Qeios

Peer Review

Review of: "Narrative Medicine: A Way to Care More Than Cure"

Nahal Mavaddat[1]

1. University of Western Australia, Australia

The authors have done a commendable job of bringing together some of the important elements of what constitutes Narrative Medicine and have made a reasonably compelling case that it should be of equal benefit to healthcare in low-resource, high-patient-turnover settings as in those that have the luxuries of time and less patient pressure, and that it has a place in medical education in those settings, such as in Bangladesh. The manuscript is also a good general foray into Narrative Medicine, covering what it entails and how it can be incorporated into clinical practice or medical education. It draws on the most up-to-date literature (for the most part) and brings new insights by framing Narrative Medicine through the cultural realities of Bangladesh.

However, the authors don't completely follow through on their framing. The Bangladesh-specific lens is introduced, but the authors stay relatively generalised in their commentary, which reduces the paper's originality and resulting impact. Other than the fact that it is low-resource and time-poor in healthcare settings, I would have liked to hear more about the cultural context in Bangladesh in which the Narrative Medicine framework could be of benefit and a few more narrative examples of where the framework may have been or could be used successfully. This is an important topic, particularly with the cultural specificity around Bangladesh, which is currently underdeveloped and could be fleshed out to lend the paper weight and distinctiveness.

With regard to the integration of Narrative Medicine into medical curricula, while it is partly true that some medical schools in North America have integrated some Narrative Medicine into their curricula, the struggle to include Narrative Medicine in medical education is not only to be witnessed in countries such as Bangladesh. Many higher-resourced countries equally struggle with the space within their curricula to introduce Narrative Medicine. While the content of a potential Narrative Medicine curriculum tailored to the Bangladeshi context is well described, some discussion around the approach to the introduction and

 doi.org/10.32388/OO72J6

integration of Narrative Medicine into presumably already full medical curricula in Bangladesh would be helpful, since this may not be an easy task.

On a separate point, one of the weaknesses of the paper is that the link between arguments for including narrative accounts from patients and actual health outcomes is not fully apparent, and the process through which such narrative accounts assist patients or doctors, or both, is not fully described. A stronger link should be made, again with examples of not only why the narrative may be important in diagnosing and understanding why a patient may be suffering from a particular condition, but also how that narrative can then be used to change health outcomes in a patient. Further, the authors tell us that Narrative Medicine interventions need not be a 'lengthy process' and can be achieved with 'a single question' but do not clearly explain how so. Classically, Narrative Medicine takes time. Once again, examples and more references would assist in helping the reader to understand how this may be so.

The introduction of other elements such as AI and telehealth in the context of Narrative Medicine, while of interest, is not well developed in the manuscript.

Minor Issues...

There are a few grammatical errors and word choices that inhibit the flow of certain sections. Additionally, there are a few pieces of terminology that would benefit from being defined in the paper and theoretical concepts (such as Narrative Medicine's pedagogical response) that the authors need to articulate with more detail and clarity.

My thanks to Dhiren Dhoum, Medical Student at UWA, who has assisted with this review.

Declarations

Potential competing interests: No potential competing interests to declare.