

COMPELLING COMMENTS

Storytelling in Dermatology

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At a recent conference, John D. Trybus, PhD, a social strategist from the Georgetown University Center for Social Impact Communication, promoted storytelling as a way to influence legislators for the benefit of physicians and their patients. In fact, there is evidence that politicians and voters are more likely to be swayed by an emotional story than by scientific facts.^{1, 2, 3} Effective stories help us make sense of complexity.^{4, 5} A brief case emphasizes the importance of social strategy to motivate patients and promote treatment adherence.

Report of a Case: A 17 year-old male with severe nodulocystic acne presented with his mom after failing to improve on a variety of topicals and systemic antibiotics. Oral 13-cis retinoic acid was recommended. Benefits and risks were discussed including the one in a thousand risk of developing depression, and vanishingly rare risk of colitis that is identical to the risk using oral antibiotics. The mother listened intently to my scientific arguments, but refused to let her son take the medication. The dermatologist then told a story about his five children, three of whom had taken 13-cis retinoic acid for their severe acne. The physician dryly noted that

he did not like his children, paused...and, then admitted to loving his children. Each child had cleared rapidly and remained clear, and none experienced any significant side effects beyond predictable dryness. The patient's mother felt emotionally persuaded, and her son began a trial of 13 cis retinoic acid clearing completely in 5 months.

What are the components of a good story?⁶ First, it must be short and have a finely honed plot sometimes referred to as trajectory.⁶ In fact, a patient's attention span is often less than 10 seconds.^{7,8,9} Second, storytelling must be strategic.^{6, 10} Our story was designed to motivate a mother who loves her children, just like the dermatologist. Thirdly, the story was perfectly honest, authentic, and personal.¹¹ It would be ethically inexcusable to lie to a patient. Fourthly, good stories are relatable. In our case, humor was used to engage the patient with a strong emotion- love for their children!¹ Fifth, there was a call to action with a "hook" that was immediately persuasive.^{1, 12,13} A physician gave the same medication to the children he loves! Finally, the effectiveness of the story is measurable. In this case the patient and his

mother accepted the recommended medication. If a story repeatedly fails to achieve the desired outcome, it is time to develop an alternate approach!

In fact, stories do not always work because they are subject to interpretation. It is worthwhile to ask an open-ended question that might explain why the desired action was not achieved. The physician might ask: Did I offend you with my failed attempt at humor? They might just blurt out an explanation. In addition, the mother and son have their own stories that may relate to side effect experienced by a friend. Physicians must be good listeners as well as storytellers to identify the issues that could explain the family's fears. It may be an effective strategy to highlight the similarities between the physician and patient stories or adopt the patient's story with a twist.

In summary, dermatologists should never minimize the importance of a good story and continue to motivate their patients with time-tested tales. Skillful storytelling in the context of evidence may serve to maximize adherence. Though story telling in American politics is sometimes based on half-truths and deception, dermatologic anecdotes must be grounded in fact.

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