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Narrative Medicine

Narrative medicine could revolutionize the way patients are treated in the healthcare setting. Oftentimes, the biomedical model of healthcare is cited as being impersonal and cold from a patient's perspective. Due to its history of being efficiency-oriented, it can often feel like care providers are rushed to diagnose without the full story. This could change, though, if care providers centered stories and active listening in their practices. Narrative medicine is about hearing and understanding a patient's stories. Narrative medicine is an opportunity to not only make patients feel heard, but for care providers to deliver more efficient, cost-effective, and personal care to their patients.

The biomedical model of healthcare has undeniable fallbacks, especially concerning patient experience. Biomedical practitioners are most often taught that their main goal is efficiency in diagnosis, which is important because of the number of patients they are expected to see in a day. For example, in the Ted Talk "Narrative Humility", Sayantani DasGupta displayed an image of a CAT scan that contained a small image of a gorilla. She explains, "Even when they were told 'Can you find the gorilla in this image?' 85% of Harvard University radiologists did not see it… We see what we expect to see" (DasGupta). The key to narrative medicine being explained here is not putting patients in a box. If care providers took the time to see each of their patients as individuals, rather than someone who ticks all the boxes for a certain condition, they become more effective at noticing what may be hiding. One of the biomedical

model's biggest issues is that patients are frustrated with the high cost associated with low-quality care (Shmerling 1). By practicing narrative medicine and listening to patient stories, a more accurate and perhaps efficient diagnosis can be given, and patients could experience less frustration with less cost. Although it seems counterintuitive, taking more time to listen could be more time and cost effective than the current model.

To continue, narrative medicine's ability to focalize patient accounts and specific goals allows for more effective diagnoses. In a study conducted in 2021, a "Wheel of Health" was used to demonstrate that patients, being individuals, may have different views of what health means to them. The wheel of health includes physical and emotional surroundings, spirituality, and food and drink as things that a patient may believe contribute to their wellbeing or illness (Wolfe et al. 493). This elucidates that not only do different people have different factors contributing to health, but that treatment can vary greatly from patient to patient depending on what their goals are. Centering the patient and listening to them can more clearly reveal these causes and assist care providers in treating patients in the most effective and efficient way. Additionally, according to Hallgren's study on patient-centered care, patients who felt they were at the center of the conversation were more engaged with and understanding of their care providers (Hallgren et al. 3-4). This allows for the biomedical model to become more transactional in regards to communication, rather than having the norm be care providers doing all the talking. It flips the hierarchy of medicine, where care providers are often the ones doing the talking. Flipping this by implementing patient-centered care encourages patients to speak up for themselves, and may make them more comfortable sharing issues they normally would not (Du Pre 243-244). Narrative medicine and patient-centered care allow for true collaboration in the healthcare setting where it was not previously seen.

Finally, an emphasis on narrative medicine and patient-centered care takes pressure off of healthcare professionals to always know the right answer. The biomedical model's most forgotten drawback seems to be how care providers are always expected to know the answer. This pressure does not allow them, oftentimes, to say "I don't know". In Jennifer Brea's TED Talk, she discusses that her journey to receiving a true diagnosis was long and difficult not only because she felt written of by doctors telling her it was "all in [her] head", but because they kept misdiagnosing her due to not wanting to admit that they did not truly know (Brea). The hierarchy of medicine previously mentioned is the main cause of this discomfort to admit confusion on care-providers' parts. Jennifer goes on to say that the long history of misogyny in medicine was a barrier that made getting her diagnosis that much harder. This, too, could be an issue that narrative medicine and patient-centered care could aid in fixing. If doctors listened to patient stories and realized that each patient has individual wants and needs, the instinct to generalize and give a diagnosis that could be wrong would decrease.

Overall, if the biomedical model implemented narrative medicine and patient-centered care, the benefits would change the very nature of medicine. The drawbacks that are inherent in an efficiency-based model, such as care providers being rushed and uncomfortable to admit they do not know the answer, as well as frustration and high costs on the patient end, could be decreased. The benefits on both ends make this seem like an obvious choice for the healthcare system, so it should be changed as soon as possible.

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