



# Narrative constructs in modern clinical case reporting



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## ARTICLE INFO

### Article history:

Available online 7 April 2017

### Keywords:

Narrative  
Case  
Case history  
Case report  
Disease  
Illness

## ABSTRACT

Modern clinical case reporting takes the form of problem-solution narratives that redescribe symptoms in terms of disease categories. Authored almost always by those who have played a part in the medical assessment of the patient, reports historicise the salient details of an individual's illness as a complex effect of identifiable antecedent causes. Candidate hypotheses linking illness to pathological mechanisms are suggested by the patient's experience, and by data that emerge from clinical examination and investigation. Observational and interpretive statements from these considerations are fitted into a temporally inflected account of the patient's medical condition, configured from the vantage point of hindsight. Drawing on established forms of deferred telling, readers are invited to follow a story that drip-feeds a mixture of contingent and non-incidental information into the account, which engenders and frustrates curiosity, creates expectations, and challenges powers of reasoning and pattern recognition. Whereas case reporting once favoured memoir, the sentimental tale and eccentric biography as the means by which its historical narrative was cast, the preferred genres of contemporary case reporting include detective fiction, and puzzle and riddle narratives, formats that conceptualise the medical consultation in narrow problem-solution terms.

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## 1. Introduction: not if $p$ but which $p$ ?

Modern clinical case reports are problem-solution accounts of how an individual's felt experiences of illness have come to be understood in terms of disease categories. Authored almost invariably by those who have played some part in the medical assessment of the patient, published case reports are crafted statements of witness marked by scene-setting strategies and graphic descriptions of clinical findings. What John Forrester verbalized as 'thinking in cases,'<sup>1</sup> contemporary clinical case reports recount through controlled disclosures of observations and reasoning, positioned with the benefit of hindsight in a narrative.

Forrester's paper "If  $p$ , then what?" is credited with refocusing interest on case construals as pathways to understanding the

methods and reasonings of case-based disciplines.<sup>2</sup> Whilst his paper focused largely on the 'then what' that follows from  $p$  – where  $p$  for the most part is unproblematically known – clinical cases devote greater attention to observations and the possible multiplicity of  $p$ ; to what deserves to be noticed in view of the need to differentiate  $p_1$ – $p_n$ , and so to fathom which  $p$  fits the case in hand.

*The Lancet* recently announced it had increased the space devoted to publishing case reports, particularly those elucidating 'an unusual presentation of a common disease or a rare cause of a common presentation if not something completely novel.'<sup>3</sup> The editors contended that 'stories form the basis of how we learn, and how we remember' and that case reporting practices embody clinical experiences that collectively constitute a written repository comparable to other literary and cultural genres:

'Throughout history people have interpreted the world around them and passed on lessons learned through myths, fairy tales, parables, and anecdotes. Medicine is no different ... The ideal Case Report will have an unexpected twist or detective element, is engagingly written, and has a learning point for a general medical audience.'<sup>4</sup>

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<sup>1</sup> Forrester, John, 'If  $p$ , then what? Thinking in cases', *History of the Human Sciences* 1996; 9(3) 1–25. See also his recently collected papers on cases: Forrester, John, *Thinking in Cases*, Cambridge, Polity Press, 2017.

<sup>2</sup> In their written form such pathways include not only the case history according to Gianna Pomata, but also the aphorism, dialogue, essay and medical recipe, all of which she counts as an 'epistemic genre' in medicine. See Pomata, Gianna, 'The Medical Case Narrative: Distant reading of an Epistemic Genre.' *Literature and Medicine*, 2014; 32(1): pp. 1–23. See also: Morgan, Mary S, 'Case Studies: One Observation or Many? Justification or Discovery?' *Philosophy of Science* 2012; 79(5): 667–77.

<sup>3</sup> Berman P, Horton R, 'Case Reports in The Lancet – a new narrative.' *Lancet*, 2015; 385: 1277.

<sup>4</sup> Berman, P, Horton R, 'Case Reports' *Lancet*, 2015.

