

Listening as Medicine: The Stories Behind *Prose for Patients*

By Deyaan Guha

Medicine is often taught as a science of diagnosis and treatment, but at its core it begins with something simpler: listening. Before any test is ordered or medication prescribed, a physician must first understand the person sitting in front of them. Yet in modern clinical systems, where appointments are short and documentation is long, patients' stories are often compressed into symptoms, diagnoses, and checkboxes. *Prose for Patients* began as an attempt to create space for those stories again.

The idea emerged from a simple observation during my clinical experiences. As an EMT, I often met people at the most chaotic moments of their lives. Patients entered the ambulance mid-story, sometimes frightened, sometimes confused, sometimes simply wanting someone to hear them. I rarely knew how their stories began, and I often never learned how they ended. The encounters were brief but deeply human.

At the same time, I was spending time in assisted living facilities and clinical settings where the opposite problem appeared: people had entire lifetimes of experiences, but fewer and fewer opportunities to share them. Many residents carried histories of careers, migrations, families, wars, inventions, losses, and triumphs. Yet in institutional environments, conversation can gradually narrow to medications, meals, and daily schedules. I began to wonder: what would happen if we treated stories with the same seriousness as clinical histories? From that question, *Prose for Patients* was born.

The project is simple in structure but meaningful in practice. I meet with residents, patients, or individuals who want to share their stories. Sometimes we talk about childhood memories, life philosophies, family traditions, or defining moments. Sometimes the conversations move toward illness, aging, or the feeling of watching one's body change over time. Other times the stories are humorous, poetic, or philosophical.

After these conversations, I write their stories in narrative or prose form, sometimes even as poetry, and return the final piece to them. They are free to keep it, revise it, share it with family, or decline it entirely. The story always belongs to them. What surprised me most was how meaningful the process became not only for the storyteller, but for me as the listener.

When someone tells their life story, the act itself can be transformative. Stories bring structure to experiences that may otherwise feel fragmented. They connect past and present, identity and memory. For many individuals, especially those navigating illness or aging, being able to articulate their life narrative can reaffirm a sense of agency and continuity. But the deeper lesson was what these stories revealed about medicine itself.

Patients are often described through the language of disease: Parkinson's patients, cancer patients, dementia patients. Yet listening to their stories reveals something far richer. A person with Parkinson's might also be a pianist who once performed for thousands. A patient recovering from surgery might have been a teacher who shaped generations of students. A resident in assisted living might have built businesses, raised families, or traveled the world. Illness becomes only one chapter in a much larger narrative.

For those of us entering medicine, recognizing that narrative context is essential. Clinical expertise allows physicians to treat disease, but narrative understanding allows them to treat people. Stories illuminate motivations, fears, values, and hopes, elements that profoundly influence how individuals experience illness and make decisions about care. In that sense, narrative medicine is not separate from clinical medicine; it is foundational to it.

Prose for Patients has also changed how I think about memory and identity, especially in neurological conditions. In settings like Parkinson's clinics or assisted living communities, I've seen how disease can alter movement, cognition, or independence. Yet even when certain abilities fade, the stories remain powerful markers of identity. Documenting those stories becomes a way of preserving something essential: a person's voice.

Looking ahead, I hope to expand *Prose for Patients* into hospital settings and broader clinical environments. The vision is simple: create opportunities for patients to share their stories, preserve them in written form, and integrate narrative reflection into healthcare spaces. Ideally, clinicians, volunteers, and students could participate in documenting patient narratives—building bridges between medicine and the humanities. Because medicine ultimately deals not only with bodies, but with lives.

Every patient arrives with a story already in progress. Listening carefully enough to hear it may be one of the most important skills a future physician can develop. *Prose for Patients* is simply my attempt to practice that skill, one story at a time.