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NARRATIVE MEDICINE IN CHINA: A CRITICAL REFLECTION

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Abstract: In recent years, narrative medicine has become a hot topic in Chinese humanistic medicine and has gained considerable influence. It is believed that narrative medicine can provide a constructive approach to balancing bio-medicine and humanities sciences, but there are many anti-narrative factors in China's culture and medical practice. It is controversial whether narrative medicine can improve medical diagnosis and the doctor-patient relationship in China. Therefore, despite many researchers believing that narrative medicine is very suitable for China, some critical reflections are still needed, so as to avoid doctors and patients spending too much energy on narrative, which may lead to treatment opportunities missing or create new troubles.

Keywords: bioethics, narrative, patient, cultural difference

Medicina narrativa en China: una reflexión crítica

Resumen: En los últimos años, la medicina narrativa se ha convertido en un tema candente en la medicina humanística china y ha adquirido una influencia considerable. Se cree que puede proporcionar un enfoque constructivo para equilibrar las ciencias biomédicas y las humanísticas, pero existen muchos factores antinarrativos en la cultura y la práctica médica de China. Es controversial esta puede mejorar el diagnóstico médico y la relación médico-paciente en China, por lo tanto, a pesar de que muchos investigadores creen que es muy adecuada para esta nación, todavía son necesarias algunas reflexiones críticas para evitar que médicos y pacientes gasten demasiada energía en la narrativa, lo que puede llevar a perder oportunidades de tratamiento o crear nuevos problemas.

Palabras clave: bioética, narrativa, paciente, diferencia cultural

Medicina narrativa na China: uma reflexão crítica

Resumo: Em anos recentes, a medicina narrativa tornou-se um **tópico** quente na medicina humanística chinesa e ganhou influência considerável. Acredita-se que a medicina narrativa possa fornecer uma abordagem construtiva para equilibrar ciências biomédicas e humanidades mas há muitos fatores anti-narrativa na cultura prática **médica** chinesa. É controverso se a medicina narrativa pode melhorar o diagnóstico médico e a relação **médico-paciente** na China. Portanto, apesar de muitos pesquisadores acreditarem que a medicina narrativa é muito adequada para China, algumas reflexões críticas ainda são necessárias para evitar que médicos e pacientes gastem muita energia em narrativas que possam levar a perder oportunidades de tratamento ou criar novos problemas.

Palavras chave: bioética, narrativa, paciente, diferença cultural

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1. Introduction

2018 was a milestone year for the development of narrative medicine in China. A specialized journal named *Narrative Medicine* was officially launched with the support of China's National Health Commission, and narrative medicine became a part of CNHC's standardized training program for resident physicians. In the same year, Charon, the main advocate of narrative medicine, attended the International Conference on Medical Humanities held in China and delivered a keynote report. Since then, narrative medicine has been rapidly and widely introduced into Chinese clinical practice and research, medical student education, hospital management, and other fields. An explosive research trend of narrative medicine prevailed in China: over a hundred studies on narrative medicine were published in journals every year, and numerous hospitals carried out practices on narrative medicine*(1,2)*.

Why does the Chinese medical community pay such great attention to narrative medicine? The possible reasons are as follows: (i)narrative medicine is believed to supplement doctors' diagnosis with information that cannot be provided by technical medicine*(3,4)*, (ii)narrative medicine is considered to be able to improve the deteriorating doctor-patient relationship*(5,6)*, (iii)narrative medicine is believed quite in line with Chinese medical culture and can enhance the connection between care and cure*(7-9)*. Despite many opinions advocated by narrative medicine do provide useful references for medical practice, considering the anti-narrative factors in Chinese culture and medical conditions, we have reasons to believe that some reflection is needed on the effectiveness and potential risks of narrative medicine.

