cognitive-conversations-3-narrative-medicine-on-writing-the-mind-and-body

Fiona

People always think it sounds like a very time-consuming form of medicine, but I think as you practise it more and more you can dip in and dip out of those skills and I use it every day in the emergency department and it's completely compatible with a kind of time-critical medicine, but it's just, it's just really sitting with someone, being curious about who they are as a human being, open to what you might hear, letting go of my checklist of symptoms and differential diagnoses and just listening very attentively and paying attention.

Bianca

Welcome to the Science Write Now podcast. Science Write Now is a free online magazine featuring essays, fiction, poetry and artwork by Australian writers, scientists and artists. And we're excited to be launching our next edition, Synergy, in December 2024. If you're listening to this episode in future, be sure to follow our substack and socials for updates.

Bianca

We've got a stellar lineup for you today. Three special guests join me for our Cognitive Conversation series Narrative Medicine on Writing the Mind and Body. I'm your host, Bianca Milroy, an emerging science writer, editor and PhD student based in Brisbane Meanjin, on the beautiful Mewar River. I'd like to begin by acknowledging the Jagera and Turrbal people and pay my deep respects to elders past and present.

Bianca

I'd also like to extend that acknowledgement to the traditional owners of the lands on which my guests live, work and create. And on that note, let's get some introductions underway here with us Today we have Dr. Fiona Riley, a Senior Paediatric Emergency Physician at the Royal Children's Hospital in NAAM Melbourne. With extensive experience in paediatric trauma and critical care.

Bianca

Fiona is a Narrative medicine practitioner and teacher, lecturing in Australia's first Narrative Medicine programme at the University of Melbourne. She is completing her PhD in narrative medicine and creative writing. Welcome Fiona.

Fiona

Thank you, Bianca. It's so lovely to be with you.

Bianca

We have as well, Dr. Melissa Dixon. Melissa is a Senior Lecturer in English Literature in the School of Communication and Arts at the University of Queensland. Previously, she taught Victorian Literature at the University of Birmingham, UK and was a postdoctoral researcher on the diseases of modern life, 19th century perspective. Melissa's research focuses on the relationships between Victorian literature, science, medicine and material culture and she has published widely.

Bianca

Melissa is also, I'm proud to say, my associate PhD supervisor.

Melissa

Hi Bianca, thanks for having me.

Bianca

Last but not least, Carly J. Metcalf is a Queensland-based writer. Her debut memoir, Breath was published in 2024 by UQP and her work has been published in Kill your Darlings, the Guardian and Text Journal. Carly J lives with cystic fibrosis and has faced a double lung transplant, a rare cancer and other huge medical challenges.

Bianca

She is a passionate advocate for organ donation and for more honest conversations around dying and death. Welcome, Carly

Carly
Hi Bianca, thanks for having me, darling.

Bianca
So big welcome to you all and it's an absolute pleasure to have you on the podcast. I'm really delighted to be bringing us together for this deep dive on narrative medicine and writing, the mind and body. This topic is very close to my heart, but I want to hear from each of you, so give us your origin story.

Bianca
I guess. Melissa, if you'd like to start, I'd like to know what incited you to start reading, writing, researching around the medical humanities, narrative medicine, and if that's been a strong sort of thread through any of your research and what makes you take an active interest in this area?

Melissa
Oh, it didn't start out that way at all. I'm only a sort of recent convert to the medical humanities strand. My research career began very suddenly in 19th-century studies, and I am still at heart a very good Victorianist with a deep love of Victorian literature. But one of the reasons that I love it so much is its very capaciousness and its way of engaging with questions of the mind and questions of the body and scientific and medical advancements and anxieties of its own moment in time.

So I really came to the medical humanities via my great love, George Eliot, for whom the Victorian realist novel was a psychological experiment, and started reading about the neurologists, the psychiatrists that she was reading and thinking through in her fiction, different models of mind and body. And from there really I found literature a really useful way of bridging scientific knowledge and human experience and thinking about medical and scientific developments and also the narratives that we all construct around health and disease and identity.

So it's really a kind of blend of narrative engagement and historical inquiry that drew me into this field, which has led more and more to public engagement activities, contemporary fiction and living patients, not just the historical ones that first kind of piqued my interest.

Bianca

Yeah, wonderful. Thank you for sharing that. And I'm just thinking too in terms of your our early discussions around the topic of how The Victorian and 19th-century literature really intersects with that critical, critical period of the history of medicine, evolving the intersections between the split off between psychiatry, neurology and the treatment of the mind and the brain and and just how that has now become, I guess, a more contemporary field or what we know as the medical humanities.

