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**Ph.D. Thesis Evaluation Report**

**Thesis** submitted to the Mikołaj Kopernik University of Toruń, Faculty of Humanities.

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**Title:** Doctor-patient relations in selected American and British medical memoirs of the twenty-first century.”

**Academic Supervisor:** Prof. dr hab. Mirosława Buchholtz

The dissertation submitted for evaluation for the degree of Ph.D. by Magdalena Daniels entitled “Doctor-patient relations in selected American and British medical memoirs of the twenty-first century” comprises 265 pages (including a bibliography and summaries in both English and Polish) and follows the classic structure of a PhD thesis in the humanities. It consists of an introduction to the subject, followed by four chapters which are organized according to a logical structure, followed by conclusions. The four chapters address (1) self-writing: tradition and new developments, (2) the roles and models of communication in the medical context, (3) emotions: definitions and classifications, and (4) medical memoirs as a resource in teaching medical staff. The chapters are divided into appropriate subsections which systematically address the question raised in the dissertation, namely what can be learned of personal relations in doctor-patient communication from an analysis of the memoirs of selected doctors writing in the twenty-first century. As a secondary goal, the author identifies the possibility of examining these texts as a source of self-reflection which might serve to improve doctor-patient relationships and thus contribute to the education of medical staff. Both intentions are eminently desirable: the first contributes to an evaluation of a subgenre in literature which has seen a rapid expansion in recent years, whilst the second adds to the array of pedagogical tools for helping medical students and doctors improve professional competencies recognized as being essential to the practice of medicine, which

cannot be taught effectively by traditional methods. The latter aspect, in particular, has a much-valued practical dimension which is to be welcomed not only as an innovative approach to encouraging self-reflection in medical staff, but also because the interdisciplinary nature of the study provides a wider focus in terms of drawing attention to the practical applications of literature in society. The goals of the research are further elaborated in the form of four theses underpinning the study as stated in the introduction (see page 7 of the dissertation). These are presented against a background to the research emphasizing that whilst medical memoirs have become increasingly popular, both with authors and their readers, there is as yet, very little academic interest in this area and the author was able to identify only two books and a handful of research articles, which have dealt with the subject. The author then considers the credibility of the selected memoirs in providing an accurate description of the experiences registered, both at an individual level, and more generally. She rightly recognizes that a personal account is inevitably filtered through the individual's cognitive schema and that those who choose to write memoirs may represent a specific subgroup who are perhaps more reflective with a greater literary awareness, and thus not representative of the medical professions more generally. In terms of the methodology used she mentions employing not only the primary sources in the form of memoirs, but a wide range of secondary sources ranging from books and magazines to audio materials, and justifies this on the basis of memoir research methodology developed by a range of authors both in the Polish and English language literature. It is notable that she does not shy away from discussing the limitations of her research, a fact worthy of recognition which reflects a maturity in the author's approach to her work. In the final part of the introduction, the author provides an introduction to the memoirists she has chosen to study, who include Henry Marsh, Lisa Sanders, Theresa Brown and Matt McCarthy. She provides a justification for her selection of authors, a brief biography and some discussion of why they chose to write about their experiences for a general audience. One important consideration that is missing from the discussion is an evaluation of the ethics of medical memoirs. Notwithstanding their popularity, there is the question of the extent to which they include a level of voyeurism into the consulting room, which is not in keeping with the standards expected of medical practitioners and which challenges the commitment to confidentiality. Although the patient's identity may not be revealed, other descriptions of their situation may make them easily recognizable, at least within their own closest circle. It is not evident that they have given their permission to be exposed in this way. This may cause distress to individuals and to their families, undermining trust in the medical profession. Moreover, changing the narrative to reduce the risk of identifying the patient may

change the factual accuracy of the account to such an extent that determining the boundary between fiction and non-fiction becomes increasingly blurred. A dissertation of this kind, probably requires some discussion of these issues, in order to balance the prevailing view presented, that medical memoirs are an entirely positive influence not only on doctors themselves, but patients more generally.