Twenty years earlier the journal had established a new section on case reporting to enable clinicians to ‘relay the sort of clinical anecdote they might tell colleagues during a morning coffee break’ in despatches from the clinical frontline conveying ‘a striking message: a description of a new treatment, adverse effect of medication, evidence that might suggest a new mechanism for a disease process, or a new intervention.’<sup>5</sup> That initiative marked the point when the post WWII decline in medical publication of single cases was coming to an end. Despite their uncontrolled, non-experimental nature, likelihood of observer bias and inherent inability to estimate the prevalence or incidence of clinical features of interest, by the end of the twentieth century case reports were increasingly recognized as playing important if not unique evidential roles in medical practice. These roles included bringing to light very rare clinical phenomena, delineating initial descriptions of previously unrecognised diseases such as HIV, Ebola and Lyme disease,<sup>6</sup> demonstrating the concurrence of clinical symptoms and signs constellated as syndromes,<sup>7</sup> and in identifying and defining adverse drug reactions.<sup>8</sup> The importance of these roles re-instilled interest in clinical cases and led to what has been called a ‘renaissance of the case report literature.’<sup>9</sup> This paper will draw out the narrative scaffoldings of contemporary medical case reports, their interplay with other storied genres, and how clinical findings and their explanations become enmeshed in the literary machinery of reporting.

Forrester acknowledged a pedagogic aspect to cases that ‘duplicates or repeats an essential element of medical practice’,<sup>10</sup> in a form of writing ‘epistemically ... nailed down to the level of the individual’.<sup>11</sup> But although the case report ‘brings back’<sup>12</sup> elements of the clinical encounter arising from and pertaining to a particular individual, its ostensive focus is on the medical condition, syndrome, or treatment and its effects, not the person who is ill. However, tension between these potential foci of case reporting practices will become apparent. Consider a clinical vignette that appeared in the *British Medical Journal* in 2007 in a paper entitled “When are randomised trials unnecessary?” to exhibit the authors’ claim that ‘the relation

between a treatment and its effect is sometimes so dramatic that bias can be ruled out as an explanation’:

‘A child presented to a clinic with a plastic bead lodged high in one nostril. The general practitioner asked the nurse for forceps, but she asked him whether he had thought of trying the mother’s kiss technique. This entailed occluding the unblocked nostril while the mother blew into the child’s mouth. The bead was easily dislodged and retrieved in this way, and mother and child were both delighted.’<sup>13</sup>

In sketching a manoeuvre to relieve this relatively common childhood condition the authors convey something of the atmosphere of the clinic, its voices, emotions and sounds – dialogue and ‘delight’ – which serves to convince readers that the account is grounded in the realities of daily clinical work. The vignette signals clinical verisimilitude and an immediate therapeutic effect, an instance of a generalization applicable beyond the singularities of this particular child.

Elements of the scenario are plainly incidental to the causal claim of interest, such as the conversation between doctor and nurse (a nurse who appears to be better informed than the doctor), which steers treatment away from a more traumatic extraction with forceps, to a focus on mother and child and on a cooperative procedure. Such details can be read as valorising clinical teamwork and the doctor’s willingness to try a treatment he or she has not previously thought of. But these aspects of the account also point to a degree of contingency in the situation – what would have happened had a different nurse been on duty or no nurse at all? – and raise the possibility that a procedure that could have been instituted was not, a counterfactual which endows the scene with social and human significance, whilst dramatizing the cause and effect sequence on display (see Beatty this issue).<sup>14</sup>

Viewed in isolation, the vignette recounts an observation with a persuasive power untempered by considerations such as: snugness of fit between the bead and nasal lining; how long it has been in the child’s nose; whether prior attempts at retrieval have pushed the bead upwards; whether there is a purulent nasal discharge (a sign of mucosal ulceration and secondary infection); and the sort of blowing required to dislodge the bead, be it sharp bursts or the creation of a continuously rising pressure wave.<sup>15</sup> In paying no heed to these factors – to which particular *p* this child’s situation belongs – which has implications for the relevant treatment<sup>16</sup> – the vignette outlines an almost paradigmatic instance of the manoeuvre’s

<sup>5</sup> Bignall J, Horton R, ‘Learning from stories—The Lancet’s Case Reports.’ *Lancet* 1995; 346: 1246. Although the language of case reports tends to efface their origins in human and healthcare relationships, the authors of a study of evidence in practice point to the importance of informal relations and communications in the development of clinical understanding: ‘Coffee-room chat may impact on evidence-based practice at least as much as all those guidelines that deluge GPs... [and]... we need to understand how and why that is...’. Gabbay, John, André le May. ‘Mindlines: making sense of evidence in practice’, *BJGP* 2016; 66:402-3 at 402.

