NARRATIVE WORKS: Rethinking equipoise & equanimity

TAVIS APRAMIAN, MA, MS, PhD & Kelley Skeff, MD, PhD
@TavisApramian

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Osler’s Aequinimitas

“Imperturbability means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of great peril, immobility, impassiveness, or, to use an old and expressive word, phlegm. It is the quality most appreciated by the laity though often misunderstood by them; and the physician who has the misfortune to be without it, who betrays indecision and worry, and who shows that he is flustered and flurried in ordinary emergencies, loses rapidly the confidence of his patients.”

- 1889

Problem for...

- Evidence-based medicine
- Outcome measurement
- Health technology assessment

Evidence based medicine: a movement in crisis?

Trisha Greenhalgh and colleagues argue that, although evidence based medicine has had many benefits, it has also had some negative unintended consequences. They offer a preliminary agenda for the movement's renaissance, refocusing on providing useable evidence that can be combined with context and professional expertise so that individual patients get optimal treatment.

Trisha Greenhalgh dean for research impact, Jeremy Howick senior research fellow, Neal Maskrey professor of evidence informed decision making, for the Evidence Based Medicine Renaissance Group

Clinicians and Outcome Measurement: What’s the Use?

Ann F. Garland, PhD
Marc Kruse, BA
Gregory A. Aarons, PhD

CONSIDERATIONS IN DEFINING EVIDENCE FOR PUBLIC HEALTH

The European Advisory Committee on Health Research* World Health Organization Regional Office for Europe

H. David Banta
Netherlands Organization for Applied Scientific Research
Assumes the “extant literature as lacking essential perspectives... [and] seek to redress oversights by providing viewpoints or frameworks.”

However, “stops short of arguing that the extant intertextual field is wrong, instead allowing the proposed alternative framework to coexist with the extant field”
Theory as...

- Hypothesis
- Phrase
- Story
- Problem

Faculty

- **Giving:** “If they’re doing the procedure in an adequate, safe way, then as long as they know how I like it and how I do it and they know that and they’re choosing to do a different way, then I’m fine with that...” (URS07)

- **Expecting:** “…it’s important for the trainee to do what the instructor knows because it’s our case, our patient. One thing that drives us crazy…is the trainee using someone else’s technique on your patient.” (URS04)

Learners

- **Trusting:** “...every single one will have their idiosyncrasies that, if you’re a good resident, you’ll pay attention to” (R11)

- **Suspecting:** “…[Ideally] everyone is working with the same principles and the same ideas of what is acceptable and what is not ... but the complicated reality is that I’m not sure that ever happens ... you start to develop your own way for a lot of things fairly soon on, and so what trust is seems to be more and more how you can do something other than the thing you think is safest and most useful.” (R14)
Participation can be more "full" but it cannot be more "central."” According to the original text, “there is no place in a community of practice designated ‘the periphery,’ and, most emphatically, it has no core or centre.” (pg. 36)

“When I got off the phone, an attending physician in the nursing station took me aside. It was Jim Krank, a clinical trialist who specialized in acute leukemia and the withering stare. We was a chubby man with a brown, bushy toothbrush mustache. I had taken care of one of his patients recently, an elderly man with drug-resistant leukemia and fungal pneumonia. When the end of was near, his son had tried to put restrictions on blood draws. ‘I know my father, and he didn’t want to live this was,’ he had said. ‘The one thing that he always prayed for was that he would go in his sleep.” But we quickly discovered that it was almost impossible not to draw blood from a cancer patient. Some reason or another always came up. Eventually his family instructed us to provide ‘comfort care,’ which meant no needle sticks and a steady infusion of morphine.

For a while, his condition seemed to improve, making Dr. Krank grumble thickly, ‘It always happens this way, Patients do better when we leave them alone.” It was the most devastating critique I had heard of the profession, and though I knew it was made flippantly, it still made me think; What is the point of all this? All the protocols, the chemotherapy, the transplants—what was the point if, in the end, the sickest patients, the ones we were beholden to help, or at least not to harm, were better off without us? My first instinct when the old man started getting better was to turn off the morphine drip, but Krank dialed it up even further. I was afraid he might stop breathing, but of course that was the whole point. It was called the law of double effect. It was okay for us to hasten his death in the service of treating pain and discomfort.”
“Chaos feeds on the sense that no one is in control. People living these stories regularly accuse medicine of seeking to maintain its pretense of control—its restitution narrative—at the expense of denying the suffering of what it cannot treat.”

“In medicine, manifestations of illness are polysemous—they can be interpreted in many ways—creating a field of cognitive traps into which clinicians routinely fall... Part of the problem is the fast-paced environment of clinical medicine. Clinicians feel under pressure to come to a diagnosis and treatment plan and move on to the next patient. Part of that pressure is internal, though—something about the quick thinking is exciting for physicians. Clinicians need some way of alerting themselves to the possibility that their understanding is provisional and incomplete, that their expertise can lead them astray. They need a trigger to help them slow down when they should.”
“If practices are foregrounded there is no longer a single passive object in the middle, waiting to be seen from the point of view of seemingly endless series of perspectives. Instead, objects come into being—and disappear—with the practices in which they are manipulated. And since the object of manipulation tends to differ from one practice to another, reality multiplies. The body, the patient, the disease, the doctor, the technician, the technology: all of these are more than one.”
Write about a time when...

- You lost control
- You learned from someone you had planned to teach
- The motives of another snapped into place


