# Using Narrative Medicine to Explore Responses to the Positive Exposure Photography Exhibition at DHMC

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### Acknowledgements

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- Participants in the narrative medicine sessions



### **Positive Exposure**

- Nonprofit organization that uses photography to help fight stigma and create more inclusive communities



- Started by fashion photographer Rick Guidotti

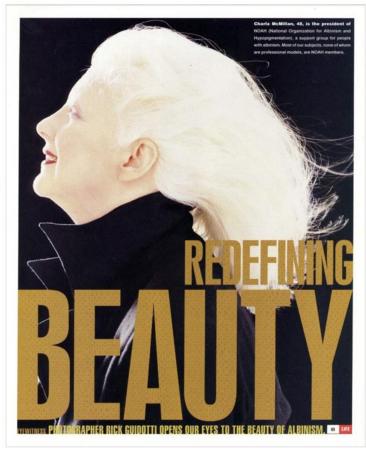


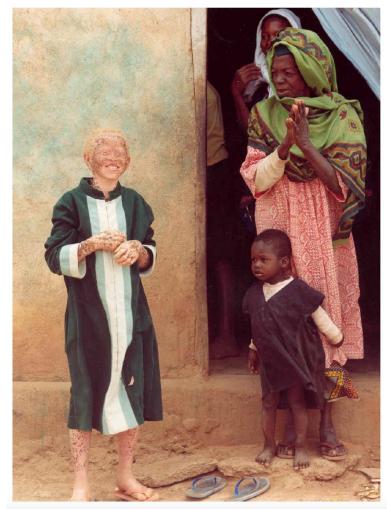






This first series of images appeared in LIFE Magazine in a cover story entitled "Redefining Beauty" in 1998. The 5-page photographic essay launched Positive Exposure and identified people living with albinism, their families and local support organizations around the world.





#### SIRI, MALI

Siri is a student and lives with her family in Bamako, Mali. She and her family are powerful advocates for people living with albinism in West Africa.

ALBINISM albinism.org

Positive Exposure

### **Positive Exposure at DHMC**



Exhibition

Interdisciplinary Grand Rounds talk

Narrative Medicine component

### **Presentation of Genetic Differences in Medical Education - Turner Syndrome**

A CHROMOSOMAL ABNORMALITY SYNDROMES

#### XO SYNDROME

(Turner Syndrome)

Short Female, Broad Chest with Wide Spacing of Nipples, Congenital Lymphedema or Its Residua

An association between small stature and defective ovarian development had been noted as early as 1922 by Rossle, who classified the disorder under "sexagen dwarfism" A more expanded syndrome of small stature, sexual infantilism, webbed neck, and cubitus valgus in seven females

74

was described by Turner in 1938 Most XO conceptuses are early lethals At birth, the incidence of sex chromatin-negative females,

presumably XO individuals, is about 1 5000 newborns. Obviously, this does not include many of the XO/XX mosaics or individuals with only a partial deletion of one X, who might be sex chromatin-positive.

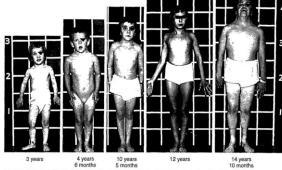
ABNORMALITIES. The following list of abnormalities, with the approximate percentage for each anomaly, includes those of the full monosomic XO syndrome Patients with only a part of the cells XO (XX/XO mosaics, XY/XO mosaics with varying degrees of male-type genitalia) or in whom only a part of one X is missing (X-isochromosome X or X-deleted X) generally have a lesser degree of malformation. The most consistent features for the entire group are small stature and gonadal dysgenesis Because the latter feature is not evident during childhood, a chromosomal study is indicated in any girl with short stature of unknown cause whose clinical phenotype is not incompatible as medial tibial exostosis (60 + per cent) Short fourth metacarpal, metatarsal, or both (50+

- Other Sheletal. Bone dysplasia with coarse trabecular pattern, most evident at metaphyseal ends of long bones (50+ per cent) Disloca-
- Nails. Narrow, hyperconvex and/or deep-set nails
- Skin. Excessive pigmented nevi (50+ per cent). (70+ per cent). Distal palmar axial triradii (40+ per cent)
- Loose skin, especially about the neck in infancy Tendency toward keloid formation Renal. Most commonly horseshoe kidney, double
- or cleft renal pelvis, and minor alterations
- Cardiac. Cardiac defects (20 + per cent), the majority of which are bicuspid aortic valve, coarctation of aorta, and valvular aortic stenosis
- CNS. Perceptive hearing impairment (50+ per cent).

