

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

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I would like to congratulate Barbara Jendrzeczyk and Andrzej Brodziak for their article [Narrative Medicine: Enhancing End-of-Life Care with Literary Stories](#). Their article illustrates the way that narrative medicine can be implemented in end-of-life care by means of choosing three well-selected literary stories, following Andrew Papanikitis's method. It is well written and inspiring, as well as documented with up-to-date references.

The article argues that this deliberate narrowing to only three stories represents the potential power of the proposed method. Despite the intentional limitation to three specific actions, Andrew Papanikitis asserts that the selection of these readings is not arbitrary but is grounded in the life experiences of the "advising author," providing the "most accurate definition of the proposed remedy". Emphasis is placed on the complementary messages within these works, suggesting that mental transformation occurs in the minds of readers who engage with the recommendations and immerse themselves in the proposed literary works.

The article is primarily targeted at healthcare professionals, including nurses, doctors, and other staff members already employed in healthcare facilities. It functions as specific guidance for the staff within these institutions and is not intended for patient readership. While patients may not be the direct audience, the assumption is that nursing students and practicing healthcare professionals, including nurses and medical caregivers, would find interest in reading the three recommended stories. This engagement is expected to facilitate potential conversations with patients. As highlighted in the introduction, the positive impact of the authors' messages in the mentioned novels is anticipated.

The cited stories in the article suggest that individuals facing the end of life seek emotional connection and acceptance in their illness. A person taking on the role of a doula can help the dying person view death as a natural stage or even as a transition to another dimension, free from pain and suffering. Nurses adopting the doula role can achieve this through a calm presence, gentle gestures, and a focus on the present moment, addressing the patient's spiritual needs.

The article aims to introduce a specific tool for "end-of-life doulas" and generate interest in acquiring these competencies among nursing staff. It emphasizes the contemporary possibility of employing individuals with such skills, not only for professionals but also for families present in the environment of someone nearing death.

While the approach of recommending three specific literary pieces for end-of-life care is intriguing, it becomes imperative to assess the actual impact on nurses and practitioners. The central question revolves around whether engaging with these literary works, or any similar literature, genuinely translates into tangible benefits for healthcare professionals

dealing with end-of-life care. Additionally, we need to investigate whether this approach yields positive outcomes for individuals in a terminally ill condition.

Without a comprehensive understanding of the outcomes stemming from the use of these literary pieces, it becomes challenging to wholeheartedly endorse this methodology. An evaluation of the effectiveness of this approach is crucial in determining its practical utility and potential benefits. To strengthen the recommendation of incorporating literature into end-of-life care, there is a need for empirical evidence demonstrating its positive influence on both healthcare providers and those facing a terminal condition. This evidence would not only provide validation for the suggested methodology but also guide its implementation in a more evidence-based and impactful manner. I suggest the authors expand their article with more evidence related to the actual impact of the methodology on end-of-life care.

Finally, since the concept of “end-of-life doula” is rather new (as opposed to the doulas that help women during delivery), I suggest that they could add brief information regarding who they are, how they are trained, how they are perceived by the traditional health-care team, among other relevant information.

Congratulations! I really enjoyed reading your work. In order to emotionally connect with my medicine students at the Universidad del Desarrollo (Santiago, Chile), we frequently use the resource of narrative medicine or watch movie segments, aiming to generate a more meaningful discussion and deliberation. Thus, your work gave me more arguments to use these teaching resources.