

Narrative Medicine – Beyond Pills and Scalpels

By A/Prof Cheong Pak Yean

Narrative Medicine can be used as one framework to go beyond the physical. It allows us to reflect on our clinical experience and relationships, to understand and to heal both the patient and the physician.

“Sickness and healing are, in part, narrative acts”. Dr Rita Charon began her commentary on “Narrative Medicine: Form, Function and Ethics” in the *Annals of Internal Medicine* (2001;134:83-87). She defined Narrative Medicine as medicine practised with the “narrative competence to recognise, interpret, and be moved to action by the predicaments of others”.

Narrative Medicine can take the form of medical fiction, accounts of physicians’ experience with illness, stories about patients as well as narrative writing for medical training and therapy. These narrative frameworks can be used for “understanding medical reasoning, clinical relationships, empathy and medical ethics” to enable doctors to go beyond the flesh and blood to the heart and soul of the doctor-patient relationship.

The SMA-News has hitherto published many articles in this genre. Garfield has amused and beguiled us for more than a decade with piquant, often self-deprecating stories of his encounters with patients. Our other columnist, Hobbit, takes a broader sweep with his sharp, at times acrid commentaries - of how the ordinary doctor-in-the-street, like “Ah Q” (in Lu Hsun’s “The True Story of Ah Q”, Ah Q is an uneducated labourer who personifies the Chinese people during China’s Republican revolution), is overwhelmed by certain healthcare policies and practices. Other doctors make occasional contributions under the sections, “On being a doctor” and “On being a patient”.

We are fortunate this month to have four more articles spanning the breadth of Narrative Medicine, one each

from Garfield and Hobbit, the third from a doctor relating his struggle with cancer and the fourth from a family physician reflecting on the real meaning of his calling.

UNLICENCED AUTOCLAVES AND WIVES IN CLINICS

Hobbit parodied some doctors’ anguish at the compulsory licensing of clinic autoclaves in the style of Franz Kafka (1883-1924), a renowned writer of surrealist novels. The other unlicensed workhorse in the clinic, the doctor’s wife, is now up in arms at being unwittingly exposed to the dangers of the unlicensed autoclave. She now insists that she should also be licenced and be paid to play her multifarious roles in the clinic and at home.

“Ah Q” is faced with the Hobson’s choice of paying up or losing the services of his workhorses. Since protesting and crying serve no purpose, he can only laugh in the theatre of the absurd.

“WHY MY DOCTOR NOW LIKE THAT?”

Garfield’s letter to the President of SMA regretting the volte-face of his once caring GP reflects a cancer of the caring spirit so important in a healing doctor-patient bond. If left unchecked, this cancer may sap on the soul of medicine in Singapore.

The press recently reported the criminal conviction of a patient who physically assaulted an A. & E. doctor after the latter refused to let him play the sick role. This hideous act of violence against a healer was unthinkable a generation ago. It also reported the undercurrent of a small yet increasing trend of patients abusing doctors.

The carcinogens of manipulative patients are always there. Of concern however is a weakening of the healthcare system immune response. If some administrators continue to think that patients are clients, that “the customer is always right” and refuse to confront obvious abusers, the individual doctor is left with no system defence.

That doctor may be forced to adopt a facile legalistic, “every patient is a potential enemy” approach to patients to avoid being complained against. With time, these tactics applied indiscriminately may turn on the self, like an auto-immune process. The doctor is then not capable of genuinely caring for his patients.

Is it the spectre of more patients suing doctors? Is it the fear of being censured despite being deceived by patients in statutory medical examinations? Or is it just a sign of the times that mercantile values supersede patient advocacy? The Garfield patient by writing to the President of the SMA certainly thinks that his GP is not beyond salvation.

A DOCTOR’S STRUGGLE WITH CANCER

Dr Richard Yung, a prominent retired obstetrician and gynaecologist writes of his struggle with Multiple Myeloma, through chemotherapy, stem cells transplant, Guillain Barre Syndrome and a myriad of other treatment complications and infirmities. The first part of his article is published in this issue. Next month’s SMA-News will carry his further reflection on life and illness.

Astutely reflecting on being a patient, he reminded us that “doctors are people too – with their own worries and pressures

◀ Page 3 – Narrative Medicine – Beyond Pills and Scalpels

on their time” and advised that as “patients, we must not expect the world to revolve around us”. He believes that patients must understand that “We can’t dictate to doctors, any more than to God. Unless we learn to be patient, our anxiety may actually delay our recovery. Being patient is not just a matter of being resigned, or putting up with the inevitable. It is something we need to practise if we are to cope with being ill.”

Dr Yung said that “our medical training has never adequately prepared us as patients” and recounted how a positive attitude, trust in his doctors and a strong faith in God have enabled him to surmount the obstacles. “Thank God for this new day, and thank God that I am still alive. It is not that positive people would not die - but I suppose that they just die happier!”

In a review in the American Family Physician (2001; 63:81-89), entitled

“Spirituality and Medical Practice” Anandarajah and Hight showed that “there is a positive correlation between the patient’s spirituality or religious commitment and health outcomes”. They advocate that spiritual assessment could be part of a medical consultation and that therapeutic spiritual intervention could be integrated into the total care of the patient and their families. Dr Yung, doctor writing as a patient in his story reaffirms that.

DEATH IN THE CLINIC

Dr Julian Lim wrote this moving account of how a family coped with the trials of having a child born with a severely malformed heart. When science was unable to repair the heart and the patient was but a little infant, there was still the heart of the mother and family to be cared for in strange ways.

Dr Lim narrated this account during a post-graduate family medicine tutorial

on cardio-pulmonary resuscitation (CPR) measures in the clinic after the nuts and bolts were presented. Two other personal narrations, “Death in the Park” and “Death in the ICU” in the tutorial would be published later to complete a trilogy entitled “Stories of Death”. We hope that this trilogy in Narrative Medicine could be used as resource materials for the training of doctors and medical students.

Beyond pills and scalpels in this age of relentless technological advances, we must not forget the person with physical disease. We must also not forget that there is a person behind the physician. His mental health must be cared for to ensure a healing relationship. Narrative Medicine can be used as one framework to go beyond the physical. It allows us to reflect on our clinical experience and relationships, to understand and to heal both the patient and the physician. ■