Narrative Medicine and Community-Based Health Care and Planning

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Springer

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Preface

Public health care is needed now more than ever. The point of this statement is that all persons should have access to health care, in a systematic manner, regardless of the ability to pay. But equally important is that this care should meet the needs of individuals and communities, and be provided in a timely and relevant way. At least since 1978, and the Alma Ata Conference, and subsequent Declaration, successful public health care is understood to depend on local participation, and eventual control, of these services.

As will be discussed throughout this book, this involvement should extend beyond the usual consultations and solicitations for input. Furthermore, participation is expected to extend beyond the usual education and prevention campaigns. What is required, accordingly, is that local knowledge be used to frame problems, construct interventions, implement these programs, and evaluate all outcomes. In this way, relevant questions will likely be asked and pertinent proposals and solutions generated.

Equally important, however, is that local persons guide these efforts. Participation, in this case, signals control; in other words, local persons direct all health initiatives. The thrust of this recommendation is to energize communities, so that they begin to identify and solve their problems. These persons replace the usual cadre of professionals and become the experts. Many models exist—ranging from health promoters to health committees—that demonstrate these locals, with some training and other support, can carry out complex tasks that improve dramatically the health status of persons, while rallying communities.

The aim of this book, accordingly, is to illustrate how narrative medicine, a relatively new development, can facilitate public health care. Fundamental to this approach to medicine is the proposition that both individuals and communities tell stories about themselves that are vital to identifying properly the meaning of, for example, illness, care, and health outcomes. Without this knowledge interventions will be poorly designed and haphazard. What persons say about their problems and situations matters with respect to improving the relevance, effectiveness, and sustainability of health programs. These narratives, stated simply, provide vital insight into the lives of those who need treatment.

But perhaps most important about public health care is the humanitarian character of this strategy. Specifically noteworthy is that local persons become directly involved in caring for one another. In a world that is rife with alienation such sensitivity is truly needed and revolutionary. Mutual care, accordingly, might gradually come to replace the hostility that seems to be rampant. In other words, the lessons that can be learned from the accompanying dialogue and mutual respect that are encouraged can be expanded far beyond health care. Perhaps even widespread social solidarity can be generated.

The politics of public health care are thus fairly clear. That is, health care is a public undertaking! The public is not merely the focus but should control the delivery of services. And perhaps in time, when mutual care is normative, the public will become instrumental in directing other key institutions. Indeed, a sense of community might be established that is increasingly inclusive and supportive. The world would thus truly be improved.

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