technically advanced, and impersonally.

References:

- Avrahami, E., Reis, S. 2009. Narrative Medicine. *The Israel Medical Association Journal (IMAJ)*, 11(6), 335-338.
- Charon, R. 2001. Narrative Medicine. A Model for Empathy, Reflection, Profession, and Trust. *JAMA*, 286(15), 1897-1902. DOI: 10.1001/jama.286.15.1897.
- Charon, R. 2005. Narrative Medicine: Attention, Representation, Affiliation. *Narrative*, 13(3), 261-270.
- Charon, R. 2007. What to do with stories. *The sciences of narrative medicine. Canadian Family Physician*, 53(8), 1265-1267.
- Charon, R., DasGupta, S., Hermann, N., Irvine, C., Marcus, E., Rivera Colón, E., Spencer, D., Spiegel, M. 2017. *The Principles and Practice of Narrative Medicine*. New York: Oxford University Press.
- Chojnacka-Kuraś, M. 2019. Narrative medicine from the perspective of linguistics and cognitive poetics. In M. Chojnacka-Kuraś (Eds.), *Narrative medicine. Stories about the experience of illness from a medical and humanistic perspective*, 73-93. Warsaw: Publishing House of the University of Warsaw. DOI: 10.31338/uw.9788323540755.
- Chu, S.Y., Wen, C.C., Lin, C.W. 2020. A qualitative study of clinical narrative competence of medical personnel. *BMC Medical Education*, 20(415). DOI: 10.1186/s12909-020-02336-6.
- Kalitzkus, V., Matthiessen, P.F. 2009. Narrative-based medicine: potential, pitfalls, and practice. *The Permanente Journal*, 13(1), 80-86. DOI: 10.7812/tpp/08-043.
- Milota, M.M., van Thiel, G.J.M.W., van Delden, J.J.M. 2019. Narrative medicine as a medical education tool: A systematic review. *Medical Teacher*, 41(7), 802-810. DOI: 10.1080/0142159X.2019.1584274.
- Muneeb, A., Jawaid, H., Khalid, N., Mian, A. 2017. The art of healing through narrative medicine in clinical practice: A reflection. *The Permanente Journal*, 21(17-013). DOI: 10.7812/TPP/17-013.
- Myers, C. 2021. *Narrative Medicine: The Power of Storytelling*. Retrieved from: <https://www.elitecme.com/resource-center/rehabilitation-therapy/occupational-therapy/narrative-medicine-the-power-of-storytelling>.
- Narrative Medicine. (n.d.). *Segen's Medical Dictionary*. 2011. Retrieved from: <https://medical-dictionary.thefreedictionary.com/Narrative+Medicine>.
- Nowaczyk, M.J.M. 2014. Our life is a story. What is narrative medicine? *Practical Medicine*, 125-128.

- Remein, C.D., Childs, E., Pasco, J.C., et al. 2020. Content and outcomes of narrative medicine programs: a systematic review of the literature through 2019. *BMJ Open*, 10(e031568). DOI: 10.1136/bmjopen-2019-031568.
- Rosti, G. 2017. Role of narrative-based medicine in proper patient assessment. *Supportive Care in Cancer*, 25(3-6), (Suppl 1): S3-S6. DOI: 10.1007/s00520-017-3637-4.
- Tarasewicz-Gryt, O. 2019. The word in medicine. *Health Service*, 34-42.
- Thompson, K., Monteparo, I., Kohanzad, S., Meshekow, J., Dobtsis, J., Gerard, P. 2021. The Utilization of the Concepts of Narrative Medicine in the Nuclear Medicine Workplace. *Journal of Nuclear Medicine*, 62(supplement 1) 2052.
- Wittenberg, E., Ragan, S., Ferrell, B., Virani, R. 2017. Creating humanistic clinicians through palliative care education. *Journal of Pain and Symptom Management*, 53(1), 153-156. DOI: 10.1016/j.jpainsymman.2016.11.004.
- Woźny, A. 2020. Outline of the media portrait of the coronavirus. With narrative medicine in the background. *Discourse & Dialogue*, 4(6), 9-20. DOI: 10.5281/zenodo.4337465.
- Zaharias, G. 2018a. What is narrative-based medicine? *Narrative-based medicine* 1. *Canadian Family Physician*, 64(3), 176-180.
- Zaharias, G. 2018b. Narrative-based medicine and the general practice consultation. *Narrative-based medicine* 2. *Canadian Family Physician*, 64(4), 286-290.
- Zaharias, G. 2018c. Learning narrative-based medicine skills. *Narrative-based medicine* 3. *Canadian Family Physician*, 64(5), 352-356.
- Zurzycka, P., Radzik, T. 2015. Narrative medicine: outline of issues. *Nursing Topics*, 23(3), 428-432. DOI: 10.5603/PP.2015.0070.