



## **Narrative Medicine: Greater Satisfaction for Doctor and Patient Alike**

*By: Fred L. Griffin, M.D.,  
Associate Professor,  
Department of Psychiatry  
at UAB School Of  
Medicine*

A group of physicians gather in a conference room for their monthly meeting of the narrative medicine discussion group and begin to talk about their reactions to a short story. The selection this evening is *The Use of Force*, written by the physician and creative writer, William Carlos Williams. In the story, a Depression-era doctor making a house call to see a young girl who may have diphtheria is thwarted by the frightened and defiant child in his attempts to examine her throat. The doctor becomes furious and even more determined to

force her mouth open. One physician in the discussion group says that she too becomes angry with her adult patients who do not comply with her recommendations and confesses that at times her anger comes out in being forceful and disdainful toward her patient. Now seeing herself in the fictional doctor's behavior, she realizes that—in feeling helpless that she will not be able to successfully treat her patient—she sometimes engages in behavior that, in the end, makes the patient feel less understood and that leads to even greater noncompliance. Another member of the group talks about how important his identity as a physician is to him. “When I have a difficult patient like this, I think that I get threatened. It's as if my success or failure with each patient is an indication of my worth.”

In the second half of the meeting, group members read the brief narratives they have written about their own clinical experience. The first vignette comes

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## *Special Thanks*

The JCMS Executive Committee and Board of Directors would like to thank Warren Averitt Kimbrough & Marino, LLC, Jackson Thornton Technologies, LLC, MedManagement, LLC, and Infinity Business Group for their sponsorship of our Annual Dinner Meeting on November 11 and for their ongoing support of the Jefferson County Medical Society and its members.

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# New Members

Baran Aksuf.....Student  
 Mark Daniel Baker, M.D.....Emergency Medicine  
 Denise Barefield-Pendleton, M.D.....Ophthalmology  
 Michael Andrew Cochran.....Student  
 Elizabeth Duke, M.D.....Obstetrics/Gynecology  
 Jeremy Goodman, M.D.....Surgery  
 Jennifer Ann Hadley.....Student  
 William S. Herring, M.D.....Emergency Medicine  
 Thomas D. Holley, M.D. ....Urology  
 Charles Austin Hunt, II, M.D.....CardioThoracic Surgery  
 Arthur M. James, M.D. ....Vascular Surgery  
 Stephen Joseph Kelly, M.D.....Ophthalmology  
 Mary Elaine Killian.....Student  
 Keneshia M. Kirksey, M.D.....Physical Med & Rehab  
 Elizabeth Marie Law, M.D.....Pediatrics  
 Joseph Francisco Llinas, M.D.....Psychiatry  
 Thomas Wade Martin, M.D.....Anesthesiology  
 John-Ryan Griffin McAnnally.....Student  
 Owen Russell McLean, M.D.....Gastroenterology  
 Oliver H. Muensterer, M.D., PhD.....Pediatrics  
 Jess Harding Mullens.....Student  
 Ezinne Akunna Okwandu.....Student  
 Jennifer Nicole O'Malley.....Student  
 John Roland Porterfield, Jr., M.D.....General Surgery  
 Courtney McIntire Robbins, M.D. ....Dermatology  
 Robert D. Robinson, M.D. ....Neurological Surgery  
 Macy Curtis Smith, Jr., M.D. ....Cardiovascular Disease  
 Kelly "Elizabeth" Wingo.....Student

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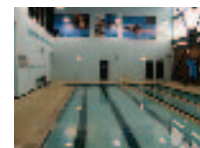
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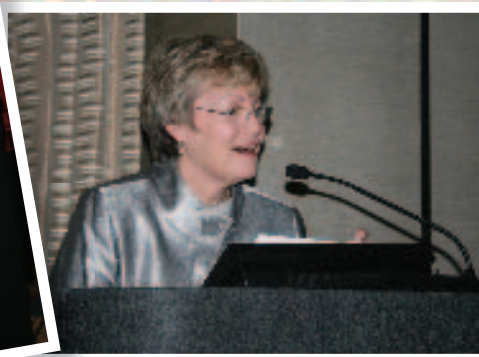
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# Jefferson County Medical Society Annual Dinner





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from a doctor nearing retirement, who writes about how much he learned from a patient some thirty-five years earlier. “I was a young cardiologist, and thought that I knew pretty much everything. An elderly man in the ICU had just had his third MI, was in heart failure, and was having painful and frightening episodes of angina. His wife of fifty-five years asked me, ‘Doctor, isn’t there something you can do?’ My reply: ‘Mrs. Johnson, you’re just going to have to accept that there is nothing else we can do for him.’ She, in a calm, determined voice, looked me in the eye: ‘Doctor,’ she now said with an edge to her voice like an old school teacher of mine, ‘Do you see how scared he becomes when he has that pain that grabs him? I am sure that there is something you can do.’ In that moment I realized something that I have never forgotten: That when I could not save a patient, I thought that my job was over. I failed to recognize that I could provide comfort to the patient and the family, even when they are dying—maybe especially then. Doctors aren’t just heroes who save the day. Relieving suffering is a part of doctoring.”

