



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

# Narrative Medicine: Thinking With Stories During *The Plague*



Barend W. Florijn, MD, MSc

Department of Internal Medicine and Einthoven Laboratory for Regenerative Medicine, Leiden University Medical Center, Leiden, the Netherlands.

People integrate life experiences in an inner story to construct a self-narrative.<sup>1</sup> This inner story, or narrative structure of a person's life, is meant to make sense of these experiences. Similarly, experiences of illness are integrated in an inner story, and in listening to a patient's story, physicians should adopt an attitude of thinking *with* stories instead of *about* them.<sup>2</sup> Thinking with stories requires the physician to join the illness narrative and adopt "the story's immanent logic of causality, temporality, and narrative tensions," as opposed to conceiving these narratives as an object of (biomedical) analysis alone.<sup>2</sup> With quotes derived from Albert Camus's *The Plague*,<sup>3</sup> this Medical Humanities essay shows how thinking with stories should progress in clinical practice. As such, thinking with stories is a practice of narrative medicine, which is nowadays often part of the medical curriculum. Interestingly, physicians participating in such narrative medicine education programmes (in which participants represented clinical stories with narrative writing) were found to have an increased empathy score over time.<sup>4</sup> It is believed that this gained empathy could limit the implementation of invasive medical treatments by physicians that typically extend the quantity, but not the quality, of a patient's life.<sup>5</sup>

Albert Camus started writing *The Plague* in 1941 in Oran, a town in Algeria where the story takes place and where his condition was in decline as a result of his own battle with tuberculosis. The story is told by Dr Bernard Rieux, who witnesses how the plague creates a division within society. Dr Rieux responds to the random nature of conditions by taking "the side of the victim" in an attempt

"to meet others, his fellow-citizens, on the basis of the only certainties they all have in common, which are love, suffering and exile"<sup>3</sup> (p. 232). Rieux adopts a stance toward his suffering patients in which "there is not one of the anxieties of his fellows that he did not share and no situation that was not also his own"<sup>3</sup> (p. 31).

Thinking with stories is not a clinical guideline with a systematically developed statement. Instead, thinking with stories implies "not to move on once the story has been heard, but to continue to live in the story, becoming in it" and "reflecting on who one is becoming."<sup>2</sup> Dr Rieux initially maintains "a certain reserve, as a well-intentioned witness should," but finds out that clinical epidemiology data of mortality rates are not helpful because, "a hundred million bodies spread through history are just a mist drifting through the imagination"<sup>3</sup> (p. 31). Instead, it is his encounter with the patient Tarrou that defines his perspective, as he describes waiting "for him to speak before turning round." Tarrou tells Rieux that he does not "want to die" and is willing to fight to make a good end.

It is through these patients' stories that Rieux recognises that illness is a story that enables physicians to recognise the humanity of their patients.<sup>2</sup> Therefore, narrative ethics "takes place in telling and listening" and in "recognising how much we as fellow-humans have to do with each other."<sup>2</sup> In his response, Rieux is "refusing to give way to the pestilence." Through patients' stories, Rieux acknowledges that, "this chronicle could not be a story of definitive victory. It could only be the record of what had to be done and what, no doubt, would have to be done again, against this terror and its indefatigable weapon, despite their own personal hardships, by all men who, while not being saints but refusing to give way to the pestilence, do their best to be doctors."<sup>3</sup> (p. 237). As such, *The Plague* is a reminder that patient stories form an integral part of a narrative medicine practice, and should complement evidence-based medicine in formulating clinical decisions. Also, nowadays Rieux's struggle against a new, mysterious plague could assist health care providers to better understand the anxiety engendered by the rapidly spreading novel

**Funding:** The author has received no financial support for the research, authorship, or publication of this article.

**Conflict of Interest:** The author declares that no conflict of interest exists.

**Authorship:** The author is solely responsible for writing this manuscript.

Requests for reprints should be addressed to Barend W. Florijn, MD, MSc, Department of Internal Medicine, Leiden University Medical Center, Albinusdreef 2, Leiden 2333 ZA, the Netherlands.

E-mail address: [b.w.florijn@lumc.nl](mailto:b.w.florijn@lumc.nl)

coronavirus epidemic. As such, taking time to understand the benefit of “thinking *with* stories,” as in Camus’s *The Plague*, could lead to physicians with improved capacity to empathize with patients and with the wider community that is currently experiencing major social and economic disruption.

## References

1. De Grazia D. *Human Identity and Bioethics*. New York: Cambridge University Press; 2005.
2. Frank AW. *The Wounded Storyteller*. Chicago: The University of Chicago Press; 2013.
3. Camus A. *The Plague*. London: Penguin Classics; 2013.
4. Chen PJ, Huang CD, Yeh SJ. Impact of a narrative medicine programme on healthcare providers’ empathy scores over time. *BMC Med Educ* 2017;17(1):108.
5. Florijn BW, der Graaf HV, Schoones JW, Kaptein AA. Narrative medicine: a comparison of terminal cancer patients’ stories from a Dutch hospice with those of Anatole Broyard and Christopher Hitchens. *Death Stud* 2018;43(9):570–81.