

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

Martin Roesch

Potential competing interests: No potential competing interests to declare.

## Review Care with Literary Stories

First, I would like to congratulate the authors for picking up this theme. There certainly is a need for end-of-life doulas, and the persons taking up this task are indeed in need of support themselves. Thus, the suggestion to work with narratives is certainly wise and has the potential to offer inspiration for subsequent individual conversations.

I may add the following suggestions and comments:

\* My advice would be to use the narratives not just as stories in themselves but to view them as inspirations that may induce a discussion with the final palliative patients. The stories are means to an end, not an end in themselves.

\* I perceive the personal intimate contact as mandatory. Thus, the recommendation would be not to read the stories from the paper but to convey them orally in one's own words. This allows an even more direct and may be even bidirectional exchange in this communication.

\* More even, I would give the suggestion in the article to ask patients themselves what would be their favourite fairy tale or story to be shared with the doula. If a patient decides to share such a story, it will likely reveal a theme that still may be relevant to reflect on and mutually chew upon.

Misunderstanding!

**\* Only now, in my third reading, I realize that you mean the three stories to be used as an educational tool for a doula, not – as I had originally thought – as a means to get in contact with the dying patient.**

Thus, my suggestion would be to highlight the intended audience more clearly from the beginning.

\*In the discussion of 'practical conclusions', I would refer as well to Irvin Yalom's work on existential psychotherapy, since he elaborates in detail on what is just briefly discussed in these paragraphs.

\* My personal experience is that the most valuable effect for a dying person is that a doula, or whoever takes that role, IS JUST PRESENT. Sometimes there is not as much a need "to do" things/offer interventions, etc. – just being with a person, with one's attentiveness, already works miraculously. As with any truths, they need to be repetitively stated. May be -if you

should agree to this thesis- you can just give some space to it in one or two concluding sentences.

#### About myself, Martin

For many years, I have been working as a mental-spiritual psycho-oncologist, and naturally, I am very regularly in the process of being with dying patients (and their relatives).

My experience is that effective support lies in two dimensions: for one, helping a patient to find meta levels of his/her consciousness. For the second - as you mentioned yourself – it's the bibliographical aspects, especially trying to address and pacify shame and guilt issues.

Martin: [Ealae9@gmail.com](mailto:Ealae9@gmail.com)