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Opinion Article

Narrative Medicine in Intensive Care

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Opinion

Narrative Medicine fortifies clinical practice with the narrative competence to recognize, absorb, metabolize, interpret and be moved by the stories of illness. It helps physicians, nurses, social workers and therapists to improve the effectiveness of care by developing attention, reflection, representation and affiliation with patients and colleagues (Rita Charon).

Rita Charon defined "Narrative Medicine" or "Narrative Based Medicine" trying to fill the lack of Evidence Based Medicine concerning the human side of the patient involved in the clinical treatment.

Medical doctor and patient are two sides of the same coin. They are united by the care process. Unfortunately, nowadays, doctor-patient relationship is fading. This is also because of corporate policies based mainly on economy. The patient is considered a puzzle of objective data, devoid of his individuality and needs.

Narration, on the other hand, offers the possibility of contextualizing clinical data. It also allows us to read our own story with the eyes of others. Moreover, poor behavior on the clinical and human sides opens the door to legal disputes.

Narrative Medicine is not a new discipline, it is a "reinforced" medicine; Narrative Medicine is aimed a tall the actors in the care process; the goal of Narrative Medicine is to improve the effectiveness of the treatment.

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The histories of illness pass through a process of listening, empathic understanding and interpretation aimed at the therapeutic objective. Narrative skills are attention, reflection, representation and affiliation; narrative skills are applied both in the relationship with patients and with family members and colleagues.

The narration of the patient's story must therefore be considered as the symptoms. Empathic relation helps the patient to: - make decisions with more awareness; - relate to others; - manifest moods and discomforts; - share witnesses, which may be useful to other people.

This is very important in intensive care where technology often becomes master of the field. Story telling is an inherent behavior in humans. Mankind expresses and relates through narration. Customs, traditions and knowledge are handed down through forms of narrative expression.

Story telling made by artistic expression, graffiti, cave paintings, language, music, writing up to modern digital forms of expression. The very concept of narration is archaic, almost ancestral.

The ability to tell is an inescapable dimension of human thought; it is the sum not only of facts but also of their perception.

The narrative goes beyond the terms of the exhibition, crosses history and culture. It crosswise to evoke motions within us so we are able to tune into the story of the patient we are going to treat.

Garcìa Màrquez said the narrative is a bridge between inside and outside. This also defines a relational function. Life is not what we lived but the one that were member and how we remember it to describe our experiences.

Narrative medicine in intensive care helps to process the anxieties and fears associated with an acute event. It allows us to correctly frame expectations by creating the rapeuticalliances.

"Narrative Medicine: Honoring the Stories of Illness" by Rita Charon, highlights the skills needed to be sensitized to disease histories. The narratives help all actors involved in the therapeutic process to improve the effectiveness of their intervention and team collaboration. Narrative medicine is glue that unites the world of the sick with the world of the doctor.

In the 1980s, Arthur Kleinman and Byron Good Harvard's psychiatrists and anthropologists highlighted the difference between biomedical disease and the subjective experiences of being sick, illness. This gave rise to an interest in a specific application in healthcare. Narrative medicine improves the assistance by placing the person at the center, tying disease and illness. In fact, Narrative Medicine has older origins. It was born in the second half of the 20th century in Scotland where the development of what would have been modern medical semeiotics takes place. Joseph Bell was the last of a famous surgical dynasty in Edinburgh. He stressed the importance of careful observation in formulating a diagnosis.

His ability to observe, diagnostic acumen and above all his way of demonstrating it to the students earned him particular fame. Bel often chose a stranger and, observing him, inferred the subject's recent activities and occupation. These skills have decreed him the pioneer of forensic science at a time when science was not yet widely used in criminal investigations

Bell was also involved in the investigation of Jack the Ripper. He laid the foundations of the research of the diagnosis on the formulation of questions to the patient and on the analysis of his behaviors, habits and visible signs.

This is how the medical history, anamnesis, was born. An interview expertly guided to bring out the symptoms of the disease and the discomfort of our patient. History poses the right perspective. It makes us understand the distinction between disease and illness.

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