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.’

‘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

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.

Henry Brown. *Narrative of the Life of Henry Box Brown – Written by Himself* 1851
A NARRATIVE
OF THE
TREATMENT EXPERIENCED
BY A
GENTLEMAN,
(Dr. Perceval)
DURING A STATE OF
MENTAL DERANGEMENT;

DESIGNED
TO EXPLAIN THE CAUSES AND THE NATURE OF
INSANITY,
AND TO EXPOSE THE INJUDICIOUS CONDUCT PRACTISED TOWARDS MANY
UNFORTUNATE SUFFERERS UNDER THAT CALAMITY.

* Inamorata Regina junta reversionibus
Quaque ipsa scientia suae
Et quaeque par magna fed.*

London:
EFFINGHAM WILSON,
ROYAL EXCHANGE.
1838.
A NARRATIVE
OF THE
TREATMENT EXPERIENCED
BY A
GENTLEMAN,
DURING A STATE OF
MENTAL DERANGEMENT;
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TO EXPLAIN THE CAUSES AND THE NATURE
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UNFORTUNATE SUFFERERS UNDER THAT CALAMITY.

BY JOHN PERCEVAL, ESQ.

Infans inimici jubes renovare dolorum
Quaeque teneo minora minorum visus
Et quorum pars magna fuis.

London:
EFFINGHAM WILSON,
ROYAL EXCHANGE.

1840.

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.

‘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’.

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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.’

‘...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...’