Storytelling as Survival

Integrating Narrative Medicine with Palliative Care

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Objectives

1. Recognize that palliative care and narrative medicine are synergistic.

2. Understand that the synergy of narrative medicine and palliative care is a powerful educational tool.
What makes the ideal human doctor?
- Getting to know doctor-writers
  - a personal attempt at self-reflection

What is narrative medicine?
- and how does it synergizes with palliative care?

Storytelling as Survival: How reflection helps us care for ourselves, our patients, and our discipline.

Capitalizing on the synergy between narrative medicine and palliative care to produce great doctors.
A Model for Self-Reflection

Reflection enables discourse among:

- Provider
- The World
- Patient

Illness narrative

Reflection
Doctors would prove cleverest if, beginning in childhood, in addition to learning the art, they should be familiar with very many and very bad bodies and should themselves suffer all diseases and not be quite healthy by nature.

(408d-e)
The Doctor-Writers
THE CLEVEREST DOCTOR

Clint Morehead

Doctors would prove cleverest if beginning in childhood, in addition to learning the art, they should be familiar with very many and very bad bodies and should themselves suffer all diseases and not be quite healthy by nature.

—Plato, The Republic

I

I don’t know what it is to be sick. I have caught a cold, as everyone has, endured a stomachache, contracted chickenpox from a kindergarten classmate and boast a scar to prove it. I have had strep throat once and been given a shot to make it go away. And I have had pneumonia, my mom tells me, followed by a stint of asthma that lasted a couple years.
Narrative Medicine
1970s → Literature included in med school curricula.

1994

30% of U.S. medical schools taught literature as part of its curriculum.

Patient-centered care movement

1998

74% of U.S. medical schools taught literature, 39% required it.

Narrative Medicine

2001

is established by Dr. Rita Charon.

- a medical educational tool informed by reading, writing, telling, and receiving stories
- invites one to be moved by the story of illness
- promotes a healing relationship with patients, colleagues, and the self

NARRATIVE MEDICINE
A Model for Empathy, Reflection, Profession, and Trust

Rita Charon, MD, PhD

The effective practice of medicine requires narrative competence, that is, the ability to acknowledge, listen, interpret, and act on the stories and plights of others. Medicine practiced with narrative competence, called narrative medicine, is proposed as a model for humane and effective medical practice. Accepting methods such as close reading of literature and reflective writing allows narrative medicine to examine and illuminate a patient's clinical narrative situations: physician, patient, and physician and, still, physician and colleagues, and physicians and society. With narrative competence, physicians can reach and join their patients in illness, recognize their own personal journeys through medicine, acknowledge kinship with and duties toward other health care professionals, and instigate consequential dialogue with the public about health care. By bridging the divide that separates physicians from patients, themselves, colleagues, and society, narrative medicine offers fresh opportunities for respectful, empathic, and nourishing medical care.

Rita Charon, MD, PhD

Goal of narrative medicine: narrative competence

• empathy
• reflection
• professionalism
• trustworthiness
Narrative Medicine

Aims to cultivate and nurture empathy among medical practitioners through:

1. Close reading of literature
2. Reflective writing
3. Seminars and reading groups

Narrative Medicine

Members of a narrative oncology group at one of its bimonthly meetings in NYC.
Possible benefits of narrative medicine...

• Helps patients construct meaning from illness

• Encourages empathy and establishes a therapeutic relationship based on trust

• Enhances care

• Helps set a patient-centered agenda

• Is intrinsically therapeutic or palliative

Storytelling as Survival

Or, how narrative medicine is “intrinsically therapeutic or palliative”
Self-Reflection Model

Provider

Reflection

The World

Patient

Illness narrative
Self-care and Reflective Practices

Psychological study of college students:

200 students reflected on Persian Gulf War

2.5 years later

76 were questioned about the war

Those who had talked about it the most remembered the details the least.

Provider ↔ Self

Self-care and Reflective Practices

Writing about traumatic experiences...

• Boosts immunity to EBV and hep B vaccine
• Increases FEV\textsubscript{1} in asthmatics
• ↓ depression in students studying for GRE
• Decreased severity in rheumatoid arthritis


Can this be extrapolated to medical providers?

Enhanced self-awareness

- Unrecognized attitudes and feelings ... can be dealt with rather than left to linger.
- Little research available, mostly from narrative courses
Provider ↔ Self

Self-care and Reflective Practices

Three dimensions of burnout:

1. Emotional exhaustion
2. Depersonalization and cynicism
3. Feelings of inefficacy


Even though doctors enter medicine to “save” lives, they often are the “final guardians of life.”

The medial system can be dehumanizing.

Narrative helps us attend to humanness ...
Self-care and Reflective Practices

In Palliative Care, we might be doing something right.
Patient ↔ Self

Patient

Provider

The World

Reflection

Illness narrative
I knew that if I was to survive in this life, it would only be through the help of poetry.

— Gregory Orr, Poetry as Survival
Patient ↔ Self

The Illness Narrative:

*We make meaning by telling stories, by narrating life.*

— Stanley and Hurst

Patient ↔ Self

What can we do, as providers?

Enable patient self-care by:

• listening to their stories
• enabling them to engage in reflective practice
• providing resources
The World

Provider

Reflection

Illness narrative

Patient

The World
The World

I have time to know and enjoy my patients, and I very often take a portable tape-recorder round with me ... and it is very revealing, both for them, and about myself too when I play it back.

– Dame Cicely Saunders, 1979
The World

To touch the masses...

- Raise social awareness
- Enhance communication
- Influence healthcare policy
- Propel research
The World

Research Methods

1. Qualitative analysis (applied to narratives)
   - Often categorizes data into patterns (i.e. grounded theory)

2. Narrative analysis
   - To capture and explore meanings within individual stories
   - Goal = to generate stories
   - Similar to literary analysis

A Model for Medical Education
Self-Reflection Model
## Palliative Care Domains in Medical Education

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<td>Systems-Based Practice</td>
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<td>Behave professionally</td>
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<td></td>
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<td>Improve quality of personal and system level care</td>
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<sup>1</sup> Liaison Committee on Medical Education  
<sup>2</sup> Accreditation Council for Graduate Medical Education  
<sup>3</sup> Entrustable Professional Activities, part of the ACGME’s Milestone Project
$1.5 million iCOPE grant from NIH to implement an interdisciplinary oncology palliative care program

Among the first required medical student palliative care rotations in the U.S.
Potential research questions:

1. Does reflective writing improve provider self-care and/or patient outcomes?

2. What is a feasible model for incorporating narrative medicine into residency programs?

3. Can a formalized palliative medicine rotation improve mastery of the LCME and ACGME competencies for professionalism, communication, etc?

4. How do you measure the mastery of these skills?
Self-Reflection Model

Learner ← Provider → Reflection

Patient ← Illness narrative → The World