

Review of: "Narrative Medicine: Enhancing End-of-Life Care with Literary Stories"

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Narrative Medicine: Enhancing End-of-Life Care with Literary Stories

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Review:

This opinion article proposes the reading of three books related to end-of-life experiences for the emotional and spiritual approach of people who are close to dying or their families. This proposal is based on the personal experience of its authors in the field of end-of-life care (doulas) and taking into consideration the recommendation of Andrew Papanikitis in the field of environmental ethics. The authors state that it is possible to implement the same Papanikitis methodology regardless of whether two different areas are involved. Although the article is interesting and well-intentioned, it has multiple limitations, mainly that it makes statements that are supported as opinions, but not in other research, so it should be considered that this article could be the beginning of other articles in those that demonstrate the positive impact and greater convenience of the proposed methodology compared to other currently existing strategies through studies carried out on people who read the books.

Observations:

It would be valuable to address in greater depth what a "doula" is, where the word is taken from, and why it is convenient to implement it.

Reference number 7, contained in paragraph 4, page 2/7, corresponds to literary recommendations on planetary health, climate change, etc. This approach, related to aspects of environmental ethics, is very different in the background and field of application from the practice of end-of-life care. It is questionable to assume that a literary proposal of three texts made by a researcher specifically in the field of caring for the planet can be generalizable to other areas. Several empirical investigations would be necessary to identify whether the recommendation of a defined number of documents is better than an indefinite number. These investigations, which have not yet been carried out, would be useful to define from what criteria to select the books and what the real impact is on a psychological level and on the grieving process of the people who read them before suggesting with certainty that it is an appropriate approach. The translocation of an empirical recommendation from one branch of knowledge to another branch that is different requires evidence, and it is questionable to assume it as is done in paragraph 2 of page 3/7: "We believe that Andrew Papanikitis's approach can be

generalized and transferred to various areas of problematic issues. In this article, we propose applying the method to common human feelings concerning perhaps all of us, as they are related to fears, anxieties, and the acceptance of one's own death." It is not wrong to believe that this is possible; I think it is important to demonstrate it with evidence beyond citing his personal experience ("are we competent?") as sufficient justification for such a recommendation. Or clearly state that no studies have been done to demonstrate what is being recommended as a limitation.

The article talks about "the nurse," highlighting the feminine gender of the practice, but makes invisible the practice of male nursing personnel. It is recommended to adapt to a non-sexist type of writing (example page 5/7, first paragraph: "A nurse taking on the role of a doula can achieve this through a calm voice, gentle gaze, delicate handhold, and focusing attention on the present moment. She can also point to the possibilities of fulfilling the patient's spiritual needs").

The assertion: "Perhaps even to so-called nonbelievers, some comfort is brought by literary sources explaining that both concepts of incarnation and individual as well as mass reincarnation are not dismissed by contemporary philosophical and natural, cosmological inquiries" (page 5/7, paragraph 2). It is well-intentioned, but it assumes that non-believers need to believe in something and that something would have to be explained. It would be valuable to strengthen this point of discussion through psychological studies that address the spiritual experience in different groups of people so that the opinion has greater validity.

In the part that mentions "This is also a message to families present in the environment of a person nearing death, emphasizing the contemporary possibility of employing individuals who already possess such competencies" (paragraph 3, page 5/7), it is unclear what is hoped. It is hoped that the content of the article will reach the families of people in the process of dying. Since it is an article that is intended to be published in a specialized magazine to which the general population has little access, because its objective is not the population in general, but rather the area of health, and in a specific manner those who are dedicated to care at the end of life, I think the passage I quote is also well-intentioned, but I question its relevance in the way it is written.

In general terms, I recognize the efforts of the authors to provide support tools for health professionals who care for people at the end of life, and I believe that it could be the beginning of other research that strengthens the conclusions reached in this article. However, I am still uncertain about the relevance of the content as developed here for an international magazine. I think that the content can be timelier on a health institution's own page, on blogs, or in digital newspapers so that it has greater reach.