Health & Medicine

The Art of Healing

Listening to patients' stories develops empathy.

By
Barbara Pollack
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Most people would find a patient's hospital chart to be as dull and indecipherable as a page in a foreign telephone directory, but for Rita Charon, MD '99GSAS, the experience is sheer Tolstoy. "Here's what amounts to a novel," she says, pointing to a typical file, stuffed with notes from internists, surgeons, anesthesiologists, nurses, social workers, and lab technicians. "If you have the patience to read it—from cover to cover—it is astonishingly revealing."

Charon, an MD with a PhD in English, combines a physician's appreciation for clinical details with the acuity of a literary critic. What she finds most interesting about the file is the information missing from its pages: the impressions and fears, expectations and disappointments—the memories and autobiography of the patient. To fill in the gaps of traditional medical intake and track a patient's hospital experience, Charon, professor of clinical medicine at Columbia University's College of Physicians and Surgeons, began the Program in Narrative Medicine. Founded in 1998, it includes not only medical students, but also doctors and staff at NewYork-Presbyterian Hospital. Charon's goal is to encourage them all to lay down their stethoscopes and listen to their patients' stories.

While many medical schools offer courses in the humanities—ranging from bioethics to sociology, and even literature and art history—Columbia's narrative medicine program incorporates unique elements. Starting in the second year of medical school, students choose from an extensive list of humanities and medicine seminars that underscore the connection between the arts and the art of healing. In the third and fourth years of their studies, students are introduced to Charon's innovative approach to medical intake: parallel charts. Using this method, budding doctors are

asked, in addition to maintaining traditional records on their patients' progress, to track the emotional toll of the hospital experience. In doing so, they shift their focus toward the patient as a whole person, rather than exclusively treating the physical symptoms and ailments that have made hospitalization medically necessary. Once a week, they meet to read their accounts to each other. "When you write, you often discover not only what the patient is thinking and feeling, but what you are thinking and feeling," says Charon. As she explains to her students, "These memories, these sadnesses, these feelings influence the care you give."

For Charon, who received a 2002 Guggenheim Fellowship for her forthcoming book on narrative medicine (Oxford University Press), being a doctor is inextricably linked to listening. Given that doctors must treat patients from a myriad of backgrounds, the act of listening requires not only time and attention not often encouraged by contemporary medical practices, but also the skills of a literary scholar trained in interpreting a variety of voices and points of view. In 1990, ten years into the practice of medicine, Charon pursued a doctorate in literature at Columbia, finding the faculty at the main campus enormously supportive of her investigation of medical narratives.

Deconstructing Henry James or wending through the postmodern plotlines of Paul Auster '69CC '70GSAS may seem a far cry from interpreting a CAT scan, but the doctor found the literary experience invaluable to the medical. Now many of her instructors from the Department of English go uptown to P&S to act as guest discussion leaders at a lunchtime program called "Literature at Work: The Robert Braham Seminar," named to honor an esteemed colleague who passed away last year. Twice a month, pediatricians and pathologists, administrators and nurses, medical students and social workers, gather around a table to hear Professor Edward Mendelson discuss Virginia Woolf, or to listen to Andrew Delbanco, Julian Clarence Levi Professor of English and Comparative Literature, talk about Melville's *Billy Budd*. "This could only happen at Columbia," says Charon.

The Program in Narrative Medicine also hosts an impressive schedule of literary readings. This year, Susan Sontag '93HON, its 2003 artist in residence, discussed her latest book, *Regarding the Pain of Others*, in which she wrote, "No 'we' should be taken for granted when the subject is looking at other people's pain." Michael Ondaatje, author of *The English Patient*, was the artist in residence in 2000, attracting 250 applicants for a seminar with only 20 slots. Other speakers have included Joan Didion '02HON, Paul Auster, Junot Diaz, Richard Selzer, and two in-

house P&S doctor-novelists, David Hellerstein and Sayante Dasgupta. In fact, Columbia's P&S has a legacy, including novelist Walker Percy '41PS, of spawning multitalented doctors. And now, with doctors' memoirs filling the shelves of Barnes & Noble, Charon hopes her program encourages more doctors to write about their experiences. "They now bring us manuscripts, and I have gotten the Writing Division at Columbia to hold a workshop here, once or twice a month, where these aspiring authors can get editing counsel," she says. True understanding, though, requires story listening as well as storytelling. She reflects that "in any bookstore, there's a wall of books that patients have written about their illness and a wall of doctors writing about their practice; I only wish they would read one another's texts."

Charon's goal is not to add to those already overstuffed bookshelves or to produce more best-selling authors. Instead, her focus is to raise the level of compassion and empathy in medical practice by encouraging medical staff members to write about their patients' and their own experiences. It appears to work: In a recent study, the parallel-chart method was rated by 82 percent of the participating students as beneficial, both as a therapeutic outlet for the emotional trials of residency and as a more effective preparation for conversations with patients and their families. Faculty members concurred that students involved with the program were better equipped to perform both intake interviewing and evaluation of patients' needs than other students.

"The point is to improve the ordinary practice of medicine," says Charon, who in the past two years has introduced the parallel-chart method on a voluntary basis in the department of oncology. "Taking care of patients with cancer intensifies the emotional demands," she explains. "The doctors, nurses, and social workers who care for these patients are even more challenged than the rest of us with a sense of defeat, loss, anger, and rage at this disease that still is not being conquered." Meeting twice a month in groups of six to fifteen staff members, they share their writings about their daily encounters with fear and mortality. Charon picks up a poem written by Georgia Harelick '03SW, a social worker at NewYork-Presbyterian, and quotes:

> Help Wanted:
>
> Angel of Death looking for a full-time administrative clinical assistant.

Qualified applicants must possess a master’s degree in Social Work, a strong stomach for
gruesome details, a big heart, to aid in the processing of other’s pain.

And two to three years experience in discharge planning.

Former experience with hospice care and end-of-life issues a plus.

Tasks will include endless paper work, being witness to suffering you can do little about and
some bereavement counseling.

Will provide black cloak if requested.

Benefits include an oddly empty feeling that somehow, vaguely and paradoxically, resembles
satisfaction.

Charon gently lays down the sheet of paper in her hand. “It always impresses me that people who are not trained as writers produce astonishingly elevated prose, because they are trying to represent something so grave and profound.”

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