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Narrative Medicine and Narrative Writing

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Physician anecdotes about their patients have always been a part of medical education and clinical practice. In the post-Flexnerian era, with the introduction of increasingly sophisticated diagnostic technologies and the rise of evidence-based medicine, to a large extent the clinical anecdote went underground. It was still around but told a bit shamefacedly or tagged onto a summary of relevant double-blind randomized clinical trials. Yet practicing physicians have always sensed the importance of story in medicine, and in the last decade or so, this awareness has given rise to a narrativist (re)turn in medicine¹ represented through the work of such theorists as Brody,² Charon,³ Greenhalgh and Hurvitz,⁴ and Mattingly and Garro.⁵ *Family Medicine* is committed to giving voice to the narrative side of medicine. What follows is intended to help potential authors find their narrative voices and help readers to approach such writing with both appreciation and sophistication.

Narrative medicine has been variously defined, but at its broadest it includes developing a “sense of story” in practitioners, an appreciation for and understanding of the fact that, from a certain perspective, medicine is a story-telling enterprise.⁶ Patients offer their stories to physicians, who reinterpret and try to make sense of them and then present them back to the patient for the purpose of alleviating suffering and restoring health and well-being. Elements of narrative medicine⁷ include attention (being fully present in listening to, observing, and attending to the patient); representation (how the patient is represented—in writing and in telling—to colleagues, learners, the patients themselves and their family, and to the self of the physician); and affiliation

(commitment to adopting a position of compassionate solidarity with the patient’s suffering,⁸ empathy for the patient’s perspective, and advocacy for the patient’s needs).

Narrative medicine in turn has led to a resurgence of interest in the narrative writing of both patients and physicians. Increasingly, patients have chosen to reclaim their own voices from the health care system by telling their own stories.⁹ Physicians too have felt the need to tell stories about their patients, themselves, and the ties that bind them, and medical education has incorporated writing about patients (and themselves) as a valuable educational tool to help learners develop critical thinking, challenge facile assumptions, think more deeply about patients and themselves in relation to their patients, become more aware of their own and patients’ emotions, and ward off cynicism and disillusionment.^{10,11}

Physician reflective writing is perhaps the most widespread reincarnation of the simple clinical anecdote. However, its focus and intention are more complex. Reflective writing involves review and interpretation of experiences to achieve deeper meaning/ understanding and guide future behavior.¹² It extends beyond mere description to engage in meaning making. Rooted in personal experience, such writing tells a story that, while based on an illness-related event, yields insights that are primarily not biomedical in nature. It does not render an opinion and is not speculative or abstract but rich in particulars and detail. Reflective writing poses questions that are not necessarily fully or definitively answered and does not force a particular point of view. Rather, it allows multiple interpretations to emerge. Its purpose is to develop critical thinking and

analysis, better understand the emotions of self and others, and organize and perhaps make sense of morally ambiguous, complex situations.¹³ As such, it can result in either transformative (epiphanic experiences of new insight or understanding) or confirmatory (validating, remind one about previously held values and beliefs) outcomes.¹⁴

Physicians engage in reflective writing for all sorts of reasons. Some of these have to do with the person of the physician: to achieve aesthetic, creative ends and to express other facets of their personality; to achieve cathartic, or self-therapeutic ends—to process and perhaps heal from traumatic or distressing clinical events and to explore and process complex emotions in themselves and others. Other reasons have to do with professional community—the desire to share experiences with others similarly situated and to be seen and known by one's peers.¹⁰ Importantly, from an ethical perspective, such writing needs to satisfy traditional medical goals: to provide unique insights into patients and to make significant contributions to professional education.¹⁵

As such, reflective writing comes with its own set of risks that must be carefully considered whenever physician puts pen to paper or fingers to keyboard. Much of this writing is not purely for self-consumption but makes its way into educational venues, such as faculty-facilitated group discussions with medical students and residents; public forums, including professional journals such as *JAMA*, *Health Affairs*, *Journal of General Internal Medicine*, and our own *Family Medicine*; as well as the popular media. Because of the porousness with which such stories are now disseminated and accessed, we must be meticulous about protections for those who become characters in these tales.

Of course, it goes without saying that reflective writing must consider confidentiality protections for both patients and others implicated in the writing. But ethically, such writing must go beyond HIPAA regulations guaranteeing removal or alteration of personal identifying data. For example, does the writing promote self-understanding and new learning, or is its intention self-aggrandizement or self-justification? Has a good faith effort been made to contact the patient and obtain informed consent to publish the account?¹⁶ Even if it is not realistic to have the patient agree to publication, how would the patient feel reading the description? Would the patient judge the portrayal to be empathic or unfair and disrespectful? Beyond

the patient's hypothetical reaction, what are the limitations when a clinical story necessarily co-constructed by two people (or more) is told by only one of those individuals? Further, what are the societal, cultural, socioeconomic issues that may not be visible but nevertheless may profoundly influence the story?¹⁵ None of these and similar issues,¹⁷⁻¹⁹ in my view, should dissuade physicians from writing about patients and families, but hopefully they will lead to more thoughtful and nuanced writing.

Story-telling remains a critical aspect of medicine. In the act of writing, physicians must learn to confront vulnerability because there is no one right way to tell a story. The physician must further engage creativity and imagination to envision the experience of the patient and claim their own personal voice. Reflective writing can contribute to professional development through stimulating reflective self-assessment and greater self-understanding, encouraging values clarification, and clarifying professional identity.²⁰ It can advance professional/personal well-being by building community among peers and by developing greater familiarity with and insight into the emotional dimension of medicine, thus offsetting burnout and moral distress. Finally, reflective writing can advance patient care skills by developing increased sensitivity to the meaning of the patient's story and how it might intersect with that of the physician, offering new insights into patient behavior and patient-doctor dynamics, and encouraging empathy for patient and family perspectives. It can even produce new ideas about how to interact with and relate to the patient.²¹

Reflective writing can serve to connect physicians in new ways to their patients and to themselves. Optimally, it can lead to better patient care and enhanced learning for other physicians. But such writing can have unintended negative consequences that should be anticipated and guarded against as much as is possible. The physician writer Sayantani Gupta has called for narrative humility in this kind of work,²² and ultimately this must be our guiding principle.

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