<sup>6</sup> See Vandembroucke, Jan P, ‘In Defense of Case Reports and Case Series.’ *Ann Intern Med.* 2001; 134:330–334. See also: Carey, John C, ‘Significance of Case Reports in the Advancement of Medical Scientific Knowledge’, *American Journal of Medical Genetics Part A* 2006; 140A:2131–2134; van der Wall, E.E., ‘Case history: more than a beauty case!’ *Netherlands Heart Journal* 2008; 16 (7/8): 235–6.

<sup>7</sup> By syndrome is meant a repeatedly observed configuration of clinical features believed to reflect a pathological mechanism or class of phenomena not fully explained, such as autism, anorexia-bulimia, or post-traumatic stress disorder. See: Aronowitz, Robert A, ‘When Do Symptoms Become a Disease?’ *Ann Intern Med* 2001;134:803–808. See Morgan’s discussion of colligation in this issue.

<sup>8</sup> Aronson, Jeffrey K, Manfred Hauben, ‘Anecdotes that provide definitive evidence’, *BMJ* 2006;333:1267–1269.

<sup>9</sup> Smalheiser, Neil R, Weixiang Shao, Philip S. Yu, ‘Nuggets: findings shared in multiple clinical case reports.’ *J Med Lib Assoc* 2015; 103(4): 171–6 at 171. The reevaluation of case reports has taken place both in general medical journals and in journals founded solely to publish cases. See: Akers, Katherine, ‘New journals for publishing medical case reports’, *J Med Lib Assoc* 2016; 104(2): 146–9; van der Wall, E.E., ‘Case history: more than a beauty case!’ *Netherlands Heart Journal* 2008; 16 (7/8): 235–6.

<sup>10</sup> Forrester 1996 p 14.

<sup>11</sup> Forrester, John, ‘On Kuhn’s Case: Psychoanalysis and the Paradigm.’ *Critical Inquiry* 2007; 23: 782–819 at p 810.

<sup>12</sup> DeBakey, Lois, Selma DeBakey, ‘The case report. I. Guidelines for preparation’, *International Journal of Cardiology* 1983;4:357–64, p 358.

<sup>13</sup> Glasziou, Paul, Iain Chalmers, Michael Rawlins, Peter McCulloch, ‘When are randomised trials unnecessary? Picking signal from noise.’ *BMJ* 2007;334: 349–351 doi:<http://dx.doi.org/10.1136/bmj.39070.527986.68>.

<sup>14</sup> Prince, Gerald, *Narratology: The Form and Function of Narrative*, Berlin: Mouton, 1982; pp. 4, 145; Prince, Gerald, *A Dictionary of Narratology*, Lincoln and London: University of Nebraska Press, 1987; p. 59.

<sup>15</sup> The factors mentioned as possibly bearing on the outcome of this procedure, have pertained to the nature, geometrical and material properties of the misplaced objects in the nose – tissue paper, snippets of cloth, plasticine, small toys, food items, polystyrene foam, magnets, pen parts, crayon pieces and living creatures such as larvae and worms – omit reference to possible child-centred factors such as gender, age, personality, mental health, or to the relationship with the parent and parental competence in performing the manoeuvre.

<sup>16</sup> Fischer, Jonathan, ‘Nasal Foreign Bodies.’ *Medscape* August 2015, <http://emedicine.medscape.com/article/763767-overview?pa=G%2FU0EkyrUitNPaNEsuFEgu99QFCcoSRbl4SjH0mts2H4oLW3vAjCjV0B5LkABisLCEJNCrbkqLWVvqLrhntWA%3D%3D#a7> [retrieved 15 Nov 2016].

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