This is narrative medicine. In it physicians read and discuss stories written by published physician-authors and write and talk with their colleagues about their own clinical experience. Far from being something that is “touchy-feely,” this is a muscular process that helps physicians to improve their diagnostic listening, extend their therapeutic reach, and—through coming to know the biopsychosocial totality of their patients’ lives—become better able to tailor treatment that fits the circumstances of the patient. Fuller awareness of the emotional context of patients’ lives provides information that complements the more objective data derived from the medical history, physical exam, lab, and imaging.

When physicians show that they are interested in their patients’ lives and make use of this kind of information in their treatment, it leads to greater patient-satisfaction and confidence in their physicians. What is more, becoming better attuned to what is happening in the doctor-patient relationship and improving connections with patients have been demonstrated to increase the satisfaction physicians have in their work (Horowitz, et al 2003). As in the case of the cardiologist, reflecting upon these stories of illness—of which the physician is one “character”—may not only provide insight into interactions with patients, but also may lead us to recognize how we have been changed by such encounters (Griffin 2004).

At UAB we have a monthly Narrative Medicine Discus-

sion Group like the one I have described. In addition to enhancing their own listening and communication skills, many of the participants feel that their experience in the group has improved their capacities to teach students and house staff about the “art of medicine”. Training in narrative medicine has now been added to the student curriculum in the form of weeklong intensive courses for medical students in both pre-clinical and clinical years.

In the decade since the term “narrative medicine” was invented by Columbia College of Physicians and Surgeons internist, Rita Charon, MD, PhD (Charon 2001), training in the emergent field of narrative medicine is being taught in most American medical schools. And now, groups of practicing physicians exploring narrative medicine are springing up all over the country.

This is timely because never has there been a time in the history of medicine when physicians have had a greater need to find meaning in what they do. Practicing these narrative skills helps us to restore our own humanity. If we choose to write about our clinical experience, the act of seeing ourselves on the written page reminds us of what led most of us into medicine in the first place. Reading and writing these stories both humanize the physician-patient encounter and make physicians feel more like the human beings they are than the “human-doings” they sometimes feel like they have become. And it is only through being more fully human ourselves that we may convey convincingly to patients our intention to heal.

## REFERENCES:

- Charon, R. (2001). Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust. *JAMA* Vol. 286, No. 15, 1897-1902.
- Griffin, F. (2004). The Fortunate Physician: Learning from Our Patients. *Literature and Medicine* 23, No. 2, 280-303.
- Horowitz, C. et al (2003). What Do Doctors Find Meaningful About Their Work? *Annals of Internal Medicine* Vol. 138, No. 9, 772-776.

**Fred L. Griffin, M.D., is Associate Professor in the Department of Psychiatry at UASOM and is in the private practice of psychiatry and psychotherapy in Homewood, Alabama. He may be reached at flgriffin@uabmc.edu.**

# IN THE NEWS

**Richard W. Waguespack, M.D.**, was awarded the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) Distinguished Service Award at the opening ceremony of the 2008 AAO-HNSF Annual Meeting & OTO EXPO, at the McCormick Place Convention Center in Chicago, IL. The Academy presents Distinguished Services Awards to medical professionals in recognition of extensive meritorious service through the presentation of instructional courses, scientific papers, participation on a continuing education committee, or Academy leadership position.

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## ***In Memoriam***

The JCMS wants to acknowledge the recent passing of the following JCMS members:

**William Bailey Jones, M.D.**  
September 3, 2008

**Russell N. Haynes, M.D.**  
October 1, 2008

**Nathan Wayne Lewis, M.D.**  
September 14, 2008

**Tom O. Caldwell, M.D.**  
October 20, 2008

**Alvin J. Bearman, M.D.**  
November 11, 2008

## UPCOMING EVENTS

|                |   |
|----------------|---|
| <b>Dec. 6</b>  | CPC Exam  |
| <b>Dec. 10</b> | Ethics Committee Meeting  |
| <b>Dec. 15</b> | Executive Committee Meeting – 5:30 pm   |
| <b>Dec. 16</b> | The Wayne Finley 811 Breakfast Club Meeting<br>Don Carmichael, M.D., will speak at 8:30 a.m. in the JCMS Board Room |
| <b>Dec. 17</b> | <b>CPT Updates</b> – 9:00 am to 12:00 pm<br><b>ICD9 Updates</b> – 12:00 pm to 3:00 pm                               |
| <b>Jan. 22</b> | Certified Professional Coders Class begins  |
| <b>Feb. 4</b>  | Ethics Committee Meeting  |

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