

Reading Ourselves, Reading Others

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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
 - *Disordered*
 - *Incomplete*
 - *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

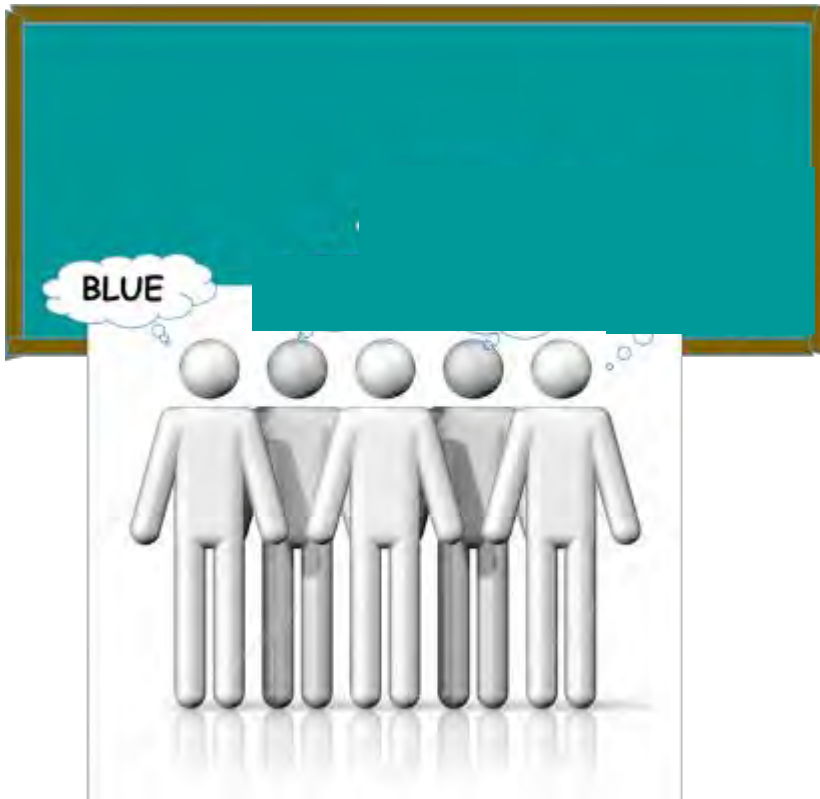
- *discover that other people do too*

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

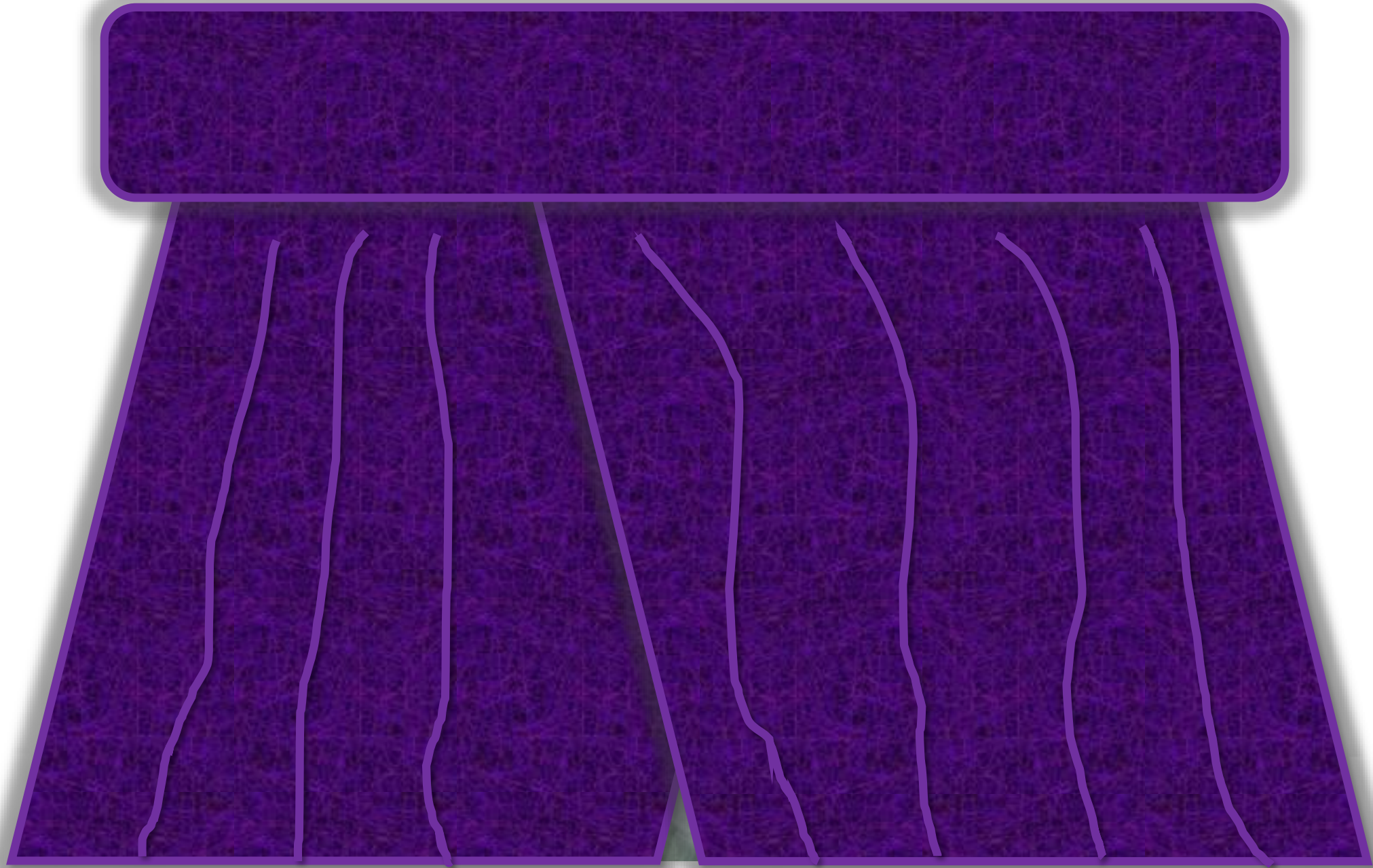


Abbott Northwestern Hospital Internal Medicine Residency Program

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



The Operating Room, 1944

Bernard Perlin



Bernard Perlin

**“We don’t see things as they are,
we see them as we are.”**

- Anais Nin