

THE ILLNESS NARRATIVE BECOMES THE HISTORY OF THE PRESENT ILLNESS

John Berger writes in A Fortunate Man.

In illness, many connections are severed. Illness separates and encourages a distorted, fragmented form of self-consciousness. The doctor, through his relationship with the invalid and by means of the special intimacy he is allowed, has to compensate for these broken connections and reaffirm the social content of the invalid's aggravated self-consciousness.

...What is required of [the doctor] is that he should recognize his patient with the certainty of an ideal brother. The function of fraternity is recognition. This individual and closely intimate recognition is required on both a physical and psychological level. On the former it constitutes the art of diagnosis. Good general diagnosticians are rare, not because most doctors lack medical knowledge, but because most are incapable of taking in all the possibly relevant facts -emotional, historical, environmental as well as physical. They are searching for specific conditions instead of the truth about a man which may then suggest various conditions.

On the psychological level recognition means support. As Soon as we are ill we fear that our illness is unique. We argue with ourselves and rationalize, but a ghost of the fear remains. And it remains for a very good reason. The illness, as an undefined force, is a potential threat to our very being and we are bound to be highly conscious of the uniqueness of that being. The illness, in other words, shares in our own uniqueness. By fearing its threat, we embrace it and make it specially our own. That is why patients are inordinately relieved when doctors give their complaint a name. The name may mean very little to them; they may understand nothing of what it signifies; but because it has a name, it has an independent existence from them. They can now struggle or complain against it. To have a complaint recognized, that is to say defined, limited and depersonalized, is to make stronger.

...The doctor in order to recognize the illness fully -I say fully because the recognition must be such as to indicate the specific treatment -**must first recognize the patient as a person**

I. General comments

- illness story and life story intertwined
- start interview with illness story
- examples:
 - "what brought you into the hospital (clinic)?"

II. What is the History of the Present Illness (HPI)?

- the patient has an illness story
- the physician constructs the HPI
- the physician "returns" the reconstructed illness story to the patient translated back into lay terms

III. What constitutes the HPI?

- chief complaint
- chronology
- details -characterization of symptoms, and pertinent negatives
 - temporal characteristics
 - including timing, duration, frequency, quality
- specific questions regarding this characteristic are highly variable depending on the chief complaint
 - aggravating or alleviating factors
 - factors which increase or decrease the symptom
 - associated symptoms
 - symptoms which occur at the same time as the main complaint
 - "pertinent positive and negatives"
 - the presence or absence of specific symptoms from the same organ system
 - attributions
 - what the patient thinks is causing the problem
 - functional impact of the problem
 - effect on daily activities (work, relationships, sexual relations)
 - additional details for pain complaints:
 - severity
 - rated on a scale of one to ten
one = no pain; ten = worst pain ever experienced
 - location and radiation
 - where is the pain?
 - does it radiate any place, and if so, where?

Two examples (one involving pain):

A. Chief complaint: "I have been having facial pain for several days"

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|---------------------------|--|
| - quality | -what is the pain like? |
| - severity | -can you describe the pain for me?
-how bad is the pain?
-on a scale of 1 to 10 (explain the scale), how would you rate the pain? |
| - location | -where is the pain located?
-does the pain go any place else? where? |
| - temporal character | -when did the pain start?
-how long does it last?
-is it constant or does it come and go?
-how often does it occur?
-is it related to any specific activities (related to eating?, related to specific foods?) |
| - aggravating/alleviating | -have you ever had anything like this before?
-does anything make the pain worse? |

- does anything bring the pain on?
- does anything make the pain better?
- does anything relieve the pain?
- have you taken anything for the pain?
- associated symptoms - do you have any other symptoms when you have the pain?
- attributions - do you notice anything else when you have the pain ?
- what do you think might be causing this pain?
- why do you think you are having this problem?
- functional impact - how has this pain affected your daily activities?
- how has this pain affected your ability to get around?
- how has this pain affected your family?

B. Chief complaint: "I came in because of my cough."

- temporal character - how long have you been having this problem?
- when did your cough start?
- how often are you coughing?
- is your cough related to any specific activities?
- quality - have you ever had a problem like this before?
- what is the cough like?
- how much are you coughing up?
- what does it look like?
- aggravating/alleviating - does anything make your cough worse?
- does anything bring your cough on?
- does anything make your cough better?
- have you tried anything for your cough?
- associated symptoms - do you have any other symptoms with the cough?
- have you noticed any other problems since you have had the cough?
- pertinent +/- - have you had any chest pain? Shortness of breath?
- have you had any wheezing or trouble breathing?
- have you had any fever or chills? Any sweating at night?
- attributions - what do you think is causing your cough?
- why do you think you are having this problem?
- functional impact - how has your cough affected your daily activities?

IV. How is the HPI elicited and constructed?

- a. Link to the patient's narrative -patient centered portion of interview
- interview technique ,
 - establish narrative thread -chronology
 - questioning skills -coning
 - clarification/transitions -refer back to earlier statements
 - useful questions to fill out the narrative:
 - Why did you choose to come to the clinic at this time?
 - (as opposed to some other time -last year, yesterday, tomorrow)
 - Have you ever had anything like this before?
 - When did you last feel completely well?
 - How did you feel prior to _____ (the place where the patient began their narrative)
 - probe the **patient's experience** of illness
 - ask for clarification of vague terms
 - "It began to bother me" -"In what way did it bother you?",
 - "I started feeling funny" -"What do you mean by funny?",
 - "I felt weak" -"Can you describe what you mean by weak?"
 - ask for clarification of diagnostic terms
 - "My tooth began to act up" -"How did that feel?", "What symptoms did you have?"
 - "I first started to have angina in 1987" -"What were your symptoms at that time?", "How did you feel at that time?".
 - respond to patient's emotions
- b. Link to clinical reasoning (detective work):
- developing and testing hypotheses throughout the interview biomedical
 - psychological
 - social

V. What are the different ways in which problems occur?

- a. acute problem, single episode
- here the chronology is of the single episode
- b. chronic problem with acute exacerbation
- here in addition to the chronology and details of the acute episode, one also explores the history of the underlying chronic problem
- c. chronic problem (without acute exacerbation)
- here one elicits information about the history of the chronic illness, and then explores how things are going now, both in general terms and in relation to specific potential complications of the chronic problem