Melissa

Yes, they're a good model to follow the Victorians in their lack of disciplinary-specific study. They're much more versed in reading across science and medicine than we are now. I think we're getting better at it again, but they were very much more interdisciplinary than. Than we often think.

Bianca

Maybe we're heading back that way.

Melissa

Yeah, it's one of the good things we could return to.

Bianca

Fiona, I'd love to hear from you next in terms of your response to this question.

Fiona

Well, when I think about my origin story, I think back to, you know, being always being very interested in creativity and creative pursuits, but finding myself studying medicine for various reasons that I won't go into here. But my career in emergency medicine took a bit of a detour

about 15 years ago when I moved overseas for a few years to a country where emergency medicine wasn't practised or recognised.

And so I found myself with a lot of time on my hands. And Melissa, I had forgotten all about it until this exact moment. But the first thing that I did was to enrol in an online course on Dickens, the literature of Dickens, through the University of Exeter. And I found that really fascinating and incredibly interesting.

But over the years that I was overseas, I became both a photographer and writer and ended up as a food and travel writer in this kind of second career that was very organic in the way that it came about. I didn't plan it, it just sort of evolved. And so when I moved back to Australia four years later, a couple of things happened.

I continued working as a food and travel writer, writing for publications mostly in North America and Canada, and trying to keep to insane deadlines that were in the middle of the night in Australia. But I was also back working in my old job as a paediatric emergency physician in Brisbane at the time.

And neither of my bosses knew about my other career, so my editors in New York and Toronto had no idea that I had just finished a shift in emergency and was then, you know, scrambling to finish an article. And conversely, none of my bosses at the hospital knew that I was going home from work and then staying up for another three or four hours to write.

And it struck me as really painful and difficult that I couldn't reconcile these sort of two major interests in my life and at the same time, my eyes were really opened after being away for four years from medicine in Australia, my eyes were really open, opened to the complex difficulties within our health systems and how really intractable they were for patients and their families.

And I found that A real kind of lightning rod moment to do something different, but I didn't know what or how. And then at one point, I was asked to talk about medicine and creativity and completely by chance, I read about the field of narrative medicine from Columbia University in

the us, and something about it just made complete and utter sense to me as someone who was both a clinician and a creative practitioner.

And I thought, here is a way that I can actually bring these two together and reconcile them into one career. And it took a number of. Of more years to actually formally study narrative medicine through Columbia, but I've done that now and I'm happy to say that it's really revolutionised my medical practice as well as my creative practice.

Bianca
That's incredible. Thank you, Fiona, for taking us on that. I guess a streamlined version of your journey. But it's just amazing to me how these things come about and how we stumble upon things like narrative medicine, like our creative practice, and reconciling two very different interests and passions in our lives.

Fiona
Yeah, I think narrative medicine really asks of us that we bring our whole selves to the clinical encounter. You know, I'm speaking from the clinician's perspective, but I hear a lot from doctors, nurses, other people working in healthcare, that there is an expectation that you leave yourself at the door of the consultation room and that you somehow enter into this medical Persona that actually nobody wants.

The patients don't want it, their families don't want it. I mean, there are times when it's really helpful in terms of dealing with very difficult, complex situations or traumatic situations even, and it can be useful to have a Persona to deal with that and you can reconcile that later. But I think in terms of the human-to-human interactions in healthcare, it's really important that we're able to bring our whole selves, whether that self is someone who is a creative person or someone who's a mad sports nut or whatever it is, that is who you are, because then we can connect on.

Bianca
A real human-to-human level that's so essential. Absolutely. Carly, you're coming, I guess, from a very different, but also very similar sort of perspective, with lived experience, having lived and

living with cystic fibrosis and many medical challenges along your path. But now also through the research you're doing, the writing you're doing, how would you, I guess, like to answer that question in terms of when it became evident to you that you felt like you wanted to embark on a bit of a creative pathway?

Carly
I've always been Creative, like, even as a little kid. And I don't know whether that was born out of a bit of a survival mechanism when I was in hospital, seeing some very confronting, but also normal things. Like it was. It was totally abnormal for a child to see, I guess, death and suffering on such a scale.

But it was. It was normal to me. But I think creativity is how I got myself through. I've always written and I've always been. Even as a young kid, I've been fascinated by the human condition. So the idea of identity interests me, like who we are, how do we interpret our, you know, how do we interpret illness, dying and death?

