Frames and Reframing in Medicine[1]

Marcos y refraiming en medicina

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Abstract

In this work, the notion of "frame" is used as a strategy for analyzing medical space. I consider medicine to be an ideal example for understanding how frames operate and how changes in practice. The objective is to analyze narrative medicine as a particular case of "reframing" that allows the reconstruction of the classic frame in medicine, Evidence-Based Medicine (EBM). To do this, I will propose an analysis of both frames and I will study as a practical example the formal chart and the "parallel chart" proposed by narrative medicine. The "parallel chart" will be considered as a tool that complements the medical chart and that will allow new approaches and guides for interpretation and action in medical practice.

Keywords: frame, reframing, Evidence-Based Medicine, narrative medicine, parallel chart.

Resumen

En este trabajo se usa la noción de "marco" como estrategia de análisis del espacio médico. Considero que la medicina es un ejemplo ideal para comprender de qué manera funcionan los marcos y cómo se producen cambios en la interpretación y en la práctica. El objetivo es analizar la medicina narrativa como un caso particular de "reframing" que permite la reconstrucción del marco clásico en medicina,

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la Medicina Basa en la Evidencia (MBE). Para ello, realizaré un análisis de ambos marcos y estudiaré como ejemplo práctico la historia clínica formal y la "historia clínica paralela" que propone la medicina narrativa. La "historia clínica paralela" será considerada como una herramienta que complementa la historia clínica tradicional y que permitirá nuevos enfoques y guías de interpretación y de acción en la práctica médica.

PALABRAS CLAVE: marco, reframing, Medicina Basada en la Evidencia, medicina narrativa, historia clínica paralela.

1. INTRODUCTION

The notions of "frame" and "reframing" have had a long theoretical trajectory within the fields of philosophy and other disciplines. In his work, *Frame it Again*: *New Tools for Rational Decision-Making* (2021), José Luis Bermúdez discusses the various interpretations of the notion of "frame", depending on the perspective from which one approaches it (psychology, economics, sociology, philosophy, etc.). In this book, Bermúdez offers a very general definition of the notion of a "frame", which I consider pertinent for this work. He proposes understanding "frame" as "a schema of interpretation that allows individuals to locate, perceive, identify, and label – and then develop and expand it in divergent (and often incompatible) ways" (Bermúdez, 2021: 14). In other words, "frames" are schemas that characterize the perspectives or points of view adopted within a specific framework. Furthermore, "frames" imply not only a way of interpreting but also a way of acting.

In this paper, I focus on the study of "frames" as action strategies for the analysis of medical practice. I will argue that medicine offers an ideal space for understanding the functioning of "frames", as well as the changes and modifications that can occur within a given "frame". To do this, I will first analyze the classical "frame" that predominates in medicine: Evidence-Based Medicine (EBM). I will explain some key aspects of this model and address the critiques that have led to alternative understandings of medical practice, such as the proposal of narrative medicine. Specifically, I will focus on the study of narrative medicine as a particular example of "reframing" the classical medical "frame". Narrative medicine is a medical approach developed by Rita Charon, a physician and founder of the first narrative medicine program at Columbia University in the United States. This approach emerged in the 1990s and can be understood as a clinical and academic practice focusing on illness's narrative aspects. In this paper, I will explain some

main ideas about narrative medicine that will allow me to argue that this model can be seen as a reconstruction of the traditional medical "frame", as an example of "reframing". To illustrate this idea, I will analyze the role of the medical chart in clinical practice and conduct a comparative analysis of how they are understood in the classical Evidence-Based Medicine (EBM) model versus the narrative medicine model. I will show that the "parallel chart" complements traditional medical charts and offers new approaches and guides for action in medical practice. Finally, this work aims to show that narrative medicine allows a reformulation of the classical medical "frame" and creates a new and more comprehensive "frame" that includes the personal experience of the disease.

2. The classical "frame" in medicine: Evidence-Based Medicine

The predominant model in the current context is the positivist biomedical model known as Evidence-Based Medicine (MBE) (Ortega Calvo & Cayuela Domínguez, 2002). This model emerged in the late 1980s and is presented as "una apuesta por una práctica clínica aún más cientificista y apegada casi religiosamente a los ensayos clínicos y las publicaciones en las revistas científicas, sacralizadas a partir de entonces como las renovadas biblias de la práctica clínica" (Mariano Juárez *et al.,* 2012: 56). In other words, it aims to provide medical practice with a solid and objective scientific basis that is possible through research. This model serves as the classical "frame" from which perspectives are adopted and medical practices are organized. It prioritizes the objective and biological aspects of disease, reducing medical practice to protocols, guidelines, algorithms, techniques, and knowledge supported by the best available scientific evidence (Sackett *et al.,* 1996) for diagnosing, prognosing, and making therapeutic decisions. In essence, "hacer las cosas racionalmente es el gran objetivo de la clínica moderna" (Bonfill *et al.,* 1997: 819).

