Reading Ourselves, Reading Others

D-H Medical Humanities Symposium
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I have no conflicts of interest.
Gratitude

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Dorothy Byrne and her family for their ongoing support of the palliative care programs, and of my leadership.
Why narrative medicine?

• Patient narratives of illness, suffering, healing and health can be
  • Diseorder
  • Incomplet
  • Difficult of sense make to

• Clinicians have the knowledge, but not always the skills needed to help order, complete, and make sense of them
A challenge:

Doctors (including residents and fellows, as well as many other healthcare professionals, and maybe people in general) tend to see things from their own point of view.

How do we teach them to seek, be curious about, and respect the perspectives of others?
Tasks for a clinician

First

• recognize that s/he has a perspective

then

• discover that other people do too

and

• that perspectives often differ

and

• that ambiguity is inevitable and does not have to be distressing
A narrative “sim lab” for learning and practicing perspective-taking
Narrative Medicine Exercise--Format

• 1 hour long, usually midday or end of day
• Group of 6-20 people with a facilitator
• Each session revolves around a “text” and includes close reading/observation and writing

• Participants: palliative care fellows and IDT, residents, healthcare teams, faculty groups, community groups
Narrative Exercise
Bernard Perlin

The Operating Room, 1944
“We don’t see things as they are, we see them as we are.”

- Anais Nin