At the outset it is essential to emphasize the importance and originality of a piece of work of this kind. Improving doctor-patient communication remains a high priority in the training of medical personnel, though in my experience this is not always appreciated by medical students and junior doctors. For understandable reasons they are focused on “getting things right” from a strictly medical point of view and communication with the patient, while being a desirable “add-on” is no more than that – an inessential luxury. Many years of research, however, have provided salient evidence that this is not so. First and foremost, most litigation against doctors can be traced back to poor communication with patients rather than failures in competence. Secondly, huge amounts of health-service money in the form of consultations, and failure on the part of patients to take recommended medication or make desirable lifestyle changes etc. are wasted by not following medical advice, highlighting a clear two-way failure in communication between doctor and patient. The need to understand why this happens is of the essence and the questions raised in the dissertation go some way to providing a means of elucidating the causes. One reason is that many patients feel that they are not listened to by their doctors, who are often working under severe time pressures. But listening is of the very essence in medical consultations. In the words of Sir William Osler, Professor of Medicine at Oxford University, albeit not a twenty-first century physician, but one who demonstrated a unique understanding of the doctor-patient relationship, which remains relevant today: “listen to your patient; he is telling you the diagnosis.” Nonetheless, problems persist, despite the evolution of different models of doctor-patient relationships and attempts to develop greater patient autonomy. At the heart of these problems lie difficulties in communication, and hence the attempt to gain a better understanding of the underlying issues through studying medical memoirs represents a welcome and original approach to the subject. Furthermore, the practical implications are both innovative and intriguing in that they offer fresh, and perhaps more appealing ways to doctors in training to reflect upon their own practice. From my perspective as a psychologist involved in this type of training, I recognize a unique advantage to this approach: doctors are unlikely to perceive that they are being preached at by someone from a different profession who they may perceive as having limited understanding of the

problems they face on a day to day basis. Quite the contrary, they are learning from members of their own profession, but informally, more as colleagues able to observe their seniors, with the added advantage that these more experienced colleagues are speaking informally, sharing not only their experiences, but something that is even more precious, in the form of their reflections. For any young trainee, aspiring to gain an understanding of their chosen field this is priceless knowledge.

Chapter one of mgr Daniels' dissertation provides an important explication of devices employed in the literature to tell an individual's story. The discussion starts by addressing the differences between literary terms such as self-writing, autobiographical writing and memoirs and represents an appropriate attempt to clarify the terminology, thereby allowing the reader to contextualize the specific attributes of medical memoirs and setting the scene for understanding how they might contribute to medical education. The chapter is divided into three main parts, the first of which concerns "creative non-fiction", which at first sight might appear to be a misnomer, but is described as "an expression of our times... characterized by 'the truth-value of writing'" (see page 26). It is a form of writing based on facts, but embellished in such a way as to make it more attractive to the reader "in a way that reads like fiction" (see page 26). Here the author refers to such classics as the "Confessions of St. Augustine" or the "Letters of Samuel Johnson" as examples. Although these may indeed be apt examples of the genre, the dilemma with respect to medical writing fitting this category remains. To what extent are medical memoirs fictionalized? And what are the resulting ethical implications? These are questions to which answers remain obscure, since as the author points out, creative non-fiction remains largely unexplored. However, voices are beginning to be raised from the medical profession, questioning the ethical standards of such publications and it might have been helpful, in the interests of achieving a more balanced discussion, for the author to have devoted some space to a discussion of these issues.

The subsequent discussion of memoirs and their place in relation to autobiographical writing in the second section of this chapter reflects the author's solid grasp of the subject and competence in summarizing these literary forms, which is reflected in the wide-ranging choice of writing to which she refers. Running through this chapter is a discussion of the functions served by autobiographical writing, especially in the area of medicine. Whilst this covered various different aspects of the motivation of medical staff to record their experiences, it would perhaps have added clarity to the discussion to present these functions

in a more structured way and attempt to categorize them more systematically, rather than simply to move from one memoir to the next without an attempt to integrate the findings.