I love and respect the intersection of literature and medicine. I actually became a hospital chaplain in 2015, a chaplain for Heath. So I was a chaplain for all of the people who had no defined religion. And I found reading to my patients really helpful because it kind of opened up a world for so many people who weren't really engaged with literature.

I was able to share that with them. And there was some really profound conversations, particularly after poetry. And I've always found that really beautiful. But Melissa mentioned earlier that we might be going backwards. And I really think in some respects that this is a good thing. But I'll probably talk more about that later.

Bianca
Yeah, absolutely. I'm just thinking, yeah, going backwards, but returning to some old-school methods like direct observation and listening and close reading and not just relying purely on the information that scans and machines are providing us. I think, Melissa, you have a contribution.

Melissa
To make again, Please do. I'm just curious what kind of works you would read in that setting. If there were certain authors that were really popular or certain pieces of poetry that really spoke to people.

Carly
I think I, I usually knew the. The patient or why the patient was in hospital before I walked in the room. And there were some very angry people. And I, you know, absolutely. I could see why that they were angry because there wasn't a lot of communication happening between them and their doctors and their family.

And they felt that doctors were keeping things from them to, I guess, soften the blows. But I'm a particular fan. I mean, I wasn't going to read any Sylvia Plath, put it that way, but I was a particular fan. I love Peter Goldsworthy as a poet. There was, you know, Ted Hughes, Auden.

Carly
I like the old poets like Walt Whitman. And that definitely appealed to the older patients. They could really connect with that.

Bianca
Thank you, Carly. I wanted to really get into a bit more of unpacking narrative medicine for our listeners because it is a term that's being. I know, in my daily life. It's. It's. I feel like I'm completely surrounded by it. But the more and more I have conversations with people outside of my PhD and research bubble, they're going, I've never heard of this.

What is it? A lot of. Even doctors and other specialists that I've been speaking to don't necessarily know the term. So, yeah, I guess, Fiona, if, as our resident narrative medicine expert and practitioner, I would really love to hear more about the study you've done in this area. I believe, believe it. That was through the Columbia University.

And could you just take us through the fundamentals of what narrative medicine is and how it looks like in practice?

Fiona

Yeah, I guess I would say that narrative medicine is both an intellectual premise, but it is also a way of practising in healthcare. And it's not confined only to medical practitioners, but it was founded by a physician who. Whose name is Rita Shar, who lived and worked in New York and who also felt that medical care, modern medical care, really lacked a human dimension, that it had lost something along the way, as a very bioscientific model of medicine became privileged in medical schools and then in medical practise.

And we've achieved so much through that bioscientific approach, but we have lost something, I believe, along the way. So narrative medicine asks us to do a number of things. Firstly, to pay very close attention to both what is being said and what is not being said in any interaction. It asks of us that we have affiliation with our patients, to understand who they are and where they're coming from, and also to understand the complexity of their life and their world, because illness doesn't exist in a vacuum.

It is in conversation with all of the other things happening in that person's life, and we can't ignore that. And then thirdly is representation. How do we represent patients? I mean, these were the initial thoughts in narrative medicine. What is the ethical way to represent a patient? What does it mean to be represented by a doctor talking about you to another doctor, for example, who might be another specialist in your care?

And so the way that narrative medicine is taught is through this fundamental skill that's called close reading. And it's a bit different to the close reading as understood by literary scholars. But it's a method that involves firstly examining a text, usually in a group and with a facilitator and the text is chosen because it speaks to some particular aspect of life, of illness, of death, of suffering, or of Joy and kindness.

But as a group, you examine the text and what you realise is that everyone has a very different interpretation of this same set of words, or this same picture, or the same piece of music and that speaks to our subjectivity as humans, you know, the background that we bring to any interaction with another person.

And then as we're listening to one another, it really hones those skills of close listening as well, that really deep, attentive listening that's so important in healthcare. And then after the text is discussed, then you set a timer for five minutes and everyone writes to a prompt. And I know all of us are often very self-censoring and self-editing, but writing to a timed prompt just takes that out of the equation.

And so what happens is that the writing that comes out is often very much in the shadow of the text that's just been discussed. And then in the group, people share it. So there's an act of vulnerability. I always say to participants in these groups, you really have to think about what we're asking of our patients, which is to be vulnerable with us, to tell us things that they may feel really uncomfortable sharing.

