

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

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Potential competing interests: No potential competing interests to declare.

I found the topic very interesting, but the description of the model is not so clear, especially at the beginning and at the end. It could be detailed better.

English can be ameliorated throughout the article.

Some sentences, such as "Unlike various other methods of conveying certain opinions, it is not the author of the short article who takes on the effort to convince the reader. This effort is in fact made by the authors of the recommended novels and the reader who believed in the quality and purposefulness of the "author's advice," are a bit confusing.

I found the paragraph "Are we competent?" not so adequate for a scientific work/article. Possibly, the correct position to explain competences could be the end of the work.

It is still difficult to understand the exact "functioning" of the model: should doctors and nurses read the novels to acknowledge a correct way of facing death with their patients? Or, on the other hand, could it be useful to read the stories to patients? Please clarify better.

Not every person who is dying wants or needs a "doula"; this is a bias in the work.

The phrase "Perhaps even to so-called non- believers, 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" is very questionable.

There are no references or data on amelioration of physical, spiritual, or psychological issues of patients treated with this method (while using this approach, do people dying have reported less anxiety and depression? less pain? less existential distress?).

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