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Tell Me A Story: Using Narrative History with Older Patients

By Chris Frank

Many physicians enjoy working with elderly patients because of the sense of connection with history that clinical encounters can provide. Medical students, who may seem oblivious to the past, can be enthused when given the opportunity by a patient to hear a story of the Depression, the Second World War or a vignette from earlier times. One of those moments early in my career consolidated my interest in geriatrics and palliative care. I met a 90-year-old Englishman who was bereft at the loss of his wife. He recounted meeting her for the first time; she lived on the Welsh side of the border and he on the English side. Through his tears he smiled, as he remembered seeing her appear through a mist carrying milking yolks over her shoulders. This image of a milkmaid evoked an era so distant from my own, and I realized stories were one of the things that drew me to working with older patients.

As I age, the stories I hear from patients are becoming less "ancient" and are now almost contemporary to my own memories. In the next few years, D-Day survivors or Cold War spies will no longer be around to tell their tales and this fills me with some regret. I wonder how I will engage medical students as a geriatric patient; regaling them with tales of growing up in 1970's suburbs will not be as gripping for them as meeting someone who was in Sarajevo the day Archduke Ferdinand was assassinated as I once did!

When doing rounds on our geriatric rehabilitation unit, I make a point of ensuring house staff see me asking questions about a patient's background. Seeing this at the bedside gives the house staff permission to move beyond the business-like manner sometimes seen in hospital care. Usually, this role-modeling is not necessary as trainees quickly realize the pleasure of "chewing the fat" with their patients and are sometimes surprised at how much "fun" the patients are. This approach can be a factor in trainees choosing careers in geriatric care.

When trying to get a good history and make a connection, I use several strategies to uncover older patients' stories. As someone who is interested in regional and national accents, the patient's accent is an obvious opportunity to ask questions. One learns quickly to ask where the person is from rather than hazarding a guess: Canadians are touchy when mistaken for Americans, Dutch people do not like the assumption they are German, and no one from other parts of the UK like being asked if they are English! I can impress my residents by my ESP skills when I ask a Dutch person, "Did you come to Canada in1952 or '53?" as this is an accurate guess in the vast majority of elderly Dutch people in my town.

For the current generation of elderly patients, a defining feature of their lives was the Second World War. Early in my career another seminal event was the Great Depression, which colored peoples' experiences later in life. Many of the people who experienced the Depression as older children or as adults are now dead, but for many seniors the WW2 remains a profound influence on physical and mental health. One of my in-patients had been captured at Singapore and suffered greatly as a prisoner of war. This story became relevant when he became

delirious; his paranoia was devastating to him as he believed the nurses to be guards in his hellish POW camp. On another occasion, hearing an extremely difficult patient talk with tears in his eyes about seeing comrades killed by flamethrowers at the end of the war gave me some insight into the making of his character and some sympathy to deal with his temper and unreasonable requests.

Another option for eliciting a patient narrative is the patient's previous occupation. The question: "What line of work were you in" can give you insights into how the person approaches their health or the care you are providing. In my experience, retired engineers are often detail-focused and may intimidate a little by the record keeping they use to track their illness and treatments. Retired nurses may be formidable and often have strong opinions about approaches taken. We all know what doctors can be like as patients! Even when the person is over 90, it is relevant to know what they did for most of the hours of their earlier lives and it can make caring for them much richer.

One question a colleague often asks when seeing the patient and their spouse together for the first time is "How did you first meet?" Even in unhappy marriages this question is usually well received and provides some insight into family life and habits—and is often just plain old interesting. I have met artists who met on the piazza in Florence at art school in the 1920s, countless war brides, and same-sex partners who have been companions at a time when such relationships were hidden and furtive.

Working in geriatric and palliative care, I frequently pronounce and certify death when I have never met the patient. This can be a daunting task, especially when the room is filled with family members who are upset and a little angry with the unfamiliar person appearing to do a frightening ritual. A narrative strategy that has been helpful is to ask, "I have never met your relative before, can you can tell me a little bit about her?" Often the family will relax and smile, and launch into a story, painting a glimpse of that person as a parent or a friend. Although this sort of reminiscence is expected at a memorial service it is equally fitting and possibly therapeutic at the time of death. It also makes the task more human for the physician rather than a purely administrative and legal one.

The role of patients' narratives as a source of satisfaction for clinicians is not well studied but is apparent to the observant physician. The role of stories in attracting trainees to geriatric care likewise has not been formally studied. Regardless of the lack of "evidence," I look forward to seeing the evolution of stories I hear and their impact on those who take the time and care to learn them.

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