#### OCCASIONAL ABNORMALITIES

Skeletal. Abnormal angulation of radius to carpal bones, Madelung's deformity, short midphalanx of fifth finger, short third to fifth metacarpals and/or metatarsals, scoliosis, kyphosis, spina bifida, vertebral fusion, cervical rib, abnormal sella turcica



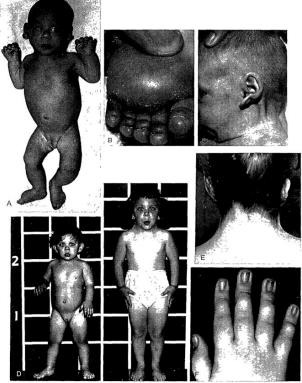


Five girls with the XO syndrome Note the variability of such features as webbed neck and broad chest

Ten day old XO patient who still has lymph-filled bilateral cysts in the posterior neck area, the cause for the webbed neck and for the prominent ears This patient had abdominal muscle hypoplasia with bulging flanks, possibly secondary to earlier undue distention of the abdomen by fluid Thus, this baby survived fetal life and was born with a more severe degree of lymphedema than usual

Jones KL, ed. Smith's Recognizable Patterns of Human Malformation, 4th ed., 1988

**XO SYNDROME** (Turner Syndrome)



NO syndrome A to G, One month old Note lymphedema, promment ears, and loose folds of skin in posterior neck with low hart line D, Same grift at two years and a four years, with heght ages of 17 months and three years, i < pottewly E, Low posterior hair line and residual lateral neck web F, Narrow, hyperconvex, deep-set fingernais, i < volatil pufficiences (A to C, E, and F from Lenk), L, and Smith, D W J Pediatri, of 577, 1965)

good Enhancement of physical appearance by plastic surgery for prominent inner canthal folds, protruding auricles, and especially for webbed neck should be given serious consideration prior to school age The major psychologic problem is

usually the adaptation to shortness of stature, for which there is no effective treatment currently.

At the present time, we do not have adequate information on the longevity and cause of death beyond the age of childhood for individuals with the XO syndrome However, it is encouraging to note that Dr Judith Hall (University of British Columbia) knows of one 90 year old woman with XO syndrome

Jones KL, ed. Smith's Recognizable Patterns of Human Malformation, 4th ed., 1988





#### AUBREE

Aubree is 9 years old. Her short stature doesn't bother her at all.

TURNER SYNDROME

Positive Exposure





#### IRINA

Irina was born in Russia. She has two younger sisters. She likes Spiderman, Batman, pirates and trucks. She also likes to ride her bike and play basketball.

#### ACHONDROPLASIA

Positive Exposure

#### BILLY

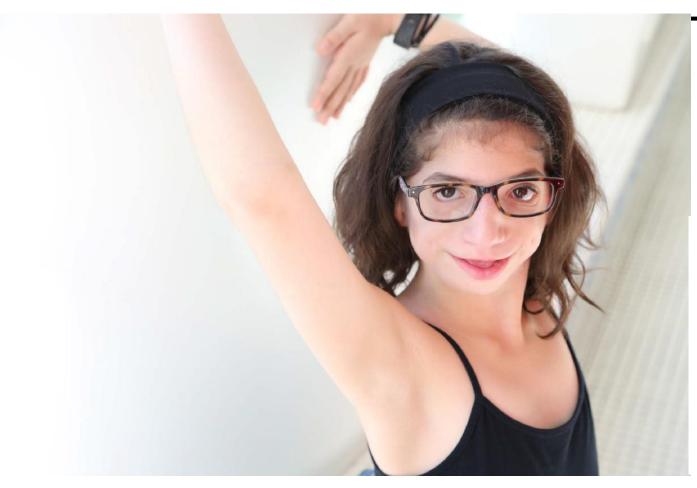
Billy wants people living with this condition to be proud of their long fingers, arms, legs and scoliosis.

