

## Even a little magic

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In the past, there were such things as doctor-priests, extraordinary people who established special relationships with those who were ill. They were known as *shamans*. Shamans throughout ages and places have led sick people to a mysterious and magical world where the healing process is possible. And patients have usually come back changed after experiencing their healing journeys under the supervision of shamans.

Nowadays medicine is dominated by specialization, technology, and scientific evidence—a world in which patients are seen in a fragmented way. Although the current model offers innumerable advantages for treatment, patients and doctors are not wholly satisfied because they feel as though something is missing.<sup>1</sup> Off-the-cuff comments reveal their thinking. It is common for patients to say things like this: “I went to the office and only saw the doctor for a few minutes. He hurried to do tests and prescribe medicine without even listening to me properly. I wish he’d had a caring look at me.”

On the other side of the spectrum, a colleague recently complained: “I am losing my passion for medical practice. There is no room for humanism in the current model. In my vision, medicine should be approached as both a science and an art, a discipline in which the humane aspects of medicine could be as appreciated as the technological and scientific aspects.”

### Magic and medicine

Magic has been associated with the practice of medicine for thousands of years. The idea that a portion of the healing process is attributed to magic is deeply rooted in the human psyche. Maybe it is because of this that patients are so fascinated with the advanced technology involved in some medical procedures, such as surgeries and sophisticated complementary tests—in those they can also see something magical and mysterious. But patients are shrewd and soon end up realizing that an important element is missing: the special relationship between healer and patient that always characterized the art of medicine when magic played an integral role. And now we ask, “Is there a chance that the magical dimension of medicine continues to play a role in a discipline dominated by technology and evidence?”

### Symbolic efficacy

In *Antropologia del Dolor*, David Le Breton teaches us about the symbolic efficacy of therapeutic modalities—an efficacy that certainly depends on cultural concepts, beliefs, and a vision of life, all of which are involved in the healing process. He describes many “cure episodes” that are inexplicable and incomprehensible according to rules of modern science and asserts that the scientific approach and the shaman’s

knowledge do not oppose each other but belong in different categories. He notes that human societies construct the sense and structure of the universe in which they evolve. For Le Breton, the shamans’ activities illustrate the symbolic efficacy of some therapeutic procedures, acquired in

contexts where certain meanings are well established. In modern medicine, the most remarkable example of such symbolic efficacy is the placebo effect.<sup>2</sup>

### Edward’s story

When he died as a result of an advanced brain cancer, Edward (whose name has been changed for privacy) was 18 years old. When I met him for the first time, he was receiving palliative care at home and was being treated by oncologists. His mother was my patient and asked me to see Edward, saying “As you are a family doctor, you could certainly provide good care for my son.”

He was skinny and weak, and I soon realized he was suffering deep pain. I had to increase his dosage of morphine and prescribe other medicines. Then Edward and I talked for some time. We talked about physical and emotional pain, about life, but not yet about death. For his mother I did the only thing possible—I listened to her with empathy and compassion and let her know that she could count on me at any time.

A few days later I was called back. Edward could not urinate. He was suffering from a side effect of morphine—urinary retention. I had to provide a urinary tube for emptying his bladder, as other noninvasive procedures were not effective. From that day, aware of its unpleasant side effect, he refused to take morphine. Actually, he refused to take any analgesic. His mother despaired—when he was not sleepy, he kept crying in agitation because of the pain. She called me once more.

We found common ground between our beliefs

When I arrived, Edward was restless but remained firm in his decision—he would not take painkillers again. Beyond that, he appeared fearful and worried about life after death. He wanted to know what the “other side” was like. His parents were immigrants from Japan and were Buddhists. They were very simple people and were not able to allay his doubts. I did not know anything about Japanese culture, but I sat down beside him and we started sharing opinions. Our conversation lasted about an hour. In that time we found common ground between our beliefs, and the ideas that emerged offered him some relief.

After that day, Edward still did not take any medicines, but this time it was because he had no need. He no longer suffered debilitating pain. It was mainly the doubt that had disturbed him, a pain from his soul that manifested itself physically until it could be verbalized.

One week later Edward died in peace, certain that where he was going did not matter, as he could count on Divine Mercy anywhere. This had been one of the themes of our last conversation. Edward taught me that sometimes a good talk—a chance to relieve pent-up feelings—is the best medicine. It is a lesson that I



could not have learned in any medical school or any textbook, a lesson that can only be taught by the pages of life and only when one is willing to read them.

### Narratives, placebo effect, and magic

Listening to patients' stories with empathy and compassion, even those unrelated to their clinical histories, and paying attention to their beliefs and personal paradigms are elements of narrative medicine,<sup>3</sup> a methodology that has an incontestable palliative, didactic, and healing role for patients, health care professionals, and students. Narratives reinforce and enrich the doctor-patient relationship and create a positive outlook on diagnostic and treatment procedures, which (according to certain authors) can explain the intensity of the placebo effect.<sup>4</sup>

Edward's story continues to remind us that magical or apparently magical events still occur in modern medicine. The story demonstrates the response to placebo, or the “meaning response,”<sup>5</sup> although no sugar pill was used. In this case, the doctor's attitude was responsible for the intensity of the placebo effect.<sup>6</sup>

The inclusion of narrative methodology in clinical practice allows for a balanced and harmonious integration of all elements of medicine: doctors, patients, technology, evidence-based research, patient-centred practice, symbolic efficacy, placebo, and even a little magic. Such an integration can, and often does, result in a surprising outcome, as with Edward. I believe that narratives can act as a bridge between patients, doctors, and the various other elements that play a part in the clinical method and, consequently, promote the practice of medicine in an efficient and comprehensive way—as science, art, and magic. 🌿

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### Competing interests

None declared

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