

Weaving Stories into Education: An Urgent Need to Integrate Narrative Medicine into Pakistan's Medical Curriculum

Sir,

Empathy and companionship are paramount in palliative care, yet communication challenges persist. Health professionals are taught the importance of good communication skills, focusing on patients, considering all aspects of health, and listening to what patients think, worry about, and expect. Despite this, patients report that doctors do not listen, interrupt, assume things, and do not address their concerns. On the other hand, doctors claim they have many patients and need more time.¹

In low- and middle-income countries (LMICs), research has revealed distinct patterns of burnout prevalence among various healthcare professionals. Community nurses reported the highest levels of emotional exhaustion (33.1%) and depersonalisation (30.0%), followed by family physicians with rates of 26.1% and 11.5%, respectively. However, community health workers demonstrated the highest prevalence of reduced personal accomplishment at 33.5%, surpassing nurses (31.3%), and family physicians (28.7%).² These findings underscore the complex challenges healthcare providers face in LMICs, emphasising the importance of tailored interventions for patient-centred care, and here, narrative medicine (NM) comes into play, attempting to bridge this gap.

The narrative, whether spoken or written, vividly portrays events and experiences. Understanding illness experience is crucial, as patients often manifest their stories through symptoms or behaviours when unable to express them directly.³ Although there is no accepted definition, Charon *et al.* described NM as "A medicine practiced with narrative competence to acknowledge, grasp, explain, and be moved by the stories of illness".⁴ It encourages self-reflection, empathetic connections, professional identification, job satisfaction, cultural diversity, and a sense of community among healthcare professionals, which dignifies patients' experiences by honouring their stories.⁵ Engaging with narratives, such as stories, provides an effective platform to develop these essential skills, making healthcare professionals more comfortable with ambiguity and better prepared to consider various outcomes, especially in palliative medicine.⁵ NM is a valuable tool that recognises, absorbs, interprets, and empathises with patients' illness stories, thus facilitating more effective communication.⁵

Unfortunately, not much work is done in Pakistan regarding NM. We strongly plead for including NM in the medical curriculum in Pakistan to enhance healthcare quality in

Pakistan and prevent healthcare providers from becoming desensitised and disconnected from their patients' stories. Adopting a narrative-based approach encompasses five key domains: Ethics, tolerance of uncertainty, cultural humility, communication skills, and dignifying patients.⁵ To effectively implement this change, we recommend the development of a longitudinal curriculum that progressively introduces NM throughout medical education. This approach ensures that students have sufficient time and opportunities to refine their skills and integrate empathy and patient-centredness into their professional identities. Strategies such as case-based learning through workshops and seminars, assignments, reflective writing exercises, patient-centred interviews, narrative rounds during clinical rotations, and ethical discussions should be incorporated into Pakistan's curriculum.

Moreover, a robust healthcare infrastructure is essential for fostering Pakistani healthcare professionals who can engage in attentive conversations with their patients to support the effectiveness of NM by introducing specialised modules and encouraging interdisciplinary collaboration among students. These measures help students understand the crucial role of well-equipped consultation rooms in building patient trust and comfort. All these efforts offer a constructive solution by encouraging a more empathetic, comprehensive approach to patient care, and clinicians can gain a deeper understanding of their patients' experiences, leading to more compassionate and effective care.

COMPETING INTEREST:

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AUTHORS' CONTRIBUTION:

MHK: Conception, design, and drafting of the initial three paragraphs of the manuscript.

MM: Acquisition of data, analysis, and interpretation of how narrative medicine can be integrated into medical curricula, drafting of two critical paragraphs has added essential intellectual content, and discussion initiated.

FM: Collective work and critical revisions for important intellectual content.

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