And I'm asking of all of you this small act of vulnerability, of sharing what you've written, but what comes out is often completely extraordinary. I did a workshop Yesterday online with 150 emergency medicine doctors from across Victoria who had never experienced narrative medicine before and several of them brought out these extraordinary five-minute poems that they'd written in the shadow of the text that were really beautiful and spoke to some sort of deep-seated feelings or past experiences that they hadn't been able to express or resolve.

So that that's what close reading is in a nutshell. It normally takes about 45 minutes to do that, and it can be done individually, but it's more often done as a group. And narrative medicine has a whole suite of other skills that are taught. One that I like to, to help people with is something called the parallel chart.

So in medicine, the ways in which we write the form and structure of how a medical account is written in the patient's chart or notes is really rigidly prescribed and taught throughout medical

school and anything else that comes up in a consultation. Like, I found this really challenging because this person reminds me of my very angry, racist next-door neighbour, for example.

You can't write that in the medical chart, it's not allowed. And so the parallel chart's a personal document that's just for the clinician to write about those other emotions or aspects that might rise from an interaction that sit with you that you can't let go of. And sometimes in doing a parallel chart entry, I actually ask people to write it from the perspective of the angry racist other person or the child or the elderly person who's suffering.

And that can really help in connecting with that person on a different level.

Bianca
Yeah, I can definitely see how in practise and also in I guess the theory or the teaching that the narrative medicine is really bringing a lot of empathy into the space and encouraging not just a one sided conversation, but a dialogue between pat and practitioner is a really collaborative aspect of it, I think as well.

Not just between the doctor and the patient, but also doctors and other specialists from what I assume in terms of looking at the patient's medical records or their chart and seeing them as a whole person and taking a lot of other contextual information into account. As a writer and someone with lived experience, myself, of chronic illness, neurological illness, and taking 13 years to get a diagnosis in my case, how I've used, and I'm reflecting on this now, but how I've come to what I see now as my day to day practise and understanding and sense-making, using those aspects of narrative medicine, engaging more in those kinds of conversations with specialists and medical practitioners and knowing as a patient what is the best thing I can do, what I can bring into the clinic for them as well.

Fiona
Yeah. And it just, I think, has enormous potential for patients. I've talked a lot about the clinician side of things, but I think the thing that really pulled me into narrative medicine in the first place and made me very excited about it was the potential for what it could mean in terms of flattening

that hierarchy, that power difference between someone who holds medical knowledge and someone who's seeking help for a problem.

And it really has enormous potential in that space. But, you know, we really have to think about, in medicine, we have to think about a lot of aspects of privilege, but one of those is narrative privilege. You know, who is able to tell a story about their health, about their illness, about their symptoms.

And we have an expectation that our patients can somehow understand that that information needs to be delivered in a particularly coherent way in order to access good medical care. And narrative medicine just upends that and says, you know, let's put the privilege back with the patient, with the person who is seeking help and help them to be able to tell the story of their illness in a way that makes sense for them.

Bianca
Yeah, There's a really important aspect, I think, to being able to have the capacity to step into the patient's shoes or the other person's shoes. I will go to my next question if that's okay with you all. So, Carly, we're going to I would love to hear more from you in terms of your memoir breadth.

We mentioned that in the introduction. Your memoir has come out this year, 2024, and really it delves into your firsthand experience, having had countless hospital admissions and navigating a very complex and amorphous system, being the patient through childhood into adulthood, and really forming your philosophy on life through having conversations about dying and death and really trying to break that taboo that surrounds those topics.

A big theme throughout your book is care. That's what I picked up in my reading of it. Self-care, taking care of others. I'm wondering if you could just share your experiences of care and just sort of focusing in on that theme a little bit in a medical setting and where you see the practise of narrative medicine fitting into this picture.

Carly

I suppose how I showed care and compassion to myself when I was growing up was with music and books and writing, walking and spending time in nature. To be honest, it took nearly four decades for me to be kind to myself, and it's something that I still have to work at every day.

I much prefer looking after others, to be honest, and still do. But I knew on some level that if I didn't look after myself, I wasn't going to survive. From a healthcare perspective, things were fairly primitive when it came to not only treatment, but care for cystic fibrosis in the 80s. In my book I've written about being treated as more petri dish than person, where the focus is solely the disease.

And I understand the significance of that from a clinical perspective, I really do. But medicine had to do better. And medicine. I actually write this in my book. I think medicine might exist to save us, but up until recently it hasn't existed to heal us. And I really believe that narrative medicine is the most, I suppose, indispensable tool for medical professionals to understand and empathise and truly be with patients.