The third part of the chapter is an exploration of newer trends in writing, such as online journals, blogs and other internet based forums. This is a very welcome exposé, as no work on this subject would be complete without a consideration of modern technologies sustaining writing.

Chapter two provides a good, generalized background to the topic that gives the reader an appreciation of the importance of effective doctor-patient communication in clinical practice. Crucial to this process is developing an understanding that the quality of the doctor-patient relationship is central to the process of providing high standards of health care from a holistic perspective and is much more than simply being kind to the patient, who is particularly vulnerable in the face of his/her illness. Whilst this is a basic requirement at a purely humanistic level, the doctor-patient relationship can have profound effects on the clinical care provided, and stronger relationships built on dignity, mutual respect and trust enhance shared decision making and are associated with improved clinical outcomes.

The rapid development of medical technology in recent decades is seen by many trainee doctors as forming the essence of diagnostic procedures. This is entirely understandable from the perspective of a junior doctor, struggling to gain mastery of these diagnostic aids, but time and experience have shown that the most significant diagnostic tool in medicine is the medical interview and no laboratory tests or radiological imaging can replace what can be gained from talking to the patient. In today's hi-tech world this is difficult to convey to personnel in training – it is seen as being too “soft”, too much lacking in objectivity and perhaps too “psychological” and “airy-fairy”. Moreover, building a relationship with the patient is part of the therapeutic process. Through engaging patients in a discourse about their condition, trust is built between doctor and patient, the patient becomes more engaged in his/her own medical care and feels better able to make decisions. Research has shown that such patients are more likely to follow medical advice, are more satisfied with their healthcare outcomes, are better able to adapt to their conditions and are more “autonomous” in their choices. A relationship built on reciprocity in terms of trust obliges both parties to demonstrate appropriate honesty and respect, which ultimately distances the likelihood of litigation procedures. For all of these reasons it is well worth investing in, both in terms of time and outcome.

Clearly, there is a close association between the type of communication between the doctor and the patient and the type of relationship formed. The different models are presented in chapter 2 and their specific characteristics explained. It might have been preferable to provide a theoretical structure to the presentation of these models (e.g. how they emerged historically or expectations placed on the parties depending on the nature of the relationship) in order to demonstrate how they relate to one another, rather than to simply describe each one in turn. Common elements affecting specific kinds of outcomes might thus have been easier to identify. Nonetheless the author takes the crucial step of attempting to describe how some of the different models of doctor-patient communication are reflected in the medical memoirs under consideration. She also draws tentative conclusions about how they influence perceived outcomes and satisfaction with medical practice on the part of the medical personnel. The author deserves recognition for this attempt to integrate theory with the fruits of practice (albeit somewhat unconventional as an outcome measure in the medical field), namely medical memoirs, which form the subject matter of her dissertation. Her considerable mastery in gaining an understanding of pertinent issues in medical professionalism, especially in the area of doctor-patient communication, should also be recognized as a significant achievement, demonstrating her ability to work at an interdisciplinary level. In this she shows competence in grasping the key issues in a field quite different from her own, one which is evolving rapidly, and which lies at the heart of medical practice. At the same time it is of crucial interest to all of us, as potential patients or “users” of the healthcare system.

The third chapter of the dissertation is dedicated to an analysis of human emotions in the context of medical memoirs. Justification for this is provided in terms of the need by medical staff to understand and deal with their emotions on a daily basis and it fits well into the overall conceptualization adopted for the thesis. The author presents an analysis of the characteristics of emotional states from different theoretical standpoints and although this is by no means comprehensive from a psychological point of view and no attempt is made at a critical evaluation of the different positions, the discussion is sufficiently developed for the purposes it serves at this interdisciplinary level. Once more the critical step of linking this analysis to the medical memoirs is achieved with competence. The author is skilled in her ability to highlight emotional states that would appear to be particularly relevant to influencing the doctor-patient relationship. Striking examples are those of the joy and exhilaration experienced when successfully completing a difficult surgical procedure (Do No Harm, p. 33) or resuscitation of an older patient for the first time (The Real Doctor Will See

You Shortly, p. 35). Other examples are also cited to reflect the emotional conditions experienced by the memoir writers in the course of their professional work.

