intima a journal of narrative medicine

FIELD NOTES | FALL 2014

I Need to Tell This Story

By Katherine Guess

I *need* to tell this story.

"When are you going to write your book?" My friends and family have been asking me that question since I was discharged from the hospital on May 23, 2007. After a carotid artery clot and dissection, multiple facial fractures requiring numerous lengthy reconstructive surgeries, and a 24-day hospital stay, they call my story remarkable. Amazing. Miraculous. But I can't help wondering why anyone who does not know me would care about my experiences. My story is no different or more special than any other story of illness. Why should I bother writing it?

From fairy tales to biographies, stories take on terrifying, uplifting, or inspiring meanings, each individual to the reader. The same is true of medical narratives, the stories of pain, suffering, survival, and resilience. I was first exposed to the idea of "narrative medicine" during my days as an undergrad. I enrolled in a course on the subject and dedicated a semester to reading everything from fictional stories on sickness to true-life examples of the incredible journeys on which illness can take patients and families. It was then that I began to truly appreciate the effect that a story can have and realized that my car accident and the surgeries, doctors' visits, and the two to three years that followed comprised my medical narrative. It was then that I began to realize that, as a physician, one of my most important roles would be to listen openly to a patient's story, respect that story, and integrate it into his or her care.

Because of my personal experiences with trauma, I developed an interest in shadowing in the field of trauma surgery. In March of my second year of medical school, I witnessed the power of a medical narrative firsthand. That month, I dedicated time to shadowing a female trauma surgeon at my home institution. When I arrived to the floor one Thursday afternoon, she noted that this week had been quite a rough one in the trauma unit. She had already conducted two end-of-life consultation meetings with family members that day. In these sessions, it is her job to give the families options for the next steps of care for the patient. Usually, there are only two choices---remove the patient from life support or transport him or her to a long-term-care facility. The room in which these conferences are held—the "family consultation" room—is known by most family members as the "bad news room." If a family gets called for a meeting in that tiny, cramped space, they know that a tearful, dreaded discussion is inevitable.

I arrived just in time for the physician's last consultation of the day. A few days earlier, a 25-year-old gentleman had arrived to the trauma unit after enduring a motorcycle accident. He was in town visiting his relatives, and the accident left him with a severe traumatic brain injury. Family and friends of the patient calmly waited in the crowded, triangular-shaped consultation space when we arrived. I filed in behind the surgeon, a case manager, a social worker, and a fellow student. I surveyed the room as I entered and recognized the sense of simultaneous relief and intense fear as the individuals saw us enter. Introductions were made, and the meeting began.

As I expected, the medical personnel presented the family with the usual options---remove the patient from life support or transport him to a long-term-care facility. In response to the presented options, the wife told the patient's biography, his narrative. She calmly described her short yet fulfilling and carefree marriage to her husband, long rides on the back of her husband's motorcycle, rock climbing adventures, and road trips. She told us of his adoration for his niece, his dedication to his faith, and his commitment to her. Then, she told her story. She described her life in San Francisco, her job there, and the constant threats she made to her husband about his carefree, lackadaisical safety measures employed on his motorcycle. She concluded with an explanation about her unpreparedness to make a decision concerning her husband's future care.

As I watched the girl, who was only a year or two older than me, tell her story, her calmness awed me, and her maintenance of a rational, logical mental status baffled me. How can she muster enough resilience to sit there calmly explaining her circumstances without bursting into tears? Then, I realized that she needed to tell that narrative in order to help her sort through the events of the last few days, the short time she had with her husband, and the two terrifying choices just presented to her. Yes, she *needed* to tell that story.

A few weeks later, April 24th, 2012, I found myself in the trauma unit once more. This time, I was volunteering as a Trauma Peer Visitor, an individual who has endured a trauma and returns to the trauma unit to offer comfort and support to current trauma patients and their family members. A 65-year-old gentleman had recently been admitted to the unit due to facial fractures that resulted due to a fall from a ladder. As soon as I heard his story, I made my way to his bedside where his family stood looking down on him. After introductions, I began recounting my story. I told the family about my favorite pureed meals to eat while my mouth was wired shut. I explained the reconstructive surgeries and the fact that "my face is made of metal" because of the titanium plates used to hold the bones in place. I described the pain and lack thereof and told them as many details as I could remember from my own experience. I did not answer any technical medical questions. I simply told my story, but as I watched the eager faces of the family members, I began to understand why a stranger would care about my narrative. They *needed* to hear that story. They responded with several questions and finally asked, "How long ago was your accident?" I smiled slightly and responded, "Five years ago today." I *needed* to tell that story.

Because of my own experiences, I believe that medical narratives can transform and shape the treatment choices that are made for individual patients and the outlook of all individuals involved. As a trauma survivor and future physician, I feel humbled and privileged when I think about the fact that, one day, patients will hopefully feel comfortable enough to share their story with me and allow me to be a part of theirs. I hope that I can show my patients and their families how much I genuinely care about their story, their life, and their person. I want to show them the true impact that their medical narrative can have on their own recovery and on the recovery of others with similar experiences. I also aspire to continue to use my own medical narrative to bring hope to patients and families. That's the kind of physician I want to be.

Katherine Guess is a medical student at Vanderbilt University School of Medicine