This classic "frame" of Evidence-Based Medicine has been criticized. These criticisms include the challenges posed by time constraints and pressure on health professionals to consult all relevant scientific manuals and studies and the reduction of clinical reasoning to rules and guidelines (Bonfill *et al.,* 1997). As a result, there are elements considered "external to the framework" that are excluded from medical reasoning and practice. For example, this model has been criticized for overlooking the more human and personal aspects of therapeutic relationships between doctors and patients. When clinical data, figures, and scientific studies

are the sole focus, patients' narratives about their experiences with illness are not considered as relevant "evidence" within this interpretive and action-oriented "frame" (Mariano Juárez *et al.,* 2012). Subjective aspects of illness, such as fear, anxiety, and vulnerability, are thus relegated to anecdotal status in medical care. It is important to note that these critiques do not aim to undermine the advances achieved through this approach but rather seek to "resolve the potential conflict between the objectivity of EBM and the narrative singularity of both patients' and clinicians' lived experience." (Charon & Wyer, 2008: 297). In response to this conflict, alternative approaches and practices have emerged to reformulate the classical "frame", proposing a more humanized, empathetic, and effective medical practice. For example, the patient-centered care model, relationship-centered care (Nolan *et al.,* 2006), values-based medicine (Plagnol *et al.,* 2018), and narrative medicine. Of these, I am particularly interested in the narrative medicine approach. I aim to present the characteristics of narrative medicine as a specific example of "reframing" in medical practice.

3. Narrative medicine as a "reframing"

As previously stated, narrative medicine emerged in the 1990s with Rita Charon[3]. According to Charon, narrative medicine can be defined as "medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness." (Charon, 2006: 7). It also provides an interdisciplinary perspective in medical education, recognizing the value of the humanities and the arts while promoting changes in medical methodologies and practices within the contemporary context. Narrative medicine seeks to address the limitations of medical education and practical skills. It aims to improve the training of health professionals, therapeutic relationships, and patient care.

[3] In recent years, narrative medicine has gained increasing recognition, with various programs, practices, and research initiatives emerging in countries such as the United States, France, Italy, Japan, and Canada. The work of Palla, Turchet, and Polvani (2024) is particularly valuable as it synthesizes the literature on various initiatives and projects carried out from 1999 to 2022 in the fields of theory, clinical practice, and training in narrative medicine. More recent studies, such as Isabelle Galichon's work (2023), are not included in this review -given the period it covers—but provide another example that aids in understanding the theoretical perspectives of narrative medicine and its connection to the literary domain. Moreover, Galichon's work is interesting for showing the application of narrative medicine, especially through narrative medicine workshops, within the French pedagogical context.

Narrative medicine emphasizes the use of narrative knowledge in clinical practice and includes practical activities designed to develop "narrative competencies". These competencies include active attention, empathetic listening, critical and self-critical reflection. These competencies can be developed through close reading and reflective and creative writing (which are already found in narrative theories and literature). As Charon (2006) explains: "Narrative medicine makes the case that narrative training in reading and writing contributes to clinical effectiveness. By developing narrative competence, we have argued, health care professionals can become more attentive to patients, more attuned to patients' experiences, more reflective in their own practice, and more accurate in interpreting the stories patients tell of illness." (107). These "narrative competencies" enable healthcare professionals to better understand their patients' experiences and lives thereby improving medical practices. Attentive listening, active engagement, and empathetic communication allow "attain that illuminated grasp of another's experience that provides them with diagnostic accuracy and therapeutic direction." (Id. 11). It is important to mention that this medical approach does not imply rejecting advancements in the medical field, nor does it position itself as a substitute for scientific competence (Id.). Training in "narrative competencies" enables changes, adjustments, and improvements in various aspects of medical education and clinical practice. Narrative medicine aims to acknowledge the perspectives and stories of patients and their families while fostering better representation, trust, and connection among healthcare professionals, patients, and society. These "narrative competencies" are developed through activities such as close reading of texts, reflective and creative writing in narrative medicine workshops, and the creation of "parallel charts".

We have explored some basic ideas about narrative medicine. My aim in this work is to present this approach as a practical example of "reframing", which creates a new "frame" in medicine. In other words, narrative medicine reconfigures the traditional "frame" used in medical strategies and practices. There are different areas where this "reframing" of medical practice can be studied. For instance, we could examine how the therapeutic relationship is conducted during consultations in both models or explore the relationship between healthcare professionals and patients in the contexts such as hospitalization or home care. However, to illustrate this idea, I will focus on analyzing the medical chart and comparing how it is understood within the "frame" of the classic Evidence-Based Medicine (EBM) model and the narrative medicine model.