You know, to truly walk beside patients. I really wish it had been around when I was growing up because we had some really naughty and complicated relationships with doctors. Where we didn't feel safe and where we didn't sit, we didn't feel seen or heard. There was this massive disconnect between doctor and patient early on.

I think like in the 80s and early 90s, we would get emotional sustenance and care at the bedside from our nurses. But when the university system came in, student nurses were spending less time at the bedside and more time in lecture theatres. I think that was a huge mistake. There was this richness to the relationships we had with our nurses.

And when the system changed, the difference in care was quite stark. So I feel like nursing, through no fault of its own, has become distanced from patients where doctors are really kicking care goals because they now know how important trust is and how crucial it is to have a good relationship with their patients.

Nurses are underpaid, overworked and underappreciated, and I feel like they've been left behind in a way, whereas I see more and more doctors stepping up to almost fill that emotional void that's been left behind. I have nothing but the greatest respect for nurses, but I feel that they've been let down by the very system that educates them.

I'm not sure if that answered your question or not.

Bianca
I was just thinking the whole time then because I think you answered it perfectly. Just reflecting on when we're going through something challenging and very overwhelming and being surrounded by, like I said, basically trauma and some sort of suffering on it, on that kind of scale, we retreat what, how we show ourselves.

Self-care is through the arts is through, like you're saying, music and books. And you mentioned a couple of other things. Poetry. Yeah. So the biggest thing that stood out to me was, I guess, how you opened the answering of that question and then leading on from that, what I was. I was thinking back to your anecdote that you include in the book about, well, what was it like for that particular doctor who was giving you a needle or taking blood, I think, and, you know, was just doing it to the point where it was just really painful and really cruel in the way it was being done to you.

Carly
I think I was about eight years old when that happened, and a doctor had tried to get an IV and I think he tried six, seven times. And I just got off the table in the treatment room and said, I think that's enough. And I called my mum and she came up and he stood in the hallway and screamed at us, you need to start taking responsibility for your own illness.

And I'm thinking, dude, I'm eight. But my revenge was sweet. I got to cannulate him. He asked what he could do as, you know, as an apology, and I said, I'll cannulate you. And I did. And it wasn't so much about revenge, it was just. I wanted him to see and feel the fear.

And he did. He was shaking even though I got it in first go. That was an interesting experience. Experience.

Fiona
You're a much better cannulator.

Melissa
Thank you.

Fiona
But it's about that ability to inhabit someone else's experience, isn't it, that that person was unable to do for you as a child. I admire your ability to actually get up and remove yourself from that experience. But, you know, our ability to inhabit the other person's point of view is a really difficult thing.

Melissa
Yeah.

Carly
And I suppose, like I said before, I wanted him to know the fear and. And the pain and I didn't do it in a cruel way. Like, I put the tourniquet on, I found a vein and put the IV in and with precision. And he had tears in his eyes at the end.

And I'm thinking, well, you wouldn't be a very good patient with cf. So, yeah, that was a bit of a watershed moment for me, I think.

Bianca
Thank you again, Carly and I wish we had more time to cover more of it as well in today's interview. I encourage anyone listening. When you have a chance to get your hands on Carly's memoir, it will take your breath away in so many regards, and just the frankness and the humour. But I guess it's a form of that coping mechanism that we all have within us sometimes to use humour as a tool and a way of getting ourselves through a very harrowing point in our lives, but ultimately sends such a strong message of hope and endurance.

Bianca
Melissa, across your research focusing on the history of medicine and the relationships between Victorian-era science, arts and literature, I was reading with a lot of interest a paper that you presented on the stethoscope, drawing on the observations of sound theorist and historian Jonathan Stern. The stethoscope, a powerful symbol of modern medical practise, marked an important shift in the Western history of listening, whereby the voice of the patient was no longer the basis of diagnosis, but existed in relation to other sounds made by and within the patient's body.

Bianca
This really struck me. I wonder if you could elaborate on this idea of listening and how our understanding of medical practise and patient care has evolved.

Melissa
I love that you've chosen this particular passage, Bianca, because it's actually what started my book project was thinking about that sentence and what that actually meant. Jonathan Stern is a sound historian and he's not a historian of medicine, so he was. He was writing about the stethoscope from the point of this wonderful revelation in acoustic science, which it was, and I looked into it and the stethoscope was invented by a A French physician in Paris in 1819 called Rene Lanique, and it was a really practical solution to a problem for.

