



AMERICAN ACADEMY OF FAMILY PHYSICIANS

F O U N D A T I O N

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Narrative Medicine, Diagnosis, and Uncertainty: Windows into the Social Practice of Healing (G0907)

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Abstract

Both the Institute of Medicine¹² and The Future of Family Medicine Report¹³ emphasize the importance of “continuous healing relationships” to improving *quality of care* in our future of our health care system. Likewise, the NIH has called for research that explores the interaction of behavioral and social factors and their effect on health outcomes. Despite the recognized importance of healing as a construct, its domain analysis is woefully inadequate, limiting scientific advances. Indeed, the need to develop a science of healing is ever more urgent as business models, the commodification of health care^{14, 15}, and increasing use of technology have the potential to erode the interpersonal relationship aspects of medicine as a “healing profession.” *The proposed research will inform primary care clinicians on ways to restore balance and preserve holistic, relationship centered care viewed as integral to quality care.*^{16, 17}

A medical diagnosis is a mutually agreed upon label for an explanation of distressing symptoms experienced by a patient. The process used to reach agreement about the meaning of these symptoms is a culturally defined process with explicit roles for both the patient and the physician. The social processes used to harmonize patients’ illness narratives and institutionally sanctioned diagnoses are the *social practices of healing*, a key component of the bio-psycho-social construct of healing. Patient narrative is just now becoming recognized as an important part of diagnosis and treatment.¹⁸⁻²⁰ Medical uncertainty amplifies the narrative elements and diagnostic challenges and allows them to be more easily observed. The mechanisms by which narratives interface with standard medical practices have not yet been explored. **The goal of the proposed research** *is to explore and describe the experiences of patients and clinicians and identify the discursive maneuvers used by each to achieve concurrence between the inner phenomenological experiences of the patient expressed as narrative with the socially acceptable explanation expressed as diagnosis.*

The proposed **specific aims** are:

1. Explore, categorize, and describe the physical symptoms, perceptions, and expectations of the patient and the patient’s use of “narrative” when interacting with their doctor.
2. Identify processes and socially defined procedures used to reach an agreed upon diagnosis.
3. Identify the locus of disjuncture between the patient’s story and the “medical story” in cases of inability to reach a mutually agreeable diagnosis.

4. Using the data from Specific Aims 1-3, write an ethnographic analysis highlighting the interrelationship and interactions of narrative medicine and the diagnostic process as practiced in medical care.

This proposal describes a two-year cross-sectional case series design using primarily ethnographic methods. Cases will be identified using ICD-9 codes as well as purposeful sampling in specific clinical settings to identify a series of patient-physician(s) dyads. This proposal will augment and facilitate further scholarly work within the discipline of Family Medicine into the biopsychosocial construct of “healing.”