#### MARFAN SYNDROME

Positive Exposure

### **Narrative Medicine**

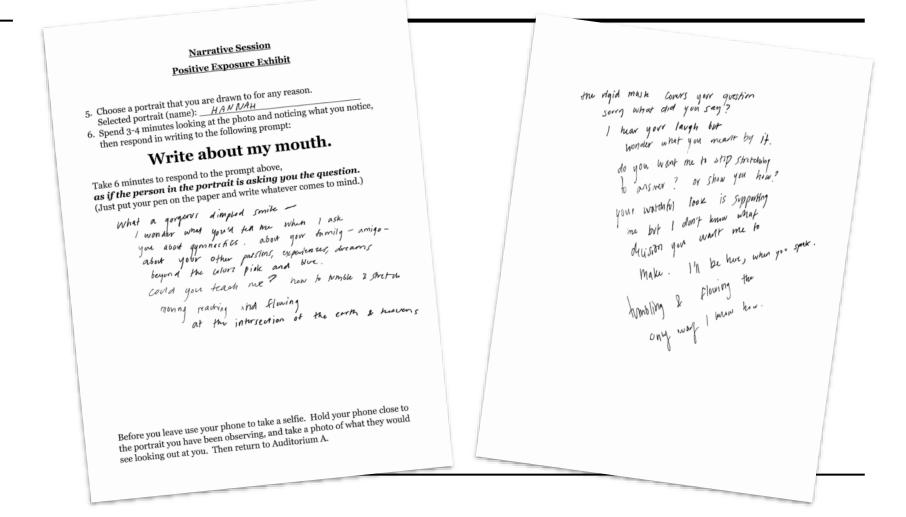


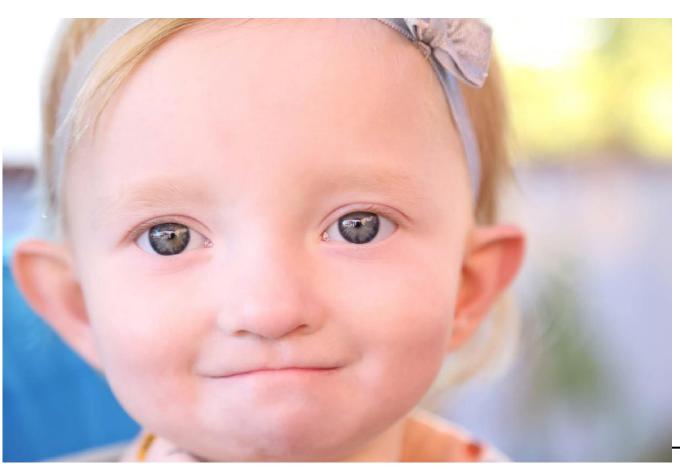


#### Hannah

Hannah loves gymnastics and her favorite colors are pink and blue. She and her sister, Bari, love swimming and have a dog named Amigo. Hannah, her sister and dad are living with Treacher Collins Syndrome. TREACHER COLLINS SYNDROME

*myface.org Positive Exposure* <sup>78921</sup>





# Lily

"Even at her young age, Lily loves to be surrounded by people and has yet to meet a stranger. She enjoys singing and being outside. If truth be told however, her favorite thing is her daddy's beard."

Chromosome 4p-, Wolf-Hirschhorn Syndrome



### Miracle

"Miracle loves dressing up and her favorite color is yellow."

Cornelia De Lange Syndrome



## Tyler

"Tyler is a very happy and energetic kid. Tyler enjoys playing outside with his older brothers, loves music and dancing. His favorite food is French Fries and he loves jellybeans!"

#### TYLER

Tyler is a very happy and energetic kid. Tyler enjoys playing outside with his older brothers, loves music and dancing. His favorite food is French Fries and he loves jellybeans!

CONGENITAL MELANOCYTIC NEVUS

Positive Exposure

Congenital Melanocytic Nevus



### Jayda

### "Jayda loves to sing and dance. She also has a great giggle."

JAYDA

Jayda loves to sing and dance. She also has a great giggle.

CHROMOSOME 22q11.2 DELETION 22q.org

Positive Exposure

# Chromosome 22q11.2 deletion



### Austin

"Austin loves to read, swin, watch movies and listen to music. He is kind, loving and hard working. He has a sense of humor that makes you laugh so hard your belly hurts."

#### AUSTIN

Austin loves to read, swim, watch movies and listen to music. He is kind, loving and hard working. He has a sense of humor that makes you laugh so hard your belly hurts.

FRAGILE X fragilex.org

Positive Exposure

#### Fragile X



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JAYDA Jayda loves to sing and dance. She also has a great giggle.

CHROMOSOME 22q1L2 DELETION 220,010 Positive Exposure





TYLER

Tyler is a very happy and energetic lod. Tyler enjoys playing outside with his older brothers, lower music and dencing. His fanothe food is Prench Pries and he lower jetybeanal CONDENTIAL NELANOCYTIC NEVUS Denvision

Positive Exp

# Write about my eyes .... Write about my hair ....

### Share writing and reflect as a group