2. Does narrative medicine help doctors make better diagnoses?

Charon criticized modern medicine as an empty medicine and believed that narrative knowledge can help doctors make better diagnoses*(10:6)*. Charon shares the phenomenological views of Carel and Toombs, and rejects the *Cartesian paradigm* which is seen as treating illness as a physical problem*(11:93-94)*, as Toombs puts it, illness results not only in a disintegration of body but in a disintegration of self and world*(12)*. Charon believes that scientific knowledge is powerless in seeking meaning for patients. Narrative knowledge is introduced as a remedy in medicine, which aims to providing narrative tools that enable doctors to understand the plight of patients, because narrative knowledge is what one uses to understand the meaning and significance of stories through cognitive, symbolic, and affective means, so narrative medicine is not only a caring concept that respects patients, but also has cognitive value like bio-medical knowledge, through which we can get the real information of patients *(13)*, what distinguishes narrative knowledge from scientific knowledge is its ability to capture the singular, irreplicable, or incommensurable things*(10:45)*, narrative have the power to improve healthcare by increasing the accuracy and scope of clinicians' knowledge of their patients and deepening the therapeutic partnerships they are able to form*(11:1)*. In a word, scientific knowledge is adept at diagnosing the bodies of patients, while narrative knowledge can understand the meaning of their lives. We can improve this native ability to enter others' narrative worlds by practice and to visualize others' perspectives on these worlds*(14)*, and narrative writing in clinical settings makes information audible and visible that otherwise would be ignored *(15)* . In other words, doctors with narrative skills can connect many fragmented elements into an understandable story about patients, and make it as narrative knowledge that provides a basis for them to make diagnoses.

Without considering whether Charon's criticism of the *Cartesian paradigm* of modern medicine is a straw man fallacy, we agree with her critical viewpoint on scientific knowledge and the role that narrative knowledge plays in medicine and human life. However, narrative knowledge also requires the epistemological examination as same as scientific knowledge. Most critics of narrative medicine do not accuse it of having no value, but often question narrative medicine exaggerates its cognitive benefits *(16-18)*. Similarly, the cognitive effects of narrative medicine in Chinese clinical activities are not as good as imagined. Charon believes that, with narrative knowledge, we enter others' narrative worlds and accept them—at least provisionally—as true*(10:9-10)*.Whether doctors can enter the patient's real world through narrative skills largely depends on the patient's narrative desire, but in most cases, personal life is not the content of communication between strangers in China, thus the narration between doctors and patients can not guarantee to get an accurate description of the real situation of the illness or the real experience of the patients. From the perspective of traditional Chi-

nese medical culture, the diagnostic procedure follows the four steps of “inspection, auscultation and olfaction, inquiry, and palpation”, in which the inquiry is related to the narrative. Although scholars have pointed out that inquiry reflects the compatibility between traditional Chinese medical culture and narrative medicine*(7, 9)*, they have neglected that the doctor’s inquiry is only limited to the patient’s symptoms, past and family medical history, related living habits and environment, and not involving other life events of the patient, especially when they face female patients. And even though Chinese doctors ask patients about their daily lives, patients do not always tell the truth, especially when they intentionally conceal it for dignity and privacy. The assumption that patients have a universal desire to narrate is not in accordance with Chinese culture, because many people do not have the desire to reveal their life experiences to strangers. When doctors try to condense what the patient is telling into a meaningful story through narrative, the patient’s life may not actually be like this*(19)*. It may be meaningful to introduce narrative knowledge to Chinese doctors as a method of improving doctor-patient communication, but it might disappoint doctors as a diagnostic tool. It is difficult for doctors to obtain useful information through narration, and in some cases, they may even be disturbed by the confused results.

3. Can narrative medicine improve the doctor-patient relationship?

According to Charon, narrative medicine defined as medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness, it will more ably convey knowledge and regard*(10:vii)*. Scholars have responded positively to Charon and believe that narrative medicine can improve the doctor-patient relationship in China. But as a powerful force that can produce different effects, narrative must be taken into account for its potential risks.

First, narrative medicine may enhance the inequality of doctor-patient relationship, because the narrative may extend the social role of the doctors, and give extra responsibility beyond their current professional scope, which may lead to the potential risk of expanding medical paternalism. At this point, narrative medicine is spiritually arrogant and potentially harmful*(20)*. Compared with patients, doctors have similar advantages in narrative knowledge as in scientific knowledge. They dominate the narrative process, and the patient’s experience still follows the doctor’s narrative rules. Patients in medical narratives still lack autonomy, the passive position of patients has not been changed, they are even more likely to be in a situation similar to what Foucault calls ‘medical gaze’*(21)*. The involvement of narrative in medicine may even increase the risk that a doctor with ulterior motives controls patients’ lives. Narrative medicine, as a tool, has uncertainty in practice, just like technical medicine. The power of discourse is never one-sided, and narrative carries unpredictable dangers.

