

## In medicine, listening to the patient matters

Medicine is dominated by the quants. We learn about human health from facts, and facts are measurable. A disease is present or not present; a reckonable proportion of people respond to a particular drug; the inability to predict gene-environment interactions reflects only a failure to map facts we will eventually be able to determine; and if the observable phenotype varies for an established genotype, the differences must be caused by calculable issues. In this version of things, the case histories that constituted most of medical literature up to the early 20th century reflect a lack of empirical sophistication. Only if we can't compute something are we reduced to storytelling, which is inherently subjective and often inaccurate. Science trades in facts, not anecdotes.

No one has done more to shift this arithmetical naïveté than Oliver Sacks, whose career as a clinician and writer has been devoted to charting the unfathomable complexity of human lives. "All sorts of generalizations are made possible by dealing with populations," he writes in his new memoir "On the Move," "but one needs the concrete, the particular, the personal too." The emergent field of narrative medicine, in which a patient's life story is elicited in order that his immediate health crisis may be addressed, in many ways reflects Sacks' belief that a patient may know more about his condition than those treating him do, and that doctors' ability to listen can therefore outrank technical erudition. Common standards of physician neutrality are in Sacks' view cold and unforgiving — a trespass not merely against a patient's wish for loving care, but also against efficacy.

**The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion and analysis. Read full, original post: [‘On the Move,’ by Oliver Sacks](#)**