According to an often-cited article from the Journal of General Internal Medicine, on average, physicians give patients only 11 seconds to talk about their reasons for a clinic visit before interrupting.

Packed clinic schedules, limited time for each patient, electronic medical records to fill out … who has time for conversation?

Annie Brewster, MD, chose to pursue medicine because she wanted to know and connect deeply with her patients, as most physicians do. She chose primary care, driven by the “idealized notion” that she would know the stories of her patients’ lives.

“This turned out not to be true,” she says. “I had way too many patients and not enough time to know them well.

“What made me the saddest was that the system turns what is supposed to be a therapeutic alliance into an antagonistic one, because we have competing demands placed on us. Doctors are moving fast, trying to stay on schedule, and patients just want time to be seen and heard.”

Then Brewster became a patient herself with a chronic illness. “Suddenly I was on the other side and I experienced what it was like to have a doctor who wasn’t fully present and wasn’t taking into account who I was as a human being.”

Those two things coming together—her disillusionment at what medical practice had turned out to be for her and her experience being a patient—led her to start thinking about how to make the health care system better for both patients and physicians.

What helped her was talking and listening to other people, telling them her story—and not just the story of her illness, which was only part of her life—and listening to theirs. She decided to collect stories to share. “I was thinking I would build a library of stories for other people,” she says. “And yes, the library was useful for others to listen to, but the process I was going through of talking to people really was kind of therapeutic. I was telling my story more and that was really helping me.”

She decided there should be more time and space in medicine for listening and telling stories. That prompted the idea for the Health Story Collaborative.

The patient’s perspective

Michael Bischoff of south Minneapolis has been through a lot of medical treatment since he was diagnosed with glioblastoma in 2015. After his first surgery, a group of his friends had a gathering to support him. “Their listening to me, their loving listening, made me recognize what was most important,” he says. “I felt like they pulled me into my belly.” While he was undergoing chemotherapy, an aunt sent him stories about people in his family who had experienced various difficulties.

Those stories, and the process of listening and telling stories, not only helped—and continue to help—Bischoff, they led him to a new focus. Before his illness, Bischoff was a facilitator and consultant to nonprofit organizations. Today, he is a key part of the Health Story Collaborative, the nonprofit founded by Brewster.
that helps physicians and patients learn how to tell their stories and listen to the stories of others.

**Health Story Collaborative**

Brewster came across the work of psychologist Jonathan Adler, PhD, in 2012. His research has been on how stories and storytelling connect with health.

Today, Brewster and Adler lead the Health Story Collaborative, Brewster as executive director and Adler as chief academic officer. Bischoff is “healing story principal.” Health Story Collaborative is a 501c3 organization, supported mostly by individual donations and a few grants. “We’re pretty grassroots,” says Brewster. Although the organization is in Massachusetts, its work is national.

Health Story Collaborative hosts live healing story sessions—Bischoff has organized a number in the Twin Cities—in which both a physician and a patient tell their stories—often stories neither has heard from the other before. The website (www.healthstorycollaborative.org) also is home to stories and storytellers, from audio stories to written interviews with caregivers and individuals who are facing health issues to a Healing Art Archive of visual art. The collaborative also has an audio listening kiosk, SharingClinic, at Massachusetts General Hospital.

**Storytelling in the clinic**

Brewster says she’s not sure that there will ever be enough time in the typical clinic visit for patients and physicians to engage in true story sharing as she envisions it, unless the structure of health care radically changes. “It’s challenging to give the time and the space to let someone go where they want to go and let the story come out at its own pace,” she says. “I feel like that is not really possible in the short time of an appointment; we have to create space outside of the office for this to happen.”

Still, within that 15- or 20-minute appointment, Brewster says a physician can make patients feel that they are more tuned in to them.

At the right time, with the right story, this can help the patient develop trust in the physician. (He warns, however, to keep the focus on the story of the patient; “If you’re telling stories to make yourself look good, it doesn’t work.”) One thing the physician can do is to simply ask a patient, “What’s a story that matters to you?”

Many physicians are concerned with keeping professional boundaries, Bischoff says. “I tell my oncologist that his job is to build tall professional boundaries—and my job is to jump over them and into his heart.”

Physician burnout is not just a fad topic; it’s real, as any physician or physician-in-training can attest. “Part of that is that the meaning gets stripped out of our work because it can feel like a business rather than an art form,” Brewster says. “Finding a way to connect more meaningfully with our patients can help with that.”

Her practice has changed, she says. “It’s been a shift of realizing that the patient really has the answer; my job is to be more of a guide and to provide the patient with my knowledge and my opinions, but to give them room to decide whatever they are going to do without attachment to my ego, my idea of what is ‘right.’”

Bischoff says that one physician he has worked with on storytelling said that 90 percent of what her patients come to her with are “soul problems” but “she said she always responds with a technical solution. She found that our process of setting up time outside of the clinic for patients and providers to tell stories together helps bridge that gap.” MM

Linda Picone is editor of *Minnesota Medicine.*