Second, narrative may promote understanding and respect between doctors and patients, and may also worsen doctor-patient relationships. Although narration may be helpful to some people, it may also harm others. Overemphasizing the application of narrative in medical activities may bring unnecessary troubles to doctors and unrealistic expectations to patients*(20)*, and it is sometimes a dangerous practice for doctors to express empathy to patients through narration*(22)*. If we only consider the benefits of narration while ignoring its drawbacks, it may lead to some negative consequences. Too many incidents have shown that patients’ excessive expectations will causes greater pain or anger when their expectations are not realized, and this is often an important risk factor that causes doctor-patient conflicts and violent injuries to medical staff in China*(23-25)*. Narrative also has uncertainty in ethics, because the narrator’s subjective experience and authority actually set questions for ethical reflection and determine the direction of solutions*(26:264)*. Although Charon points out that narrative in medicine is co-built by doctors and patients, based on empathy rather than judgment, correction, or education*(11,41)*, medical narrative is not aimless and still needs to follow the rules of discourse. The leaders of medical narratives are often doctors with narrative skills rather than patients.

If there is no equal communication between doctors and patients, whether doctors regard the patient’s body as a pile of data or treat the patient’s life as a literary text, it may bring the same cold ending to the doctor-patient relationship. In this case, there is not much difference between a patient being examined or being read, just like it is hard to say who is in a better situation between a patient being examined in a hospital and a suspect being questioned at a police station. Some Chinese patients may not feel respected by doctors just because their illness has become a story waiting to be read,

and they may even feel more distressed because both their body and life have become an object to be observed, which can lead to embarrassment, resentment and hostility toward the doctor.

4. Cultural differences and anti-narrative factors in China

Considering that narrative is a cultural activity, cultural differences are undoubtedly an indispensable factor in constructing medical narratives. Narrative medicine emphasizes diversity, but it also has a universalist tendency to overlook cultural differences. Although Charon noted the cultural differences in narrative*(10:28;11:43)*, and dedicated to the cross-cultural application of narrative medicine*(11,14)*, she actually used a specific narrative mode to tell stories that happened in different cultures.

First, Charon only reflects a unique narrative value of the West. She often emphasizes that narrative medicine embodies a universal value*(10:78)*, as she quoted Jens Brockmeier as saying, neither our understanding of who we are nor our very existence in a cultural world can be separated from the stories that we and others tell about ourselves*(11:110)*. However, it is not shared by everyone. Schiff, for example, states that, in describing our project as narrative, we are reifying a Western, arguably middle and upper class, concept as the universal mode of shaping and articulating subjective experience... Our mistake is to think that everyone must be like*(27)*. Story metaphors attempt to explore a structure of meaning shared by all humans, but as Strawson's widely cited argument points out, the aspiration to explicit narrative self-articulation is natural for some—for some, perhaps, it may even be helpful—but in others it is highly unnatural and ruinous*(28)*. The same goes for narrative in medicine. It is a limited practice, and not every illness becomes a story, nor does everyone or every culture assume illness as a meaningful story. When narrative medicine is applied as a universal method to grasp patients' life experiences, it is likely to construct a meta-narrative described by Strawson. If we ignore the cultural differences in China and copy the theories and practices of Charon, it may even be harmful*(19)*. The universal proposition of narrative medicine needs to be limited, we should avoid isolating and distressing people by limiting ourselves to specific forms of narrative, and to narrativity per se*(16)*, and avoid the too far reaching ambitions on behalf of narrativity in relation to clinical medicine*(29)*.

Second, whether the purpose of narrative medicine can be successfully achieved largely depends on whether the medical resources are sufficient or not, because the narrative requires doctors and patients to invest enough time. Charon's narrative ideals are based on the cultural and medical conditions of developed Western countries, while China is not entirely the same. When Charon expressed expectations for the future of narrative medicine, she described Hannah Arendt's ideal of the polis: the village square at which gather free people, each becoming who he is and who she is by virtue of the events enacted among them all. Collectively, we declare our freedom*(30)*. It presents us with an ideal medical environment where doctors and patients participating in narratives can have the opportunity to explore themselves leisurely as in daily life. Meanwhile, it means that the foundation for in-depth dialogue between doctors and patients is that they both have sufficient free time. But in China, many reasonable anti-narrative factors are inevitable, especially considering the time factor.

