
Combining narrative and evidence in our care of the elderly ... can we do it?

Drowning in the contract, accreditation, revalidation, appraisal? Remind yourself why you're in medicine. We know what a privilege it is to share people's stories but it's easy to forget it ...

THUS, we lured people to our day conference at the Lister GP Postgraduate Centre in Edinburgh. A couple of participants complained later that not only had they been lured, they had been misled about the content of the day. They had wanted to learn about narrative-based medicine and, instead, they had been exposed to a potpourri of medical humanities, writing for health and narrative-based medicine. Fair comment. Narrative-based medicine can be a wide umbrella. What all of the interlinking perspectives share is the belief is that, 'We do not "store" experience as data, like a computer: we story it' (Richard Winter).

Human beings make sense of their lives through stories and this belief was clearly held and demonstrated by all the speakers. Colin Currie, senior lecturer and honorary consultant in geriatric medicine at the university of Edinburgh, a.k.a. Colin Douglas, *BMJ* columnist, novelist and playwright, gave a fascinating and funny insight into his parallel careers in medicine and writing. As doctors, we often occupy the front seat at the drama. Our training gives us detached compassion and acute observational skills, invaluable for writing. Euan Paterson, a GP in Govan, a deprived area of Glasgow, spoke passionately about the stuff of general practice, about 'evidence-based art'. People may be treated with medicines, but they are healed with interaction. Humour, an appreciation of idiosyncrasies, involvement and mutual respect create shared narratives. As GP's we are witnesses to the gulf of privilege in our society and, at a time when the essence

of general practice is threatened, we must preserve that role.

Jane Macnaughton, Director of the Centre for the Arts and Health at the University of Durham, in a talk with the wonderful title, 'Colouring the grey', gave some inspiring examples of arts in health programmes for the elderly. Gillie Bolton, author, poet and literature and medicine editor to the *Journal of Medical Humanities*, offered ideas on the value and purpose of writing for elderly people, and for us. She spoke of writing as 'putting down feelers and drawing up nutrients' and as 'replaying memory'. We might encourage patients to construct lists of '100 wants', to write unsendable letters.

In the final session, John Gillies, GP and contributor on medical ethics to the *BJGP*, discussed ethics, evidence and the elderly. He referred to the concept of 'evidence-burdened medicine' and acknowledged that the facts do not tell you what to do, 'the patient in front of you was not in the trial'. What is the definition of general practice? Aristotle might have answered, 'the practice of perception'. Every situation is different, the priority of the particular is important. We apply ethical values, use judgment, sort the unsorted. Perhaps such perceptual capacity is akin to wisdom?

In morning and afternoon workshops we experimented with writing and discussed consulting room scenarios and useful samples of prose and poetry. By general consensus, it was a good day. It may not have provided many hard answers to specific questions but it encouraged us to think. What a treat.

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