On reflection

Patient choice and narrative ethics

John Launer

Most doctors subscribe to the idea of offering patients a choice about their medical management: for example, choosing whether to start preventive treatment for a risk factor like hypertension, or deciding which hospital to go to for an operation. Of course, such choices may not be as straightforward as they seem. Doctors may give a steer by what they mention in terms of risks and benefits, and some patients prefer their doctors to make decisions for them anyway. In spite of this, engaging in dialogue about choice is one of the hallmarks of good medical practice. The right to choose has become one of the central features of medical consumerism. There are also whole areas of medical practice where patients genuinely create their own stories and are no longer controlled by the doctor. Although unnerving, such a realisation offers a radically different view of the consultation, and one that is supported by the field of thought known as narrative ethics. According to this view, every juncture in a medical history is seen as a potential opening for offering a choice, so that patients genuinely create their own stories and are no longer controlled by the doctor. This can happen when the doctor notices a cue and tests its potential for narrative development with a question, just as Doctor B does in the example. It can also involve inviting the patient explicitly to choose which path to take. (eg ‘Which aspect of the problem would you like to explore at this point?’) As a result, the consultation becomes constructed jointly by both doctor and patient, as each of them respond to the other’s immediate verbal feedback and body language. Instead of posing as ‘Dr Fixit’, the doctor becomes a conversational partner.

Seeing patient choice in terms of conversation-making rather than decision-making has many advantages. Patients can direct doctors towards what matters, and articulate what they actually want from the encounter. They can do so far more effectively than if the doctor tries to second guess these things for most of the consultation. The decision about treatment, if needed, arrives though evolution, rather than being mechanically introduced at the end by the doctor, or offered as a token gesture towards patient empowerment. ‘Patient choice’ is not just about decisions. It can be embedded in every moment of interaction between patient and doctor.

POSSIBLE CONVERSATIONS

Moments like this occur very commonly in medical consultations. It is useful to think of them as potential junctions, or ‘bifurcations’ in the conversation. Typically, as in the example above, such bifurcations offer a chance to explore the personal and emotional aspects of a problem, rather than simply the bodily ones. However, they may also point towards subtle physical symptoms, and hence provide the opportunity to reach a more accurate diagnosis or better treatment. If you look at recordings of doctor-patient interactions, you will become aware of the sheer number of possible conversations that might happen if the doctor were to follow different cues, or give different responses. You might even be struck by the impossibility of any human being able to notice every bifurcation, or to give the best response in every case. Sometimes these moments seem so frequent, and so rich in possibility, that it might be better to describe them as ‘multifurcations’ – using the biological term for the way that multiple branches spring from a single evolutionary source. Suddenly, it may seem as if the doctors only ever take limited and pre-determined routes across vastly complicated landscapes, or elect to inhabit a sole universe among the infinite number of alternative ones on offer.

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