The core of narrative medicine is to cultivate the narrative skills of doctors. While for Chinese doctors, they do not truly have free time to share with patients because they need to face more patients than their Western counterparts, and the time they can share with each patient is very limited*(31)*, and there is often more than one patient in the consulting room. In addition, Chinese doctors need to squeeze time to update their skills and knowledge constantly. It is impossible to expect them to spend a lot of time training narrative skills. In fact, most doctors have a potential resistance to narrative, sharing the pain of patients in depth can also increase the professional pressure on them*(32)*. They are accustomed to making medical records difficult to recognize and keeping a distance from patients, in order to avoid the time occupation and potential conflicts caused by narrative*(19)*. For many Chinese patients, they are also unwilling or even more unwilling than doctors to waste time on narrative, because the time they can get from doctors is usually only a few minutes. They also care about whether doctors have a good attitude, but they don't want to spend their precious treatment time telling stories. Therefore, in the short period of diagnosis, they value a doctor's scientific knowledge more than narrative knowledge. They prefer doctors to solve their physical problems rather than gain doctors' understanding of the meaning of their lives. As mentioned earlier, many Chinese patients may even refuse to speak in such a cold environ-

ment like a hospital. The nature of medical narratives may sometimes threaten dignity, and patients may need to directly confront or resist the narratives to reclaim dignity*(33)*. Some Chinese patients even refuse to start a story about themselves with strangers. They tend to feel uncomfortable about narrating with doctors, and do not want to bring their lives into the hospital and share with doctors, nor do they want their experiences in the hospital to continue in their lives. Chinese doctors and patients often find it difficult to form a narrative helpful for treatment within a few minutes, their resistance to narrative reflects the rightly concerns about time cost and personal privacy. In that case, narrative medicine is difficult to accomplish the desired results, it mostly serves as a placebo.

5. Conclusion

It should be pointed out that we are not opposed to the application of narrative medicine. On the contrary, as many scholars have pointed out, narrative medicine can play a role in the current medical reform in China*(34, 35)*, and provide a good start for the current exploration of medical humanities*(8)*. However, the application of narrative medicine in China still lacks critical reflection and localized development. Although many supporters have described numerous cases that benefit from narratives, there is little research discussing the adverse consequences of narrative medicine. Therefore, this might be a result of survivor bias or publication bias, as it is well known that studies that demonstrate effectiveness and safety are more likely to be published and reported.

Narrative medicine and technical medicine both imitate and reproduce what happens to people in diseases. The former imitates and reproduces patients' experiences through stories, while the latter presents physical states through data. Narrative medicine does not oppose technological medicine, but advocates that if we can achieve this dual imitation, we will obtain more information. Just as technology may not always bring benefits to humanity, the narrative may not always promote understanding and respect between people. Narrative may enable doctors to better treat and understand patients, or it may put patients in worse situations, such as leading to medical hatred or medicalizing patients' lives.

With the increasing role of narrative in medicine, people not only need to focus on the positive value of narrative medicine, but also need to maintain a critical spirit towards the limitations and risks of narrative. Narrative medicine is a dynamic and hopeful attempt, but as a tool, it should face similar questions as technical medicine. It is necessary to consider cultural factors when applying narrative medicine. This is not to deny its value, but to make this tool work better for us. Morris, for example, states that, narrative medicine is no panacea, within medicine, narrative is an instrument suited to particular tasks, it must be matched to the tasks it performs well, so that we do not blame a stethoscope for its failure to turn a screw*(36)*. Narrative medicine is not a universal tool, it may fail due to cultural differences. If the narrative is practiced without considering the object and environment, as if it is a treasure box for solving all medical problems, it is very likely to become a garbage dump that conceals the real problems. The application of narrative in medicine can be either a technology of exploring oneself as described by Charon, or a technology of power similar to Foucault, which may contribute to the long-standing paternalism in medicine. Narrative medicine requires both epistemological and ethical considerations, as well as considerations of medical conditions and time efficiency. If too much energy is focused on narrative, it is possible for doctors and patients to miss the real opportunity to solve the problem, and may also incur new risks.

Narrative medicine has become a global effort, and its application and development in China is not to add some elements of Chinese culture that match its temperament, but to establish a narrative framework that conforms to Chinese culture through questioning and self reflection. Otherwise, when we view the life experiences of patients as text, it will not be warmer than regard their bodies as data.

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