For him and for medical practitioners that they were really struggling to diagnose people, particularly women. You couldn't quite so easily, in 1819, listen to a woman's heart by pressing

your ear against her chest. And so often, particularly when we were being misdiagnosed. And it was Laennec who had this solution of rolling up a piece of cardboard and pressing it against his ear, and he realised that would amplify the sound and then started experimenting with various designs and materials and then ultimately settled on the stethoscope.

And it is a real watershed moment in the history of medical practise and clinical medicine. It gave rise to the ability to diagnose all sorts of heart conditions, to hear the foetal heartbeat, you know, all sorts of new ways of listening to the body, and was an extraordinary moment of development for the medical world.

But when I was reading this, I was curious, what about the patient and what does that mean for the patient? And as a literary historian, I started looking at the question from a completely different angle and found an extraordinary number of poems and ballads written about the stethoscope or to the stethoscope. Tracked it through Gothic stories and, you know, short stories and ghost stories, even that, you know, there was this whole other version of this history that had been really overlooked in scholarship today.

And that's really where my sound project began and what really pushed me into medical humanities. And I was really interested in this perspective of the doctor, of this great new instruments. Fantastic. You can do all this stuff you couldn't do before. The patient experience is one extraordinarily alike. What Carly J was just describing, in fact, of removal of distance, of being a petri dish, not in the 19th century, but being a body or a heartbeat rather than a whole person.

And this really changed the power dynamics between doctor and patient. Previously, it was much more conversational. Sometimes it was even conducted by letter, where you'd say how you felt and they would send you a letter and tell you what to do. Whereas all of a sudden there's a much more physical engagement with your body and an extraordinary sense of vulnerability, that there's things taking place in yourself that you don't know or understand and you need someone else to tell you what they can hear and what that means.

And this extraordinary shift in the sort of professionalisation and specialisation of the doctors really takes off from that point to the point where the stethoscope's given all sorts of extraordinary powers of future telling in some stories or this kind of augur of doom, this objective of dread. It's about 40, 50 years before it becomes a bit parse that your doctor is expected to have a stethoscope.

But there's a really long period of adjustment, which I think is fascinating because even now the stethoscope is this symbol. I did a workshop with doctors where I was talking about the stethoscope and several of the junior doctors said, you actually don't need one anymore, but we all still wear one because it's such a symbol of medical authority and medical professionalism.

And I just found it fascinating that this history of this object has led to this point where it's still this sign of a doctor's knowledge and power, even though it's actually not very relevant to medical practise anymore. And there's other ways of examining the heart now. So it's quite interesting to me and I think this sort of shift in medical humanities to bring back the patient voice and the patient experience is, is long overdue.

And you know, if we're talking about, you know, 100 year, 200 year period of time where there's these power dynamics have got so skewed and that I really think that's what narrative medicine is trying to address.

Fiona
That was so fascinating. I was just listening, enraptured, thinking, wow, I had no idea about all of that with this. The thing that is just very utilitarian to me, but as ultrasound. Bedside ultrasound as a tool has really taken off in the last decade, particularly in emergency medicine, where it's called pocus point of care ultrasound, but also gives it this kind of magical name almost.

But the ultrasound probe has kind of become a de facto stethoscope in terms of looking at things inside the body, inside the heart and the chest, the lungs and inside the abdomen. But the stethoscope is still such an important tool and nobody that I know has given up their

stethoscopes. And my younger sister works in advertising and recently had to produce an ad where there was a, you know, there was a kind of doctor character.

And she said to me, yeah, but doctors don't. I told them all doctors don't have a stethoscope any anymore. You know that thing of wearing it around your neck, that's a very Grey's Anatomy thing, isn't it?

Melissa
And in the 19th-century, they used to keep it in their top hat.

Fiona
Is that right? Wow.

Melissa
Dr. Watson keeps his stethoscope in his hat.

Fiona
Wow. Well, none of us have top hats anymore. We do. We certainly do still have it around our neck on every shield. So yeah, it feels a really integral. Like I can feel its absence if I accidentally leave it somewhere because it's just there all the time.

Bianca
I wonder if the 19th-century writers felt a little bit like something was missing if they didn't have like a pen or a quill tucked in behind their ear as comparison. That's wonderful. And that's why I wanted to bring all of us together really to have these kinds of conversations because it's. We can talk about our experience of something as a patient or as a practitioner, but it's amazing what happens in the conversation when you suddenly have someone to be able to go, yes, that's how it is, or no, this is different.

