

What about narrative dentistry?

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imon will always remember that Thanksgiving dinner. His pleasant evening took a bad turn when he heard a terrible dull crack, accompanied by a sharp pain that traveled down his spine. He, of course, had a fairly good idea of what had happened; yet he stood there, looking into the mirror, hoping for a miracle. He opened his mouth. No miracles today. There it was, his front tooth missing, broken in half. He could barely recognize the person staring back at him. The horror. The following day he went to the first dentist who would take him at such a short notice—and there weren't many. The dentist looked at his mouth and told him the root was unsalvageable, explained something about an implant, asked for his consent, and removed what little was left of his former tooth. Some time after, he got a new tooth attached to an implant and was sent on his way. The whole experience left Simon empty. Jaded.

What is the approach a practitioner needs to have when it comes to the illness experience lived by the patient?

THE PATIENT-CENTERED APPROACH

In medicine, that question led to the development of patient-centered approaches. Patient-centered approaches have been shown to be beneficial for the clinicians in terms of understanding the patient's lived experience,² communication regarding treatment decisions,² and feeling empathy.2 They are also beneficial for patients in terms of satisfaction and outcomes.³ Today,

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ABSTRACT

Background and Overview. Narrative medicine strives toward a humanized form of medicine in which empathy and the ability to listen are developed with the same emphasis as scientific rigor. We hypothesize that the adoption of narrative medicine in dentistry would be an excellent method to cultivate the philosophy behind the emerging clinical concept of patient-centered dentistry. **Conclusions**. Reading literary works, reflective writing, and creative writing would sensitize practitioners to the daily lives of people, human uniqueness, and alterity. Narrative dentistry could lead to more empathic and self-aware practices, and improve dental professionals' observational abilities by making them more perceptive and more attentive to image, metaphor, and meaning. **Practical Implications**. The introduction of narrative dentistry would enrich the clinical clerkship of dentists by bringing the often-missing humanities to the dental professional, academic, and scientific environment. **Key Words.** Dentistry; narrative medicine; humanities; patient-centered care; stories; whole-person care. JADA 2015:146(6):398-401

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most health professions consider themselves to be patient centered,⁴ and specific educational programs have been developed in this perspective.⁵ For example, in Canada, the McGill Faculty of Medicine has implemented a focus on mindful medical practice⁶ and a has 4-year healing curriculum.⁷

Dentists, specialists of the oral cavity, are also involved in caring for people in their wholeness. However, their capacity to listen to the patient has been questioned in the literature. Indeed, there is a decline in empathy levels of students throughout their dental education. 10 Also, a survey of 3,500 Canadians revealed that 40% of them thought that their dentist recommended treatments that were not necessary.11 In contrast, it has been shown that dental patients value empathy above all else.¹² They also expect to receive more information on their treatment plans and want an active role in the decision-making process.¹³

We recently proposed a patient-centered model in dentistry¹⁴ that is rooted in the notion of shared power between the dentist and the patient. This sharing of

power leads to a wider understanding of the person and the illness by the dentist, a coauthoring of treatment plans, and interventions that focus not only on eliminating disease but also on addressing patient needs.¹⁴

The implementation of this model requires a reform of the professional dental education programs. Although such competencies as communication, listening, and exploring patient preferences are already considered essential, ^{15,16} their educational methods are not well documented in dentistry. Students' sensitization to the human dimension is often limited to ethics courses. The latter occupy a mere 0.5% of the mean clock hour, ¹⁷ and their content is mainly focused on professionalism, informed consent, and confidentiality. ¹⁸ It is, therefore, not enough to cover all the competencies necessary for a patient-centered approach. ¹⁹

We think that the introduction of narrative dentistry would be pertinent to this educational reform. It would enrich the clinical clerkship of dentists by bringing the often-missing humanities to the dental academic and scientific environment (Figure).

FROM NARRATIVE MEDICINE TO NARRATIVE DENTISTRY

The term "narrative medicine" was coined in the 1990s by Dr. Rita Charon, a professor in medicine and literature at Columbia University. She first used the phrase "narrative medicine" to refer to clinical practice fortified by narrative competence—"the capacity to recognize, absorb, metabolize, interpret, and be moved by stories of illness."20,21 Narrative medicine strives toward a humanized form of medicine, in which empathy and the ability to listen are developed with the same emphasis as scientific rigor.²² Today, the concept is well developed, and specific programs have been introduced in some medical faculties around the world.²³ A recent study suggests that these programs may help students developing their professional identity; they may also increase their critical thinking, reflection, and even pleasure or well-being during their studies.²⁴ Furthermore, narrative dentistry could facilitate interprofessional education and practice by creating a common space where dentists could better interact with other health professionals.

We thus propose that dental schools adopt narrative dentistry as a method to cultivate the philosophy behind person-centered dentistry.¹⁴ The figure presents a non-exhaustive list of possible activities in narrative dentistry in which reading and writing are the main pillars.

Reading and analyzing selected literary works (general or medical) would sensitize practitioners and future practitioners to the daily lives of people, human uniqueness, and alterity.²⁵ It has recently been shown that reading literary fiction allowed people to better understand others' mental states.²⁶ This sensitization could be supported by other means that have shown their

effectiveness in medicine, such as movies, ²⁷ comics, ²⁸ and television series. ²⁹ For example, movies enable students to explore their values and attitudes toward features of professionalism ²⁷ while bridging the generational gap between them and the academics. ²⁹ Also, by reading comics, students are likely to become careful observers, because critical reading of graphic novels mimics the diagnostic process. ²⁸ Conversations around reflective writing may also help students appreciate the complexity of life and facilitate their (future) professional growth within their community. ³⁰

Moreover, reflective writing gives practitioners an opportunity to describe and share their own experiences of illness. Medical training indeed creates a dichotomy in which patients are identified by their bodies, whereas practitioners' bodies take a back seat to their minds.³¹ Reflective writing may counteract this distancing of practitioners' minds from their bodies and lead to more empathic and self-aware practices.³¹ Creative writing could improve dental professionals' observational abilities by making them more perceptive and more attentive to image, metaphor, and meaning.³² It provides "creative solutions to challenging problems, tolerating and embracing ambiguity, avoiding preconceptions, and recognizing the shared humanity between doctors and patients."²⁸

Finally, we find the link between narrative dentistry and clinical practice to be essential. Seminars in which treatment plans and interventions are discussed after the interpretation of patients' stories would add a healing component to the disease curing that we normally do.³³

DEVELOPING NARRATIVE DENTISTRY

We propose 2 axes of development in narrative dentistry: develop educational programs of narrative dentistry and publish humanities-type articles in dental scientific journals.

Develop educational programs of narrative dentistry. Narrative dentistry programs could be provided in universities, whether in undergrad training, graduate training, or continuing education. It would require educators trained in narrative medicine or the cooperation of professors from arts and literature. Columbia University, in New York City, has already implemented training programs for health professionals.³⁴ Furthermore, the sharing of knowledge and experience between dentists and other health professionals would be crucial in the development and evaluation of this implementation.

Publish humanities-type articles in dental scientific journals. In dentistry, none of the 83 indexed journals has a section dedicated to stories (fictional or not). Yet that is not the case in the larger field of medicine, in which prestigious journals, such as the *New England Journal of Medicine* ("Perspectives"), *Journal of the American Medical Association* ("A Piece of My Mind"), the *Lancet*

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