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 2. Don't complain
 3. Count something
 4. Write something
 5. Change

The importance of narrative in medicine

Catherine Spaulding, MD

Dr. Spaulding is a Resident-Physician in Internal Medicine and Pediatrics at Georgetown University Hospital in Washington, DC.

For the past six years, a Post-it® note has been

F taped to the corner of my bedroom mirror. The writing has faded over time, but the importance of these words has not:

1. Ask an unscripted question
2. Don't complain
3. Count something
4. Write something
5. Change

The list comes from the speech “Suggestions on Becoming a Positive Deviant,” by physician and writer Atul Gawande.¹ At the time I read this speech I had barely left the seat of my first-year medical school classroom, yet Gawande’s words struck a chord. I felt compelled to write them down and put them in a place I would see everyday—on my bedroom mirror.

Most of Dr. Gawande’s suggestions I understood without further explanation. A simple question—Where did you grow up?—fosters an emotional connection with patients. Those personal details are reminders of our patients’ humanity, which may be a key motivator regarding Gawande’s admonition not to complain.

The act of counting something may sound arbitrary, but it represents the most basic form of research, which

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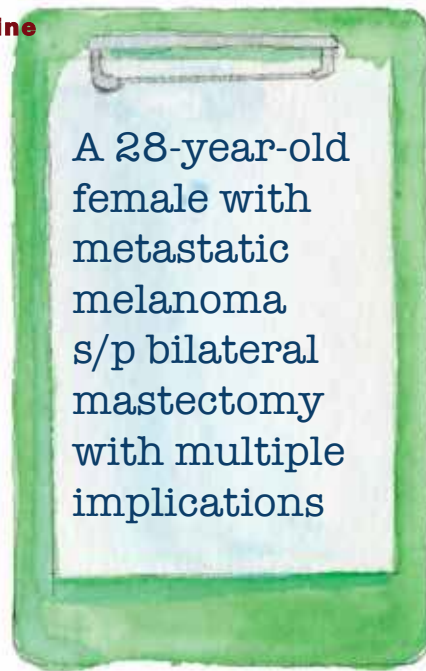
ultimately impacts patient outcomes. The ability to change in response to evolving clinical situations is a critical skill for anyone in health care.

However, his fourth suggestion, to “write something,” gave me pause. Never before had I thought that writing would be a skill I would need as a physician.

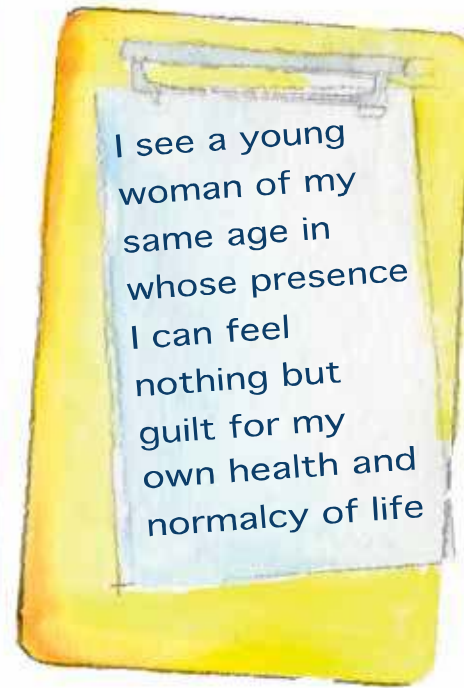
Yet, over several years, I’ve come to learn that writing is vital to the successful practice of medicine. Not only has writing been shown to have substantial benefits on the mental and physical well-being of individuals, but it also allows for self-reflection, which, in turn, enables both personal and academic growth.

Physicians are natural born writers. Medicine nurtures literary intelligence through training in the art of gathering a story. Taking a patient’s history requires focused listening to capture key components of a plot, and then stringing them together in a succinct storyline. While we might not acknowledge this as a literary process, a physician’s medical notes are, in many respects, a biography of his/her patients’ lives. Hippocrates was among the first to acknowledge this when he said, “It is far more important to know what person the disease has, than what disease has the person.”

The intersection of art and science has remained at the core of medical education for the majority of the last 2,000 years. To be a physician in the time of Hippocrates meant mastering not just one of the sciences, but also other disciplines including astronomy, astrology, botany,



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pharmacology, orthodoxy, philosophy, and anatomy. A medical education was well rounded, and informed by a multitude of disciplines, ideas, and perspectives.

This tradition continued throughout the Middle Ages and the Renaissance. Many doctors enjoyed careers as authors during the 16th, 17th and 18th centuries. The Scottish poet Arthur Johnston, the English composer Thomas Campion, and the liberal thinker John Locke were all physicians who helped to shape the growing body of literature in their respective centuries. Though rarely remembered as a physician, Thomas Lodge is best known for writing *Rosalynde*, which is believed to have inspired Shakespeare’s *As You Like It*.

With the emergence of the novel in the 18th century, many physicians started writing as an additional career.

One of the first was Dr. Oliver Goldsmith, who wrote one of the bestselling novels of his time, *The Vicar of Wakefield* in 1766. About 75 years later, Peter Mark Roget, a retired British physician, authored the first known thesaurus, *Thesaurus of English Words and Phrases*. And, though known only to few as a surgeon, John Keats spent much of his short life in the operating theatre instead of writing poetry. Much of his literary genius was informed by his experience as a physician, as evidenced by the medical language he uses in his poems.