Or it makes for such diverse conversations. So, thank you, Fiona. Together with Dr. Mariam Toki, you're at the forefront of delivering the country's first dedicated narrative medicine

programme. As I mentioned earlier, as part of the medication medical degree at the university University of Melbourne, I also hear you've had a few special guest lecturers including Tony Burch and Melanie Chang.

Could you describe a little bit, and I know you did go into detail before around the sorts of exercises that you do with the doctors or the pre-med students. In terms of how it's taught, do you think we're seeing likely to see it in other universities in the future?

Fiona
I hope so. The narrative medicine programme at Melbourne Uni was really instigated by my lovely colleague, Dr. Mariam Toy. And last year we started with narrative medicine as a four-week elective for second-year medical students. So, it was completely by choice. And so the pilot group was 16 students at the beginning of last year, but we've found that it's proven incredibly popular and we've now run the four week elective four times and it's continuing next year and the numbers keep increasing each year as the students talk to one another about it.

Apparently we are the only subject in the University of Melbourne med student guidebook that they write themselves that has a five-star rating, which we were, you know, we were delighted to hear because it means that it's, it's fulfilling its role for them. But in that four weeks it's a full-time four-week intensive where we cover the fundamentals of narrative medicine.

As a practise, we cover poetry, memoir, short story, and narrative medicine and social justice and advocacy, which is a really important aspect of it, and also narrative medicine ethics. And at the end of the four weeks, the students produce a collection of three poems that speak to their experiences in. Usually in the hospitals, but sometimes as patients themselves.

And they also produce a work of memoir or personal essay. And it's just been the most joyous, beautiful thing to see the empathy that got these people into medical study in the first place just really blossoming alongside their creativity. They're all incredibly creative, but sometimes just guiding that creativity into a particular form.

And the thing that's been lovely is helping them all find their own narrative voice, which they all struggle with, because I think medical students, like many students, feel like they have to conform to a particular way of being that might not sit well with who they are as people. And what we're saying is, actually we value you as individual humans and we want to hear your own voice come through in your poetry and in your writing.

And we've been so lucky to have the support of the Faculty of Arts and incredible writers like Tony Burt, who've been really instrumental in getting this programme off the ground. And Tony teaches the students in week one and week four of each of those electives. But also Maxine Beniba Clark, an amazing poet called Andy Jackson, Anna Spargo Ryan, another poet, E. Lin Chong

So, they've all been wonderful in their contributions. And Melissa, you might be interested that Maxine Berneeba Clark takes the students through an exercise that's about the history of some of the common medical instruments that are used, including the stethoscope and the speculum, but then asks them to imagine the history of an instrument that they have used in the operating theatre or in a procedure, for example, as a way of just really connecting their imagination with the way that these implements were often invented for other purposes and then came to be used in medicine.

Anyway, that's. That's it in a nutshell. But the outcomes have been really amazing, both from a creative point of view, but also in. In nurturing all of these wonderful people who will be future doctors to figure out who is the kind of person that they bring to their medical work and how is their voice important too, and how can they advocate for their patients and be curious about them?

Bianca
Thank you, Fiona. I can. I can definitely relate to and imagine how much the aspect of voice and finding narrative voice when something like being in practise, in the medical practise, it's so much about, I guess, the focus on questions, asking the right questions, and the focus is really on finding out what the symptoms are, what the diagnosis is, and the emphasis is, therefore on the

patient and how they're presenting and less on. On the doctor themselves and the. Yes, their interpretation of the symptoms and the results, but also just sort of digging that little bit deeper and finding out what their interpretation of a particular poem or text is. And so, yeah, I think it's amazing and I think I would also love to see it brought in to every university that has a medical programme and beyond.

So, thinking of that and with narrative voice in mind, I know that you're in the trenches of your PhD at the moment. Is there anything you wanted to add? I guess, putting your author, a writer hat on, something that you're working on in terms of your creative writing project and how you're navigating narrative voice as well?

Fiona
As part of my PhD in narrative medicine and creative nonfiction, I've had to produce a creative work. And there are always incredible, troubling, amazing stories within my work that have deeply affected me and that I carry around with me. And every clinician carries around these stories. But up until the time where I started my PhD, I'd never been able to write about this them.

