

SUMMARY

This dissertation tackles the topic of doctor–patient relations which occur in the context of undergoing treatment. These relations become apparent in medical memoirs, referred to in the dissertation, which constitute a segment of autobiographical literature, whose forms and functions are discussed in Chapter One. In particular, the focus of attention is on selected medical memoirs of the 21st century, written by American and British medical staff. In the initial part of this study, roles of memoirs are discussed. It is argued that a self-analysis of memoirists who recall and work through their experiences is the main role of memoirs. Other functions of memoirs include leaving legacy to readers, sharing one’s failures and successes (for example, Henry Marsh) or drawing conclusion for oneself (for example, Henry Marsh, Matt McCarthy). Moreover, memoirs remain a source of medical and non-medical information. Next, the dissertation takes a closer look at memoirists writing in the past and in the 21st century.

Chapter Two of the dissertation defines the concept of communication, which is a key term in doctor–patient relations. Benefits of proper communication in the context of medical environment are presented in order to illustrate how they can contribute to more fruitful treatment and mutual satisfaction. While discussing the role of communication, I incorporate the term of narrative medicine, which serves the purpose of indicating its essential role in understanding patients’ needs. The notion of narrative medicine is relatively new and assumes the inclusion in the treatment process of the art of story-telling or/and listening to the patient’s stories. Narratives – which build on the participation of a teller, a listener, plot and content – are not only helpful to doctors, nurses and social workers, but also to patients. Narrative skills (that is, skills indispensable for listening and understanding narration about an illness, obtaining accurate interpretation of these stories and capturing the patient’s complex situation) enable the addressee’s comprehension of the story told by the addressor. These skills are of great significance, since only in the situation when the physician understands his/her patient’s stance, can medical care be provided with respect. By narrative medicine, Rita Charon means medicine practiced with the kind of narrative skills that permit recognizing, interpreting and navigating through patients’ stories about their illnesses. Narrative medicine gives hope that medical care system may become more effective in treatment by showing respect and appreciation to the ill.

This dissertation quotes examples of specialists from the medical world, such as Jennifer Fong Ha, Nancy Longnecker, Katarzyna Jankowska, Tomasz Pasierski, or linguistics, for

example, Janina Wiertelowska, who detect certain shortcomings in doctor–patient communication and at the same time agree with the assumption of narrative medicine that improvement in this area will contribute to more effective treatment and satisfaction of both sides. Advocates of this view prove that complaints about doctors more frequently concern a lack in communication rather than clinical incompetence. They also claim that efficient doctor–patient communication amounts to fewer court trials, even in case of an unsuccessful result of therapy. A more satisfied patient is likely to follow the therapy more willingly, and less often opts for trials. Improvement in communication is a source of motivation, encouragement, support and comfort. Smooth doctor–patient relations can stimulate patients and lead to their self-confidence, positive perception of their health state, which may influence their health. Physicians who can skillfully diagnose and treat illnesses and communicate effectively are precious to patients.

Part of this dissertation is devoted to models of communication between the doctor and the patient, developed in the history of medicine and to examining reflection of these models in medical memoirs, selected for the purpose of the study. Communication in these memoirs mostly resembles the one present in the partnership and the systemic–partnership models. The interpretative model is also apparent. Beyond these models, there is a mention of the instrumental model, visible through communication by means of a computer, and several examples described by the author fall into the paternalistic model.

Apart from the matter of communication, emotions accompanying both doctors and patients during a treatment process have been explored. This is done in Chapter Three by defining and classifying emotions and discussing their role in human life and in literature. Robert Pluchnik's Wheel of Emotions becomes a reference point for a detailed study of the feelings experienced by doctors and patients. Primary emotions are characterized first as a background to further analyses of the selected memoirs. Secondary emotions, which constitute a mixture of primary emotions, are taken into account, too. Instances of primary and secondary emotions are traced in the medical memoirs. How those emotions are experienced by the medical staff and to some extent by patients is given a center of interest. A closer attention is paid to how these emotions influence the staff and how they react to emotions. In order to cope with daily challenges, the medical staff need to learn how to deal with emotions faced on duty. It is possible due to working out one's own ways basing on experiences, and also observing reactions of more experienced medical staff, with whom one cooperates.

Together with descriptions of emotions appearing in the analyzed memoirs, research by means of sketch engine has been conducted. Sketch engine is a tool serving to explore how

language works. It helps trace the number of times a particular emotion – for example, joy – occurred in a given memoir. Sketch engine is used in the dissertation as an aid to obtain findings on the appearance of emotions in memoirs. Sketch engine does it through processing texts that contain billions of words and searching examples of a word or a phrase. It shows results in the form of word sketches, concordances and wordlists.

Finally, Chapter Four raises the matter of training the medical staff and of the usefulness of medical memoirs in the process of educating doctors and other medical staff, shaping their attitudes towards future professional and deontological duties. Training with the use of medical memoirs constitutes a broad issue. Not only are memoirs written by medical specialists, but also by patients themselves, and authors of memoirs can be doctors who were also patients. Examples presented in memoirs indicate that professional viewpoint and perspective overlap and do not have to converge. The matter of training the medical staff is discussed through the prism of how British and American authors of medical memoirs – doctors and nurses – perceive their training process during and after graduation from studies; namely, learning at work from their patients, through which the medical staff broaden their experience. In the analyzed memoirs, medical specialists refer to their past medical education, sometimes comparing it with currently conducted didactics and formulating conclusions and reflections flowing from these comparisons. Memoirists undergo stages of professional development. At first, they gain experience and observe the surrounding environment, then they are ready to analyze their progress and draw conclusions from their experiences.

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