4. The medical chart in the classical "frame" in medicine

The medical chart is a fundamental tool in clinical practice and can be viewed as a "frame". It is a standard and conventional "frame" that structures and organizes all relevant information about the patient. Since the time of Hippocrates, there has been a traditional way of organizing and structuring patient data. Over time, with advancements in medical science, this practical framework has evolved into an electronic tool for information collection[4]. It can be understood as "conjunto de documentos relativos al proceso de asistencia y estado de salud de una persona realizado por un profesional sanitario" (Martínez Hernández, 2006: 58). The principal function of the medical chart is "clinical and care-related"; its purpose is to consolidate all relevant information about the patient for their treatment (Id.) The content of the medical chart is typically divided into several sections: the medical history, which includes the patient's personal information, history of the illness, reasons for consultation, and current condition. This is followed by the initial physical examination of the patient, the diagnosis, and to confirm or refute the diagnostic hypothesis, the patient's progress under treatment, and so on (Id.). Also, the medical chart is written in formal language, primarily using present and future tense and fosters impersonal writing. It is important to note that a single medical chart can be authored by multiple physicians and specialists, with all their notes organized chronologically to document their interactions with the patient.

Moreover, it should be noted that the medical chart is a standardized document developed and regulated by various institutions, which define criteria for interpreting illness and guiding medical practice[5]. The creation and organization of the medical chart are based on universal criteria and diagnoses, as well as clinical guidelines and protocols supported by available scientific evidence. The classical model of Evidence-Based Medicine (EBM) relies on the clinical record, emphasizing data and medical evidence to ensure an objective foundation regarding the patient. However, this "frame" overlooks other significant aspects of patient encounters. For instance, personal illness narratives are often undervalued and deemed irrelevant for inclusion in this document. It is essential

[4] For a historical overview of the medical record, see the work of Pedro Lain Entralgo, *La historia clínica. Historia y teoría del relato patográfico* (1950).

[5] The medical chart is a document supported by the legal system, meaning it is an administrative document with medico-legal implications. To explore these issues within the Spanish context, see the works of Martínez Hernández (2006) and Guzmán and Arias (2012).

to note that omitting such elements, like the personal narrative of the illness, can lead to problems, including inaccurate or unfocused diagnoses and inadequate treatments. This idea is not intended to question the value of this fundamental tool in medical practice but rather to highlight its limitations and lack of utility in certain aspects of patient care. The narrative medicine approach, particularly the practice of the "parallel chart", provides a practical example to illustrate an alternative way of approaching the medical chart in medical practice.

5. "Parallel chart" in narrative medicine

In the narrative medicine approach, an example of reframing becomes evident when we approach medical chart. According to Charon (2006), the medical chart has ceased to serve as a reflective tool in medical practice. Charon (2006) proposes practical strategies to restore its reflective utility, and one of them is "parallel chart" for students, medical residents, and healthcare professionals. Charon introduced this tool in 1993 and states that the "parallel chart" is not intended to replace the traditional medical chart. The formal medical chart and the "parallel chart" are not "antagónicas sino complementarias y engranan perfectamente. La "Historia Clínica" formal nos permite llegar a la enfermedad, y a un diagnóstico lo más certero posible, en tanto que las "Historia Narrativa", nos permite acercarnos a los sentimientos, al mundo interior del paciente, logrando crear un lazo más estrecho entre el observador y observado." (Pino Andrade & Páez Iturralde, 2017: 64). Furthermore, the "parallel chart" should not be mistaken for a personal diary; it is understood as a clinical training practice (Id.). The "parallel chart" emerged from the need to include personal narratives in the medical practices (Charon, 2017). It can be described as an extension of the formal medical chart that include the experience and creative language of the patient and the healthcare professional. According to Charon (2006): "What I have called the 'Parallel Chart' is an example of this kind of narrative activity—writing done in nontechnical language that captures the personal and metaphorical dimensions of meaning, for both the sick person and those caring for the sick person." (149).

We have said that in narrative medicine, the narration of the patient's personal experience is essential. This narration can be considered as fundamental "evidence" in medical practice (Mariano Juarez *et al.,* 2012). It provides information about how patients experience their symptoms, how the illness impacts daily life, their emotions, and fears, and how treatment aligns – or does not align – with their personal needs. All these elements are included in the "parallel chart". Also,

it incorporates the perspective of healthcare professionals, expressed through informal language and following a narrative structure[6]. While the traditional and formal medical chart serves to suppress the voice of doctors, the "parallel chart" aims to do the opposite: to give healthcare professionals their voice and improve their relationship with patients. For Charon (2006) "Writing narratively about a patient forces the clinician to dwell in that patient's presence. In describing a clinical encounter with a patient, I have to sit silently with my memory of having been with her. The descriptions of the patient and of myself usually include very powerful interior dimensions-the biological interior of the patient's body, the emotional interior of the patient, and my own emotional interior. […] I find that after I have written such a story, I am more able than had I not done so to notice things on subsequent visits. By virtue of the writing, I become invested in the patient's singular situation and am more likely to remember what occurred on earlier visits and to grasp the significance of actions, words, or feelings. This memory includes all kinds of knowledge-medication dosages, results of diagnostic tests, recent deaths in the patient's family, the patient's fears. One embarks, with the patient, on a search" (149). In other words, this practice allows for a much better understanding of the patient's perspective and fosters a stronger therapeutic relationship.