Apart from a purely descriptive analysis of the emotional narratives appearing in the memoirs, the author has also carried out a linguistic analysis using *sketch engine* software and thus demonstrating her knowledge and ability in using state of the art research tools to analyze linguistic data. This adds a valuable dimension to her work, once more emphasizing the interdisciplinary nature of her research, which is also evident in her willingness to attempt an evaluation of the emotions permeating medical memoirs from a psychological perspective. The results are very interesting, especially in relation to negative states such as anger and fear, and provide much food for thought and possibilities for further investigation.

In chapter 4, the author examines the possibilities for using medical memoirs as a resource for teaching medical staff. This constitutes a novel addition to the “toolkit” for teaching of communication skills in the medical context and emphasizing the importance of building a relationship with the patient. In terms of more practical applications of the author’s examination of the literature, this chapter forms an important and distinctly well coordinated approach, in the guidance it provides from an educational perspective.

Whilst a narrative approach in itself, is not something new in terms of attempting to deepen understanding of the experience of illness, the choice of medical memoirs to meet this objective is original. By far most of what has been written as part of the narrative approach is from the patient’s point of view and therefore fits into an autobiographical or biographical genre. Medical memoirs, while having a place within the narrative approach, provide an intriguing extension to this, creating a sub-genre focused on the doctor and helping to re-instate medicine more firmly within the humanities. The pre-occupation seen in recent years with films and T.V. serials showing the practice of medicine “from the inside” most likely reflects interest in a profession that in the past was highly respected, even idolized, but which has lost a certain amount of authority, perhaps not least, as a result of being more available to the public gaze. Providing a glimpse into the hallowed chambers of medical practice, of which most people only have a one-dimensional view (that of the patient), inevitably creates interest and fascination. What could be more fascinating than getting an insight into a brain operation on a patient who is conscious, so-called awake neurosurgery? And perhaps even more so, hearing the doctor’s reflections on this experience? From the perspective of medical students and junior doctors medical memoirs provide a way of getting greater insight into

their chosen profession when they are at a stage of training when direct experience is still unavailable to them. Memoirs from more senior members of the profession are likely to be an authoritative and respected way of gaining insight and might therefore serve as a uniquely useful and acceptable teaching instrument.

One aspect of this chapter is however somewhat confusing. In describing the usefulness of self-writing in professional education, the author moves somewhat seamlessly between the writing of patients, commenting on what professionals can learn from these, and that of healthcare staff themselves. For example, commenting on the rise of self-writing among medical staff in Anglophone countries the author states: “However, the habit of keeping this type of specific documentation and encouraging patients to capture their thoughts, feelings and emotional states experienced during therapy has so far been merely a matter of good medical practice, and has not been covered by formal medical training” (page 179-180). Whilst it is clear that the author is referring to what healthcare staff can learn from the writing of their patients, the discourse is perhaps lacking a little in providing more of a historical background to the educational developments in many countries. Interest in this area first appeared in 1986 in a study by Pennebaker on how expressive writing might be related to improving health outcomes and this has subsequently been applied to many medical fields, including oncology, with positive results. It is a psychological intervention that is frequently referred to in textbooks for medical students (e.g. Salmon, 2000; Ayers and de Visser, 2011). Equally, the benefits of self-writing by doctors and other healthcare staff has been recognized in formal medical training for some twenty years. Portfolios have been a requirement in the training of nurses in the U.K. to build reflective practices since 1991 and they have formed an essential part of both undergraduate and continuing professional development for doctors since 2001. The General Medical Council in the U.K. has published extensive guidance in this area for doctors and medical students (see [https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practioner-guidance-20210112\\_pdf-78479611.pdf](https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practioner-guidance-20210112_pdf-78479611.pdf)) and reflective practice is now a formal requirement in medical training.

