

## Storytelling: The Key to Ophthalmic Memory?

**I**t was raining hard when I arrived at the Saguaro National Park visitor center. Umbrella-less, I took in the multimedia presentation, intended to promote cactus reverence among the park visitors. It was all about telling the desert story, in the words of the indigenous Native Americans. A powerful message, I thought, because it coupled

the stories of the people with the natural beauty of their surroundings. Of course, at the time, I did not bring the relevance of that experience home to ophthalmology. Weeks later, I heard a presentation by John Loewenstein from Massachusetts Eye and Ear Infirmary about a computer program to teach residents about cataract surgery. He and his colleagues had designed it with patient vignettes, video clips of expert opinion and streaming video of complications. Memory, he said, is best when there's a story to be told. Voilà! Nursery rhymes, fairy tales, Native American cactus reverence—it all began to come together. We are hardwired to remember stories.

Our ancestors from the days before the written word had no alternative but to pass information through stories from one generation to the next. In recent research, college students remembered stories told by elderly storytellers better than the same stories told by peers or middle-aged people.<sup>1</sup> Storytelling seems to liberate the voices and imaginations of those with Alzheimer's disease,<sup>2</sup> as though it were a primal entrée to the consciousness. It has even worked its way into the medical curriculum as a way of teaching multidimensional com-

plexity of decision making.<sup>3</sup>

At *EyeNet*, we have discovered through reader surveys that you like the Morning Rounds. Every month, we tell a story of a patient whose personal identifying information has been expunged, in deference to HIPAA. Fortunately, in storytelling, it is not important to retain individual name or number identifiers. It's the clinical features that stand out. Remember from your nursery rhymes and cartoons some important clinical features such as the length of the nose, the size of the ears or the nasal resonance of the words, "What's up, doc?"

If you look back through the ophthalmic literature of less than 100 years ago, the journal articles told stories of patients and what happened to them. Textbooks were replete with illustrative case reports. Statistical analysis was seldom performed. These days, the trend among journal editors is to give little attention to case reports because they are impossible to generalize to a larger group of patients. We have begun instead to deify evidence-based medicine with its Holy Grail, the controlled clinical trial. No question about it: Our clinical practice improves when we follow the rules suggested by evidence-based medicine. Still,

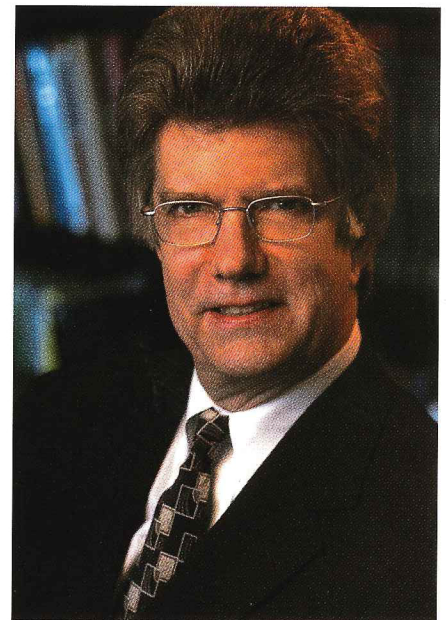
I grow wistful for good patient stories.

Fortunately, I don't have to look far. The patients who visit my office all have stories. Some of them are better organized than others, for sure. Taking time to listen brings the reward of hearing those things that might indicate that an evidence-based dictum does not apply to this particular patient. These stories help all of us to practice the art of ophthalmology. And in the process they help us remember why we became physicians.

1 Mergler, N. L. et al. *Int J Aging Hum Dev* 1984-1985;20:205-228.

2 Maher, L. *Contemp Longterm Care* 2002; 25(7):16-18.

3 Cox, K. *Med Educ* 2001;35:862-866.



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