# Chapter 10
# Stories of Illness and Healthcare from a Physician Perspective

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## ABSTRACT

*Doctors have unique and privileged opportunities to observe and participate in the illness narratives (stories) that patients present with. Hearing, understanding and respecting the patient narrative is as important as correctly practising the technical aspects of medical diagnosis and treatment, and yet traditionally has received much less emphasis during medical education. The stories below (which have all been altered to preserve patient confidentiality) illustrate how attention to the patient's narrative enables a richer and deeper interaction with them that enhances the therapeutic aspects of the consultation.*

## INTRODUCTION

*We shall not cease from exploration And the end of our exploring Will be to arrive at where we started And know the place for the first time. (Eliot 1967)*

A doctor spends the majority of his working life in face to face contact with people. Every year he has thousands of consultations with the members of his practice population. He shares their pains, their sorrows, their fears, hopes and (sometimes) their joys. Whilst many of these consultations may not involve issues of any great consequence or significance, there are a number that do. They may not occur every day or even every week, but over the course of a month there will certainly be a few occasions when both patient and doctor feel that together they have touched on something profound; that the nature of their communication has resulted in a degree of real human contact that transcends the mundane. The way the patient uses (or fails to use) the resources of themselves, their religious faith, their family, community and friends will become apparent and will have a great influence on how the doctor and others are able to provide of health care.

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All doctors will know this, although they may not put it into concrete thought or word. It is probably what most of us find the most enjoyable and rewarding aspect of practice, as well as being the hardest to define. It is what I refer to in a number of places in what follows as the 'spirituality' of the consultation, in an exploration of a number of accounts of 'embodied minds and failing bodies'.

## Pregnancy and Childbirth

*And he who gives a child a home Builds palaces in Kingdom come. (Masefield 1988)*

Few issues in human life have the same emotive power as the conception and birth of children. Problems in this area are quite common, and can cause deep-seated turmoil, particularly, but by no means exclusively, for women. I will describe two patients of mine who found their own solutions to difficulties here.

Santosh was a young Asian lad who had recently married by arrangement, as is common in his community. He was happy with his new wife, but came to see me six months or so after the wedding to say that he was concerned that his wife was not yet pregnant. I was about to explain to him that this was not necessarily a cause for concern and within normal limits still, when a bell rang distantly in my mind. Several years before when he was in his mid teens, Santosh had developed a Lymphoma presenting with enlarged inguinal lymph-nodes. It was high grade, and he was apparently cured following radio and chemotherapy. However, I thought I remembered a letter in the notes from the radiotherapist warning that although every effort had been made to shield his genitalia, his future fertility might have been compromised by the radiotherapy. I didn't say anything about this to him there and then, but suggested that it would be advisable to check his sperm count, and sent him off with the appropriate instructions. I then checked back though the correspondence in his notes, and found the letter which did indeed give the above warning.

The semen analysis was returned reporting the complete absence of spermatozoa, and I prepared myself for a session of breaking bad news to Santosh. As one might expect, he was devastated by the news, the more so as in his community it brought shame on all his family if he could not father children. After several long explanations, he sat weeping quietly, saying: "It's a hard thing to accept".

"A very hard thing," I agreed.

"Is there nothing at all that can be done?" he asked despairingly.

I talked gently about A. I. D., but said there was no way of reversing the damage done to his testicles so that they would again make spermatozoa. At his request, I agreed to refer him to a Urologist for a second opinion.

"Alright, Thank you doctor," he finally said, and left abruptly.

A few days later his wife and his brother came to see me together. His wife spoke only limited English, so the brother explained that he was present to interpret. He said that Santosh had come back very distressed after his consultation with me. Was it true that he would never be able to father a child? I agreed that unfortunately it was true; deciding that on this occasion there was no point in withholding information which was clearly of significance to Santosh's wife. (The brother had already told me that Santosh knew they were coming to see me to talk about his problem, and was happy about it.)

There was a brief exchange in their own language between the brother and wife. Was it true that I had referred Santosh to a specialist, they wanted to know? I said that it was, but that there was no treatment for the condition. The wife could conceive by means of A.I.D. if they both agreed to that. There was a further native language exchange between them, and then they thanked me for seeing them and left.