Since such practices are not part of the training of medical staff in Poland, there is an opportunity here to offer some insight into how self-writing might be adapted as an educational tool to support the development of students within the higher education sector in Poland, especially at Medical Universities.

Finally, from a formal point of view, it is necessary to draw attention to the language and style in which the dissertation is written, which reflects the author’s good command of English and



ability to communicate her message to the reader with ease and competence. This is not to say however, that the text does not contain numerous grammatical, stylistic and formal errors, the most striking examples of which are enumerated below. Whilst from an academic perspective, these do not affect the substantive value of the work and the overall message that it conveys, it would be necessary for the author to make the necessary corrections before attempting to publish it, which I have no hesitation in encouraging her to do, as I feel that it would make a worthwhile contribution to the educational literature.

I would like to draw attention to a few examples of linguistic errors, which do not detract from the main message being conveyed, but are grammatically or stylistically incorrect:

p.180: "... patient(s) *obey* medical recommendations." The use of the word "*obey*" is inappropriate in this context as it is embedded in a deeply paternalistic model of healthcare, which is not in keeping with the collaborative model of the doctor-patient relationship espoused in the thesis. The term "adherence" would be more appropriate as it implies a more positive, proactive behavior in which the patient has been involved both at the level of decision-making and in its willing execution.

p. 181: "...basing on the current patient's operation." This is a direct translation from Polish and is incorrect, the gerund form being very rare in English usage; it should be replaced with "based on". This error occurs frequently in the text.

p. 183: The text is sprinkled with somewhat informal language e.g. "Janina Wiertelwska *spots*..." which is inappropriate in a dissertation and should be changed. And p.8: "Zaidi *wonders*..."

p. 69: Incorrect use of the word "proper" frequently appears throughout the text, as in: "... benefits of *proper* communication in the context of medical environment and to illustrate how *proper* communication can contribute to more effective treatment and mutual satisfaction."

p. 72: "Patients who have a *proper* communication with their doctor ..."

p.72: "... a *proper* doctor-patient relationship can motivate patients..."

p. 125: "For example, sadness is a signal to change the present state or situation since it is not *proper*."

The literature referred to in the study is cited correctly and is relevant to the subject matter of the dissertation. It represents a broad range of publications in keeping with the interdisciplinary nature of the work, which is one of its major strengths.

In conclusion, the author has demonstrated her ability to analyze a specific genre in the field of non-fiction literature in the form of medical memoirs in a constructive and practical way, by relating authentic texts written by doctors to different models of doctor-patient interaction. This in itself is evidence of her ability to master the skills of a literary scholar both with regard to the fine detail of the analysis of the medical memoirs selected, but also in demonstrating competence in planning and executing a comprehensive interdisciplinary study of literary texts. The latter, in particular, required a considerable amount of work in order to reach a substantial level of proficiency in understanding the importance and complexity of communication between medical staff and patients, to allow her to carry out an investigation of the kind described.

Indisputably, a valuable aspect of this work lies in its innovative approach and potential for being adapted as an educational tool for medical practitioners in the early stages of their career. But it has wider applications in providing those involved in the teaching of medical professionalism with authentic material for discussion, which at the same time might be better respected because of its source among genuine practitioners with authentic experience. Magdalena Daniels' work demonstrates that she has a comprehensive understanding of the overall context of her work.

In summary, I consider that the thesis submitted by Magdalena Daniels M.A. entitled "Doctor-patient relations in selected American and British medical memoirs of the twenty-first century", and written under the supervision of Professor dr hab. Mirosława Buchholtz, meets the requirements laid down for the degree of Ph.D. under the terms of Article 187 of the Law on Higher Education and Science dated 20 July 2018. I therefore request that the doctoral student be admitted to the further stages of the proceedings evaluating her candidature for the award of a Ph.D.

Barbara Polityńska-Lewko