I felt that I hadn't the requisite skill in terms of my actual creative skills and that that needed development. And I didn't feel that I had an ethical framework in which I could write ethically about my patients. And so narrative medicine has really provided that ethical framework, I think, to think about a story as it affects me, but also to think really carefully about the way a story that I tell might affect someone else who's in that story, whether that's a patient or their family or a colleague, for example.

So it's been really wonderful to find my own narrative voice, I guess, to be able to tell stories of difficult experiences as a young doctor or a more senior doctor, and difficult experiences from my own childhood, because I realised that, you know, narrative medicine asks you to bring your whole self. And part of my whole self is that, you know, my own childhood experiences were probably really instrumental in me deciding to practise paediatric emergency medicine for so many years so that I could advocate for children who didn't have a voice, for example.

Yeah, so it's been. It's been a long process and I'm glad that I'm coming to the end of it. But thank you for asking about that.

Bianca
I wanted to sneak that in as a question just because my own personal curiosity, but also knowing that it has those interdisciplinary strands that really connect in looking at narrative medicine and creative nonfiction. Now I'm just conscious of time, Melissa particularly. I know that you You've would only have a couple of minutes left.

So, I was just going to segue to you, just wondering, from a. I guess a literary scholar and historian, also a research kind of perspective, is there an essence of voice that you're conscious of that comes through in your work? I know it would be a very different type rather than looking at it from a creative writing perspective, but I was just interested in your thoughts on that Melissa.

Melissa
It's a really sticky question to think about. What my research is aiming to do at the moment is capture a multiplicity of voices. I really try and remove myself from it and access historical voices. And I'm aware that that is a slight of hand rhetorically and I am involved in this process. So there's lots of layers to that.

There's the, the historical voices that I'm trying to read and capture and then there's the fictionalised versions that are engaging in that process from, from different perspectives of the. The patient doctor relationship that I'm exploring. So I don't have a very neat nice answer for that, but I think some kind of capacity to, to capture multiple voices or to be capacious in the approach that we take in this kind of research is really important.

From different disciplines, from different experiences, from different demographics that all get ill and all have these kinds of experiences in really intensely individualised and personal ways. The only final thought I have, which it may sound trite when I say it as I'm listening particularly to Fiona and Carly J. And thinking about the concept of narrative in medicine, I am really struck

by the need for a much more holistic approach, approach to our daily lives than we take, you know, in terms, particularly as researchers, you know, we.

We tend to identify ourselves by our discipline and what we do. And I think that that can be really limiting, you know, thinking about ways to experience other lives and to engage in other lives and inhabit other perspectives to me is just an act. This reading, that's what I do in a completely different way from what, what Fiona and Carly are talking about.

And I think these kinds of conversations that you facilitated, Bianca, are really important for having those cross disciplinary moments of connection and just thinking about it from someone else's life experience and someone else's disciplinary expertise has been really, really interesting. So thank you.

Bianca
Thank you, Melissa. That means a lot. I really appreciate it. When we do pursue and we go really do a deep dive on a particular topic or a project, we immerse ourselves in something like a ph. We're bringing with us a. We're really prioritising you know, the things we're interested in. And then what comes along with that is also the types of voices or perspectives that have been recorded in history and even the average person for who things like drug trials and studies are based on.

I think the narrative around that is changing. But again, we're really reliant on what's been before, what's come before in the history of medicine and. And research. Just wanted to do a quick fire question as well. Over to you, Carly, to close. If you want to talk a little bit about your current project.

I know that you're working on a collection of essays looking at something called Autopathography. If you wanted to touch on that a little bit and just sort of tell us a little bit more about what sort of topics you're really. You're getting into the nitty gritty with that at the moment.

Carly
Thanks, Bianca. Yeah, I Autopithography is the practise of writing about one's own illness. It was a term I'd never really heard about before until I did do a bit of a deep dive into my mphil research. The things I'm writing about in the essay collection. I'm writing an essay on pain, I'm writing an essay on vanity, I'm writing about addiction, I'm writing about medical negligence and I'm writing about things like sex and disability that have not been written about nearly enough.

And I've absolutely loved the process of it, even though I do complain about writing my thesis. It's not necessarily the essays aren't necessarily memoir, they're nonfiction. So, I. I suppose. And the narrative voice for me is like the writer's signature. So, and I think you impress that into your writing when you're really present on the page and that's what I'm trying to do.

Bianca
So much life you breathe into your writing through the types of life experience and perspective. I think you do that so well and to show it. Thank you.

Carly
Yeah, that's a really lovely thing to say. Thank you.

Bianca
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We will be back with another episode soon and more cognitive conversations to come.