Fade far away, dissolve, and quite forget
What thou among the leaves hast never known,
The weariness, the fever, and the fret
Here, where men sit and hear each other groan;
Where palsy shakes a few, sad, last gray hairs,
Where youth grows pale, and spectre-thin, and dies;



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Where but to think is to be full of sorrow
And leaden-eyed despairs²

The 21st century has witnessed a continued explosion of the medical humanities. Many of the past decade's best-selling books have been written by prominent physicians including Gawande, Abraham Verghese (AΩA, James H. Quillen College of Medicine of East Tennessee State University, 1989, Faculty), and Khaled Hosseini.

Major newspapers such as *The New York Times* have taken interest in the links between writing and medicine.³

Most medical schools have incorporated reflection as a key educational competency that is often achieved through the writing process. Many institutions now offer seminars focused on the literary aspects of medicine.

Additionally, numerous medical journals have provided platforms on which health care providers can offer more than just their scientific findings. *Annals of Internal Medicine* was among the first to publish a column that features articles written by physicians for the purpose of reflection.⁴

Numerous online blogs have also sprung up in the last decade, making it clear that physicians are writing as an additional aspect of their education and personal development.

However, as physician interest in writing has grown, so has our knowledge of medical science. Unlike in the time of Hippocrates, practicing medicine now requires a narrow field of study to approach mastery. It would be reasonable to expect physicians to pay less attention to fields outside the medical realm, and yet, it appears the opposite is happening.

Writing is good for us. Perhaps this is because research has shown that expressive writing is extremely beneficial to our overall health. The first study to explore this question was conducted in 1986 by Pennebaker & Beall.⁵ They asked college students to write for 15 minutes on four consecutive days about their most traumatic or upsetting experiences. Controls were asked to write about meaningless topics. The study showed that students who wrote about their emotional experiences demonstrated significant benefits with fewer visits to the doctor, and fewer episodes of illness. Never before had writing been shown to have such an effect on health. This became known as Pennebaker's Writing Paradigm.

Since then, numerous studies have demonstrated that writing provides a positive impact on health, well beyond the psychological realm. A daily writing plan as outlined by Pennebaker's study has been shown to improve immune

response in HIV patients receiving highly active antiretroviral therapy; to decrease disease severity in patients with inflammatory bowel syndrome; and to improve lung function and disease severity in patients with asthma and rheumatoid arthritis, respectively.⁶⁻⁸ Additionally, it has been shown to reduce the length of hospitalization in patients with cystic fibrosis, and to shorten sleep onset in patients struggling with insomnia.^{9,10} Though no studies have been



Dr. Rita Charon coined the term "narrative medicine" in 2001.

conducted to determine the effect of writing on physicians, it stands to reason that clinicians would also experience multiple health benefits from a daily writing practice.

This concept has inspired a literary movement within the medical community. As one of the present day champions of the medical humanities, Dr. Rita Charon of Columbia University has spent much of her career researching various means of incorporating writing and reflective processes into clinical practice. In 2001, she coined the term "narrative medicine."¹¹ As she explains, this brand of medicine relies on "narrative competence" that physicians use "to recognize, interpret, and be moved to action by the predicaments of others."¹² As with any other skill, narrative competence must be taught and practiced. Charon has accomplished this through the study of literature and bioethics in medical school, as well as the

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adoption of expressive writing as a form for self-reflection and introspection.

To further nurture these abilities, Charon developed the practice of keeping a parallel chart, wherein clinicians keep a private record of their perceptions of their patients, their frustrations, and any unfiltered thoughts regarding their clinical interactions. For instance, the medical record might say, "A 28-year-old female with metastatic melanoma s/p bilateral mastectomy with multiple complications." The parallel chart would say, "I see a young woman of my same age in whose presence I can feel nothing but guilt for my own health and normalcy of life." Review of one's parallel chart allows for introspection, identification of biases, and the opportunity to explore emotional aspects that often limit clinicians. Though Charon's initial intention with parallel charts was not meant for therapeutic benefit but to improve clinical skills by creating empathetic physicians, it seems the two may be intimately intertwined, and thus, even more beneficial.

Medicine is perhaps one of the most emotional careers that exists. The joys of helping one patient can easily be overrun with the pain of an unsuccessful outcome for the next patient. With rigorous academic demands, clinicians often fail to stop and reflect on their own emotional experiences. Over time, failure to reflect can lead to numbness by virtue of familiarity. Even death and dying can become routine, which in turn, results in a loss of compassion. By pausing to practice Pennebaker's Writing Paradigm, or keeping a parallel chart, physicians become their own emotional educators by staying connected to the very part of themselves that brought them to the medical field.

Writing can also bring about action. Whether advocating for political change, reporting and identifying a medical mistake, or simply searching for answers to a complex medical question, writing creates a dialogue within the community that promotes evolution. Many of us question our surroundings, but often on an unconscious level. Writing forces us to pause, and tap into that inner conversation. It is through that process that one can discover new ideas that, when shared with others, bring energy to the seeds of change.

Though only in the beginning stages of my career, I have come to realize that whether we practice narrative medicine, or incorporate narrative into medical practice, writing is an integral part of medicine. It teaches practitioners how to connect with their patients more readily; enables them to be moved to reach out to other health care professionals; stimulates discussions with the public about important health care initiatives; and further develops emotionally

competent individuals.

As Gawande instructed, whether writing for a blog, in a medical journal or on a personal Post-it note, one simply needs to write something. This is where much of our potential lies.

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The author's address is:

Georgetown University Hospital
Department of Internal Medicine and Pediatrics
6th Floor PHC Building
3800 Reservoir Road NW
Washington, DC 20007
E-mail: catherine.d.spaulding@gmail.com

