

THE LEFT ATRIUM

Room for a view

A week of rain, a gust of wind: narrative ethics and the teachable moment

“Everyone has a story to tell. Along with scientific ability, physicians need the ability to listen to the narratives of the patient, grasp and honour their meaning, and be moved to act on the patient’s behalf.”¹

Teachable moments often present themselves when we least expect them. Sometimes we encounter the teachable moment precisely when we are trying to get a point across about an entirely unrelated matter. The following reflective dialogue occurred in the context of the final clinical encounter in the clinical skills program of year 2 at Dalhousie Medical School. Robert Byers, a volunteer patient, met with two medical students, Andrea Lantz and Ricky Jaggi. Dr. Stephen Workman supervised the clinical encounter and later asked each of the participants to recount the experience for presentation in this paper. Although the planned activity was designed to hone the students’ history-taking and assessment skills, the real teachable moment had little to do with these skills at all.

This is a study in “normative ethics,” in which we see how ethical sensitivities can be raised through attention to the stories told by their protagonists. Insofar as ethics occurs in the context of human relationships, our ability to discern right from wrong and good from bad depends to a significant extent on how open we allow ourselves to be to others. By sharing and comparing stories we learn to better appreciate where our lives and experiences intersect with the lives and experiences of



ArtExplosion

others. Ethics takes place at this intersection. In a very real and important sense, the ethical landscape of each clinical encounter is subtly negotiated through shared understanding. Through sharing we cultivate empathy, and from empathy we internalize the motivation to behave toward others as we ought. Empathy is the impetus to respect, and respect is the core of ethics. Narrative is the mechanism that brings it all together.

In what follows, a spontaneous interaction with a volunteer patient led two students, their mentor, and the patient himself on a shared journey of reflection on what it means to feel, to fear, to suffer greatly and, eventually, to move on ... if not to overcome.

Robert: It was a very simple, pretty brook, which was seriously swollen after a week of continuous rain. We made a small raft. A gust of wind came up.

Dr. Workman: I picture a clear, cold, windy fall day, clouds racing overhead.

Andrea: I saw how medicine isn’t just about differential diagnoses and treatment plans — it’s about treating a person as a whole, including apparently “unrelated” psychosocial issues. It didn’t matter that I didn’t know what to say. I wasn’t the one who needed to do the talking. Robert was.

Robert: I enter each session trying to focus on how it would be when I found a

new physician. I try to feed the students enough background to awaken a drive to dig in, and yet not do their work for them. I try to be open enough to give them permission to delve as deeply as they need to find their answers. As I recall, the tutor was present for the first few moments, and made frequent visits during the session. I must say my first reaction was that he was being unnecessarily harsh with them.

I remember wondering why Robert was struggling to find the right words.

Dr. Workman: How we come to help each other, it is such a mystery, such an intensely important riddle. Perhaps the story Robert told that day needed to have been told before I was born.

Robert: I consider the most basic and important of human rights to be the right to be heard ... I became conscious of the pain and needs of others at an early age. After I was diagnosed with HIV, I noticed a pamphlet on the volunteer patient program, and felt that, as HIV is now becoming such a large reality, that it was important for students have access to cases and become comfortable in speaking openly about issues that will become an ever-increasing problem.

Ricky: I asked about the family history; he told us about his parents and then about his siblings. In a calm, almost casual way, told us that he had lost a twin sister and an older brother. “How did they die?” (simultaneously bringing up my mental algorithms for CVD, stroke, and cancer). I never expected him to say that his twin sister, 8, and older brother, 10, drowned in his presence.

Robert: ... The students proceeded to take an in-depth history; one asked about childhood diseases, etcetera. I told them my twin sister and older brother drowned.

Andrea: I shifted self-consciously in my chair, uncomfortable with where my line of questioning had led. Robert sat across from us, a thin man with grey hair and glasses, eyes shining with unshed tears. One of us, Ricky or I, had asked Robert if he had any siblings. He replied that he did — a twin sister and an older brother — but not any more. They died over 40 years ago in a terrible accident.

