by Laura Hope-Gill

"SO, TELL ME ABOUT NARRATIVE HEALTHCARE."

The heart surgeon's voice on the phone was commanding, the kind of voice that prompts a nurse to pick up a scalpel. I felt I had two seconds to deliver a one-minute elevator speech about the program I had launched at Lenoir-Rhyne University in 2013.

"In this program, we will read stories and write reflectively. We'll study literature, theory, and philosophy, and you will write more than you have in a very long time."

"How will that make us better doctors?"

I can feel the stress the notion of "more work" stirs. Aren't there enough demands already? How do you frame a reply that doesn't add to the stress - and judgment physicians and healthcare workers already feel? What more can they possibly take on?

Sitting in my car, hearing my teenager's drumming through a window, I wonder, is it too soon to go into biopsychosocial shifts occurring in medical education? Doctors listen to data. I went with data.

"The Journal of the American Medical Association and other publications have published multiple articles supporting the role of writing and stories in preventing burnout for doctors and supporting healing for patients. Writing enhances listening, and with enhanced listening you can better hear what's inside patients' stories."

Dr. Waters responded. "Once they start, they'll talk forever." And then came the statement I so often hear, a declaration of defeat, a closing of the door of

"There isn't time to listen to patients' stories," possibility: "I'm not sure I buy it."

MEDICINE:

INTERSECTIONS OF HEALTHCARE

BY **JUSTUS HARRIS**

ART

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