Narrative Medicine: Humanizing healthcare

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Dr Rita Charon is a general internist and literary scholar at Columbia University who originated the field of narrative medicine in collaboration with an interdisciplinary group of scholars and practitioners. She is Professor of Medicine and founder and Executive Director of the Division of Narrative Medicine at Columbia.

Dr. Rita Charon

Dr Charon, you are a pioneer of the field of Narrative Medicine and chief of the division of Narrative Medicine at Columbia University (Department of Medical Humanities and Ethics). How did your interest in narrative medicine develop and how would you describe the discipline to our German readers?

Narrative medicine arose from my and my colleagues' commitment to bring the powers of humanities and the arts to the practice of health care professions. Patients were not being well served by increasingly fragmented health care system, in part because the doctors, dentists, nurses, and therapists were not trained to comprehend and respond to their patients' suffering. Through study of the philosophies and psychologies of personhood and immersion in creative forms in literature and visual arts, our students learn how to perceive complex human situations, to pay close attention to their patients' words and experiences, and to use their own imaginative skills to comprehend the very complicated situations of persons in need of health care. As a result, patients are heard, seen, believed, and recognized. Diagnoses meet the mark by including social and personal aspects of patients' suffering. Clinicians benefit from the alliances they form with patients, from using all their personal capacities in their work, and from knowing that they are doing what is most often missing in a corporatized and impersonal health care. Our students become patient advocates

and activists for equitable and just health care. They form communities of respect with their colleagues, who too suffer in these impersonal health systems. As a result, both patients and their health care professionals are less isolated, less lonely in their work, nourished by the authentic contact created by their work.

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In your opinion, what are the biggest challenges medical care is facing right now, in practices or hospitals and across all areas? It is a shortage of qualified staff, an overall lack of empathy in human interactions, or a divided health system that provides quality and depth (only) to those who can afford it? And what forces hinder medical professionals and staff to really engage with patients?
It is the global trend—not only in health care—to prioritize monetary gain over human need.

What is behind the concept of radical listening? And what can medical professionals do to provide a less rushed and a more personal service to their patients?
Radical listening happens when the listener can put aside his or her biases and assumptions to fully witness and absorb non-judgmentally what another tells. In dental care, the dentist might interview a patient to learn beyond the specifics of dental symptoms to take in the fear of pain, the prior bad experiences in seeking dental care, or the shame of poor dental hygiene. I would think that the challenges in dentistry are harder to surmount than in other specialties, if only because patients cannot speak throughout most of the treatment. So your radical listening must include "messages" from patients in muscular tension during procedures, facial grimaces, and your own imagined perception of what they are going through at your hands.

How does Narrative Medicine affect the compliance of patients and their self-healing powers?
We know that empathic relationships with clinicians improve patients' satisfaction with care, including reductions in malpractice actions and likelihood of adhering with recommendations. Narrative medicine has been shown to increase health care team effectiveness and to increase patients' beliefs that their physicians are "on their side," which in turn improves patients' adherence with medical advice. I would guess that rushed clinicians will not even perceive the self-healing powers of patients and that clinicians alert to who their patients are (beyond their diagnoses) will recognize and encourage patients' own capacities to heal themselves.

The pandemic has altered all parts of our lives, including the medical sector, and pushed us more than ever into an online world. How important is a genuine connection between doctors and patients in times where face-to-face consultations are difficult?
The double pandemics of COVID-19 and of racial injustice have transformed health care. The move to online consultations is a minor part of the profound changes we are experiencing. Radical listening becomes absolutely key in the care of marginalized persons. All clinicians have to recognize their biases regarding race, class, gender, sexual preference, language, and citizenship status. This is hard to do. COVID has targeted persons of color and poor persons in the US far more than whites and persons with resources. So health care becomes an equalizing zone if we are able to uphold equity and justice.

Narrative Medicine is being taught at medical schools all over the US. What are the key benefits for students of being introduced to such skills as deeply listening at an early stage in their studies and career?
We see that students trained in narrative medicine from the beginning of their medical studies develop the skills to represent what they see and experience in health care. They read and write throughout their training, finding creative means to express and therefore to know what they are perceiving in their patients and in themselves. It is still the beginning of this long effort, and the ultimate demonstrations of narrative medicine's effectiveness will be in the outcomes of patients in the care of narratively trained clinicians.