medical ethics

Stories Tell Us What We Need To Know: Perspective for Ethical Dilemmas

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Narrative in Ethics

We hear stories and tell stories every day we practice medicine, without appreciating that the resolutions we seek in ethical dilemmas often unfold from the stories of our patients, their families, and our colleagues. A story holds so much life; knowledge in context leads to better understanding. Yet, misguided, we search for detail in chemical blood levels, shadows in a radiographic image, rising and falling numbers on a graphic. More distracting are assumptions and perceptions from our single-minded perspective. In *Stories Matter,* Dr Susan Rubin, ethics consultant, has written: "Each individual develops impressions based on the elements of the case with which they are familiar, and unavoidably there are parts of the story they simply do not know. In this way, each individual can claim to hold only a piece of the story."[1]

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A growing number of physicians and health care professionals write about their subjective experiences with patients and colleagues to enhance self-awareness. Through this reflective process, they gain perspective in clinical encounters that are routinely reduced to medical record facts. Dr Rita Charon, Columbia University internist, notes in her *JAMA* article: "The effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, 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."[2]

Stories clear the mind.

A narrative approach can be a useful ethics tool in the initial descriptive construction of the case and subsequently in normative reflection. Dr Rubin notes: "Narrative methods can sharpen our attunement to issues of how the narrative of a case or ethical dilemma are constructed, whose voices are given authority, which plot lines are considered relevant, and which possible resolutions are given consideration. The virtue of using a narrative approach is that it forces us to expose our assumptions and biases, to confront them, and to bring competing allegiances into dialogue with one another."[1]

Relevance of Narrative Medicine

In addition to using narrative to enhance the ethics process, physicians and health care professionals who read and write narratives of clinical encounters can improve their diagnostic and communication competence. Findings in a randomized, controlled trial of medical students writing in a "parallel chart" indicate significantly improved awareness of patients' perspectives, empathy, and clinical skills in caring for individual patients, including interviewing and forming therapeutic relationships.[3] Physicians confront many dilemmas in their clinical practice: moral, ethical, legal, social, human rights, religious, and economic. At these times, they may question their personal values. By listening closely to patients' stories, physicians and health care professionals broaden their perspective and organize and integrate complex situations, leading to solutions to dilemmas.

Narrative Competency

In the Interpersonal and Communication Skills section of the *New Competencies for Internal Medicine,* the American Board of Internal Medicine cites the importance of using "effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families."[4]

Many medical schools, such as University of Virginia Health Science Center, now require narrative courses as part of their Practice of Medicine curriculum. "The patient's story is the human voice in medicine. It is critically important to the physician's approach to and care of the patient. What we call the 'story' is the narrative created by the patient to describe and interpret what has happened

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(is happening) to him or her, this being the reason the patient is now seeing the doctor. In this session, we explore how the physician's narratives about the patient are derived from the patient's story, then come to represent the patient and to influence the physician's diagnosis and plan for treatment."[5]

At the recent American Society of Bioethics and Humanities annual meeting, two of several accredited presentations relating to the importance of narrative in ethics were: *The Patient Tells, the Doctor Reads, the Writer Shares,* by Martin Winckler, MD, French internist;[6] and *Writing Well,* by Abraham Verghese, MD, MFA, an internist who also authored an article, "The Physician as Storyteller," in the *Annals of Internal Medicine.* In it he writes: "A sense for the stories unfolding before us will perhaps allow us to be more conscious of bringing people to the epiphanies that their stories require. By being attuned to character, not just through appearance but particularly through dialogue, we will remember the voice of the patient, even though it is the voice of medicine that we record in the chart."[7] *AIM* also published an article, "Writing for Our Lives: Physician Narratives and Medical Practice," by Kate Scannell, MD, TPMG internist. In relation to stories she writes: "Writing and speaking about doctoring can save your life. By this I do not mean that they can prolong life, but, rather, that they can prove deeply enlivening."[8]

An Integral Model for Ethical Constructions

In medicine we often speak of wanting objective data or evidence, thereby relegating the subjective realm to ineffectuality or to marginal value at best. Using S.O.A.P. notes, however, belies this devaluation. "S"–the subjective–is the history, the story. It is in this area, our medical elders constantly remind us, that we will find the diagnosis 90% of the time. Further, the Subjective and Objective are interdependent, and, when embedded in a context, lead to the Assessment and Plan of care.

