A NARRATIVE APPROACH TO GERIATRIC HEALTH CARE

The Importance of Story

Bill Lyons, UNMC Geriatrics
DISCLOSURES

- No conflicts of interest
- Or mentions of drug use for non-FDA-approved indications
GETTING OLDER

For age is opportunity no less
Than youth itself, though in another dress
And as the evening twilight fades away
The sky is filled with stars, invisible by day.

Henry Wadsworth Longfellow
TO BE COVERED

- Narrative and why it might be helpful
- Narrative competencies
- Use of narrative approaches to elicit goals
- Some practical suggestions
Is that “practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness.”

Practice and study deepens our capacity to hear what patients tell us.

Not so much a new specialty as a new frame for clinical work.
NOT NEW
PATIENTS’ STORIES

Story has a chronology, characters, context, plot, and trouble (T Greenhalgh)

Narrative knowledge captures the “earthy and particular”, not universally true

The clinical listener has to be alert for the gleam of self-telling, to pick up the thread offered
“Not only must [we] hear what is said, but…must listen to the exact words that the patient uses and the sequence in which they are uttered.”

“Histories must be received, not taken.”

Sir Richard Bayliss
“By telling stories to ourselves and others – in dreams, diaries, in friendships, in marriages – we grow not only to know who we are but to become who we are.”

R Charon
LANGSCAPES OF STORIES

All stories construct two landscapes:
- Action landscape: events
- Consciousness landscape: know, think, feel
  (Jerome Bruner)

“He Makes a House Call” John Stone, MD
TRENDS THAT SEPARATE US FROM PATIENTS

1. Loss of house calls
2. Subspecialization
3. Intense pursuit of diagnosis, treatment of biophysical disease
4. Templated interviewing
5. Faster pace, intense time pressure

Engel JD et al. *Narrative in Health Care* 2008
EVERY PATIENT HAS A STORY TO SHARE
NARRATIVE COMPETENCIES

- Reading and interpreting complex texts
- Writing and oral telling of complex clinical and ethical texts
- Interpersonal relational and empathic capacities

Jones AH 1999
READING AND INTERPRETING COMPLEX TEXTS

- Reliability of narrator
- Point of view and perspective
- Patterns emerging from details, repetitions, images, metaphors – making sense of the whole
John Keats’ “negative capability”

Ability to hold and cherish opposites in one’s mind at the same time

Ability to live “in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason”

Essential skill for poets and health care personnel
Clinicians make stylistic choices that influence how their stories will be read.

Important to become aware of such choices, especially as handoffs increase.

Narrative stance, diction, syntax, image, metaphor.
RELATIONAL AND EMPATHIC CAPACITIES

- Much more than skill at interviewing, history taking, etc.
- Being a witness to patients’ suffering
- Mindfulness, turning off autopilot and quieting the internal noise
- Presence is palpable, and obvious when absent
EMPATHY

“Talking to the Family” by John Stone, MD
EMPATHY, cont.
DIFFICULTIES OF PUTTING NARRATIVE INTO PRACTICE

- Takes time
- Stories can be manipulated or misinterpreted, or house of many rooms
- Invasion of emotional comfort zones
- Some 1/3 still prefer biomedical
- Dismissed as “soft”

Weizenbluth JS et al 2008
Kumagai AK 2008
THE TIME INVESTMENT

- Narrative approach not for each patient

Consider for
- Patients nearing life’s end, or with weighty decisions on the horizon
- Patients with adherence problems
- Hot words arise: marriage, spouse, job, debt
BENEFITS OF NARRATIVE

- Acknowledgement and respect of patients’ humanity
- Helps with vulnerability of illness, institutional nature of modern health care
- Places patient at center of encounter
- Reduce likelihood of ethical dilemmas
“In learning to talk to his patients, the doctor may talk himself back into loving his work.”

Anatole Broyard 1992
BENEFITS, cont.

- The telling of patients’ stories is therapeutic when attentively witnessed by us caregivers.

- “Many a man would rather you heard his story than granted his request.”

Philip Stanhope, Earl of Chesterfield
“Medicine leaves many malnourished patients – people who are only partially fed by technology, accuracy, and efficiency”

(C. Risdon and L. Edey)
BENEFITS, cont.

- Narrative competence helps health professionals distinguish the relevant from the irrelevant

- Diagnose the situation as well as the illness (J. Coulehan)
ADDRESS GOALS DURING SOCIAL HISTORY

- SH gets the patient thinking personally
- Autobiographical – natural narrative scaffolding
- It needs to go someplace in current liturgy
SOCIAL HISTORY, cont.

It is a natural place to listen carefully for, and ask about

– What makes life worth living
– What might be worse than death
– Hopes
– Fears
– Faith; what God wants
– Tasks and responsibilities remaining
– Importance of function/burden, cognition
CASE STUDY: IMPORTANCE OF SOCIAL HISTORY
ONE WAY TO START THE SOCIAL HISTORY

“What are you famous for? Everyone is famous for something. What is it for you?”

W. Alexander, Loma Linda U SOM
HOW CHARON STARTS THE FIRST MEETING

“I will be your doctor, so I have to learn a great deal about your body, your health, and your life.”

“Please tell me what you think I should know about your situation.”

Don’t talk, don’t write, absorb what the patient emits

Charon R 2006
INTERPRETING THE STORY
(Charon)

- Be alert for the gleam of self-telling
- Identify metaphors and images used
- Tolerate ambiguity
- Identify unspoken subtexts, what is NOT said
- Active listening: ask further, form and test hypotheses, look for clues, listen for the authentic voice
REDISCOVERING THE FAMILY HISTORY

- Genetic predispositions less important in geriatric care
- But FH is family story – narrated by your patient
SUGGESTIONS

- Read literature and poetry, watch good cinema
- Get comfortable with silence
- Get comfortable with ambiguity
- Collect and try out open-ended questions
- Pledge to make your clinical writing more artful
GRACE NOTES,
B Shore, JAMA 2002