“That’s horrible ... I can’t imagine what that must have been like,” I said. My words sounded lame in my ears, hollow and useless. Clearly, despite the passing of years, this was a tremendously painful and emotional topic. I thought of my own sisters and what this tragedy must have been like for Robert — the guilt of surviving, the wonder at what might have been done differently, the blame one could put on oneself. I was at a loss for further words.

Robert: One of the students shared with me that she was one of a set of triplets, and could only imagine the trauma that would have resulted if it had occurred in her experience. We shared a brief discussion of the accident. They demonstrated great empathy and awareness.

Andrea: Dr. Workman returned and reviewed the history and the few details about the tragedy. I had been tempted to not get any specific details — it really had nothing to do with his current medical condition — but I was glad to have asked at least a few details. Dr. Workman acknowledged Robert’s raw emotions, and asked more specific questions.

Dr. Workman: I looked down at Andrea’s binder where it says “Brother and sister drowned.” “What happened?” I wondered. I asked.

Ricky: Dr. Workman asked Robert if he would like to talk further about the accident ... perfect, why hadn’t I thought of that! I remember wondering why Robert was struggling to find the right words. I later realized that the story was being retold from the perspective of an 8-year-old child.

Dr. Workman: I heard Robert’s intensely painful story. When he finished I searched for the right words and had the good luck to find them. I forgot them as soon as I uttered them. Robert did not.

Robert: Dr. Workman asked, “What did it mean to you?” I was blown away. “No one has ever asked me that before.” Through my alcoholism ... my inability to gain an education. I am sure that someone must have asked something similar at some point in time, but apparently this was the first time I heard that something I was waiting 50 years to hear. “What did it mean?” Pretty plain. But for me that was an invitation to look at and share my life, not just a component of it ... the big picture.

Andrea: Robert talked about the guilt and self-blame, the shame of surviving. He said this was the first time he had spoken so openly about the accident, and the first time in decades any of his medical caregivers had inquired about it.

Ricky: He explained how the accident was a defining moment in his life and quite possibly the reason he chose to drop out of school, drink, etcetera ... I thought to myself, could this be true — if his siblings were still alive, would this man’s life be different? Was the suffering he lived through a punishment for what happened that day?

Dr. Workman: Unconsciously I recognized that Robert is a teacher. Or, in Latin, a doctor. I reversed our roles.

Robert: After the physical, as we were ending, the tutor explained that he was interested in finding better ways of easing the suffering of those experiencing the loss of loved ones, was there anything I thought might be helpful to that end. At that moment 50-plus years of shit hit the

proverbial fan; and all I could relate to was that for most of my life I had felt that, if I could save one other person one hour of the hell I experienced, my life would not be wasted. I have tried to live by that for most of my life. I was crying, but tears of joy and gratitude.

Ricky: We spoke for a few more minutes, and as we turned to leave him he said, “Thank you, doctor, for giving me the opportunity ... it feels good to talk about it.”

Andrea: The teaching session with Robert was the final clinical experience of second year. I experienced the therapeutic potential of the history-taking process. I learned I must test and be willing to carefully go beyond my comfort levels to fully realize my full potential as a doctor.

Dr. Workman: Weeks later, Robert’s teaching unexpectedly and suddenly leads me to a profound, disturbing question. Should, or could, one stand upon the banks of a swollen river, child in arms, and shed tears of overwhelming gratitude as well as grief?

Robert: The pain will never be fully erased, but it can be reworked into positive action.

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REFERENCE

1. Charon R. The patient–physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA* 2001;286:1897-902.

MODELS OF COMPOSURE

Things cannot always go your way. Learn to accept in silence the minor aggravations ... — William Osler, 1903

Should equanimity be so widely praised for all physicians? — Howard Spiro, 1992

Our virtues are most frequently but vices in disguise. — François, Duc de la Rochefoucauld

Do we move too placidly amid the noise and haste, or not placidly enough? Do we know how to put anger to good use? Tell us about the times you’ve made a fuss, and — just maybe — improved things a little. We welcome submissions of unpublished poetry, memoir and fiction for The Left Atrium. The writing should be candid, but patient confidentiality must be respected. A sense of humour never hurts. In general, prose manuscripts should be limited to 1000 words and poems to 75 lines. Vent your spleen at pubs@cma.ca