A simple Integral Model, developed by philosopher and psychologist Ken Wilber, integrates the core of the world's wisdom traditions.[9] This model is a concrete way to understand the place and value of the subjective and the objective in ethics. It establishes a foundation to appreciate the narrative—people's subjective stories—in the resolution of ethical dilemmas. The individual subjective (Table 1, upper left quadrant) includes our interior beliefs, intentions, and perceptions. Likewise it is the realm of our patients' beliefs, intentions, and perceptions. The individual objective (upper right quadrant) represents our exterior behavior, and in this realm we play out our professional health care roles. If we belong to The Permanente Medical Group or Kaiser Foundation Health Plan, we are a collective (lower right quadrant). If our group holds shared values and culture, then we share a collective interior (lower left quadrant). If, finally, our group shared values resonate with our personal values and beliefs, we have reached a truly integrated state.[10]

This realm of the interior subjective (left quadrants) is the domain of the social sciences—psychology, sociology, and anthropology—with a rich literature of qualitative evidence to offer the medical sciences and system sciences (right quadrants) of conventional medicine to resolve ethical dilemmas. Because the subjective both informs and drives the objective realm, it is necessary for physicians to probe the individual personal and the collective family. Ultimately, understanding both the subjective and objective realms, and their connection, is necessary for integrated, effective solutions.

Table 1: Integral Model

Integral Model	Interior (Subjective)	Exterior (Objective)
Individual	Beliefs Intentions Perceptions	Behavior Roles
Collective	Shared Values Family Culture	Group Society

Benefits of Narrative for Doctors in Day-to-Day Practice

Everyday doctors and health care professionals have potential ethical lapses and issues, so it is not just for major ethical dilemmas that exploring people's narratives can bring benefit. We may create ethical dilemmas out of ethical situations by not fully understanding the narratives of the people involved. Doctors may obviate this progression with preventive "narrative insight," by probing more deeply their patients', families', and colleagues' stories. Just as at times we explore several family members' views in the course of diagnosis and treatment, we also need to explore several subjective facets of each patient's personal narrative—their needs, beliefs, preferences, values, intentions, and perspectives—to create a shared understanding that can resolve dilemmas: ethical, clinical, social, psychological, cultural, medical-legal, and economic.

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Narrative Medicine Workshops

The Permanente Journal (*TPJ*) has created a series of narrative medi-

cine educational workshops, called: *Writing for Our Lives,* to take place in the first quarter of 2004. Two workshop objectives are: 1) Describe how writing narratives or telling stories of clinical encounters improves one's ability to articulate patient perspectives and demonstrate caring behaviors toward patients; and 2) Learn writing and storytelling tools and their application to improve narrative skill and self-expression.

A writing process can also benefit patients as evidenced in The KPNW Severe Obesity Management Program. Through a collaboration with the nonprofit organization Write Around Portland (WRAP), they provided patients undergoing bariatric surgery a writing process for self-expression while in the program. In addition to offering an opportunity for individuals who were possibly previously voiceless, the patients' insights and feelings expressed in their writing contained many messages for clinicians.[11,12] Just as *TPJ* published writing by patients, it looks to publish writing by clinicians in its Soul of the Healer section.

The first narrative medicine workshop, on February 28, in Oakland, California, is copresented by TPMG Physician Satisfaction/Wellness Committees and the Kaiser Permanente Northern California Ethics Department; the second, on March 31, in Portland, Oregon, is copresented by the NWP Health and Renewal Program (HARP), the NWP Physician Health and Worklife Committee, and the NWP CME and Professional Development Department; and the third, on April 6, in Maui, Hawaii, is presented as a session of the KP National Primary Care Conference. (Check the *TPJ* Web site—www.kp.org/permanentejournal for program information). ❖

Additional information, including complementary and/or dissenting views on this issue, can be accessed on the Kaiser Permanente Intranet by visiting *The Permanente Journal* Web site (www.kp.org/permanentejournal); click on this article in the Table of Contents and then click on the link to Ethics Rounds.

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Stories

Sometimes people need a story more than food to stay alive.

— Crow and Weasel, Barry Lopez, b 1945, author