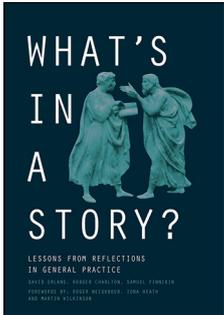




Book

The power of medical storytelling



What's in a Story? Lessons from Reflections in General Practice

David Orlans, Rodger Charlton, Samuel Finnikin, eds. Forewords by Roger Neighbour, Iona Heath, Martin Wilkinson. Hampton-in-Arden Publishing, 2017. Pp 362. £10.

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Over two decades ago a surgeon told me the story of a young man with a spinal injury. The young man had a potentially catastrophic injury and either having surgery, or not, was risky. He had the surgery and recovered, but subsequently the surgeon was informed that the young man's sexual function was entirely lost. The patient fell into depression and despair. The surgeon was devastated and blamed himself. The senior ward nurse on the Nightingale ward observed all this. She listened to her patient's anguish and the surgeon's distress. She then got on with organising and furnishing a side office with a bed and fresh linen, and gave the patient and his girlfriend the key. She then looked the other way for the rest of the weekend. The apparent problem was efficiently, and happily, resolved.

There are many insights to be gleaned from this: the fact that surgery can be successful in some ways but still inflict life-threatening injury; that sexual function may be inhibited in noisy wards; that surgeons worry and fret; that the nurse—with her observations, thoughtfulness, practical actions, and experienced knowledge—knew best.

Stories are treasured currency in medicine. We save them, mull over them, and, anonymised, share them. We may be too ashamed to disclose them. We also learn from them in easily memorable ways. That story has stayed with me for all of my career as a general practitioner (GP). It has made me think. So the book *What's In a Story? Lessons from Reflections in General Practice*, which contains more than a hundred stories, written by dozens of authors, should have the potential to provoke thought in a wide readership. The stories range from a few lines to several pages, offering "learning points" for "GP registrars as well as established GPs".

The best stories recounted are those connected with deep emotion—for example, accounts of errors that have occurred, such as treatment delay in temporal arteritis and the tale of seeing the fastidious senior partner in a new light after dealing with the labour of a concealed pregnancy. Another memorable story is a description of a doctor missing a heart attack, and trying to come to terms with practising afterwards: "I have never stopped teetering on this knife edge of uncertainty. For a maximum of about 48 hours at a time I have held my balance successfully and even allow myself to think that I am, at last, quite good at what I do. But then, inevitably, I fall off the edge...and things unravel." This kind of honesty is rare and to be cherished. There are also less memorable stories—medication errors that were someone else's fault

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or breaches of confidentiality that could have been but weren't.

A book of stories to learn from is a great idea, but the book includes "lessons" or "reflection" as a summary pointer after each story (for example, "expect the unexpected" or "it is important to arrange follow up for undiagnosed symptoms") and this approach involves some repetition or contradiction (eg, "consider your own safety and mental health first" versus "look after your patients first"). Thinking should surely be encouraged and there are many ways to interpret a story, but in this book we usually only have one viewpoint given to us.

Although this is an understandable educational approach, it means that we have to think carefully about what we are not being told, and why we are being told what we are. A good story should be an invitation to ponder uncertainty and partial knowledge. It's surely in the thinking about what a story might conceal, or reveal, that we find the power of it. We should wonder—that is surely the point.

And I am biased: I have been long irritated by forced "reflection" in general practice, a practice which I knew and enjoyed formerly as "thinking". Reflection is now part of GP appraisal, and the introduction makes it clear that this book is intended to help with this. Yet having to write formulaic "reflections" on "what I have learned" has yet to make me think in any useful way. By the book generally fitting into this template—rather than breaking out of it—much of the power of storytelling is lost. A few of the stories rest on outdated norms—for example, "mothers instinctively know when their child is not right"—really, the mother may be at work and what about the father who brings the child, should he not be just as worth listening to? Perhaps an issue such as this may have been resolved had there been a better gender distribution in the authorship list. Although there are some important stories in this book, an encouragement to think more critically about these tales and what they could mean for the narrator, patient, and medical practice might instead have unleashed the potency of medical storytelling.

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