Other initiatives have explored the benefits of "parallel charts" for patients and healthcare professionals. For example, in Italy, a study conducted between October 2015 and March 2016 involved patients with chronic obstructive pulmonary disease and pulmonologists. This study concluded that doctors who actively listen during consultations and use "parallel charts" understand their patients better, help them adhere to treatment, and improve their quality of life (Banfi *et al.,* 2018). Another more recent qualitative study in the field of clinical dentistry in France analyzed the benefits of "parallel charts" among fifth- and sixth-year students in a Pediatric Dentistry Department. This study demonstrated

[6] Charon (2006) uses the "parallel chart" in the medical training of his students and gives them the following indications: "Every day, you write in the hospital chart about each of your patients. You know exactly what to write there and the form in which to write it. You write about your patient's current complaints, the results of the physical exam, laboratory findings, opinions of consultants, and the plan. If your patient dying of prostate cancer reminds you of your grandfather, who died of that disease last summer, and each time you go into the patient's room, you weep for your grandfather, you cannot write that in the hospital chart. We will not let you. And yet it has to be written somewhere. You write it in the Parallel Chart." (155-156).

the usefulness and benefits of these practices for students, as it allowed them to create a space for self-reflection in their practice while promoting better relationships with patients (Marty *et al.,* 2023).

We can then say that "parallel charts" permit a shift in the approach to medical practice. They are a clinical tool that places significant value on the narrative aspects of illness, particularly the emotional and subjective aspects that can influence the interpretation of illness, action guidelines, and treatment protocols. Therefore, it can be argued that narrative medicine offers a new perspective, enabling a personalized and holistic approach to the patient's experience and illness narrative. This approach allows for the incorporation of information and considerations that acknowledge the epistemological value of the patient's perspective (Garrido Rodríguez, 2021). In other words, it recognizes that the patient's narration provides experiential knowledge that can alter the standard way of interpreting illness, diagnosis, and prognosis. Additionally, these "parallel charts" can be shared with other physicians and specialists, improving coordination and the quality of care by providing collaborative and patient-centered action guidelines. Thus, the "parallel chart" can be seen as a complementary chart that includes personal narratives, reflections, and experiences not typically found within the standard medical "frame".

6. Conclusions

In this work, it has been analyzed that medicine is an ideal example to understand how "frames" operate and how shifts in "frames" can occur, both in the interpretation and practice of medicine. We have observed that the classical "frame" in medicine, Evidence-Based Medicine (EBM), prioritizes the most objective and biological aspects of illness. In this "frame", the primary goal is a diagnosis based on the best available scientific evidence. However, it excludes other elements outside the framework that can be relevant in medical practice, such as the patient's narrative about their experience of the illness. We have explored the principles of narrative medicine as a practical example of how this medical "frame" can be restructured to incorporate previously overlooked aspects. Narrative medicine focuses on the objective data of illness (tests, analyses, studies) and the patient's narrative experience. I have aimed to show that narrative medicine can be understood as a practical example of "reframing" that creates a new "frame" in medicine by reconfiguring the approach used in medical practices.

In this work, I have studied the medical chart as a significant case and have compared how it is understood within the classic "frame" of Evidence-Based

Medicine and narrative medicine. We have seen that the introduction of the "parallel chart" in narrative medicine is an interesting practice that allows the incorporation of patients' stories and experiences. This type of chart can include details about the patient's narrative that may modify the interpretation of the illness and the protocols for action. In this sense, narrative medicine offers a new perspective. It goes beyond the traditional collection of clinical data and adopts a personalized and holistic approach, incorporating information and considerations that recognize the epistemological value of the patient's perspective. In other words, the "parallel chart" in narrative medicine acknowledges that this personal information from the patient can alter the standard way of relating to the patient, the interpretation of the illness, diagnosis, and treatment. Narrative medicine represents a significant case of "reframing" that reformulates the classical "frame" in medicine. It offers a broader framework for interpretation and medical practice and enables a deeper understanding of the patient's experience of illness. In conclusion, this work has illustrated how two different "frames"-Evidence-Based Medicine and narrative medicine- consider different types of evidence and perspectives when diagnosing an illness and approaching clinical practice.

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