

## Poetry as Clinical Relevance

In clinical medicine, we are trained to prioritize clarity, efficiency, and precision. Notes are written to communicate, diagnoses are made to categorize, and treatments are delivered to resolve. Yet within this structured system lies an undeniable truth: illness is not experienced in bullet points. It is lived as a disruption of identity, a fracture in narrative, and a reorientation of meaning. Poetry exists precisely in that space.

When approaching a patient's story, I often find myself thinking like a writer: whose perspective am I following? What details matter most? What is the underlying theme of this experience? But unlike structured clinical documentation, the human experience of illness rarely unfolds linearly. It arrives in fragments, moments of fear, flashes of memory, disjointed conversations. Much like poetry, it is often non-chronological, distilled, and emotionally charged .

This is where poetry becomes clinically relevant. If prose is about process, poetry is about impact. Prose explains what happened, and poetry reveals what it meant. In medicine, we are often fluent in the former but underdeveloped in the latter. Yet patients do not only seek explanations, they seek recognition of what their experience feels like.

There is growing evidence that poetry is not merely expressive, but therapeutic. In randomized studies, engagement with poetry and music has been shown to reduce pain intensity in cancer patients, while poetry alone increased feelings of hope . In pediatric hospital settings, poetry-based reading and writing exercises have been associated with reductions in fear, sadness, anger, and fatigue . Even outside formal interventions, individuals report that poetry helps alleviate anxiety and fosters a sense of connection during periods of isolation. These findings suggest that poetry does not simply describe experience, it actively reshapes it.

But beyond measurable outcomes, poetry offers something more fundamental: language for what resists language. Illness often produces emotions that are difficult to articulate—grief without loss, fear without clarity, hope without certainty. Poetry distills these into image and metaphor. Pain becomes a river. Recovery becomes a season. Waiting becomes winter. In doing so, it allows patients to externalize and process what might otherwise remain internal and overwhelming.

For clinicians, poetry also sharpens perception. Writing poetry requires attention to nuance, economy of language, and emotional precision. As one physician noted, poetry forces us to maximize impact with every phrase, an approach that can meaningfully translate to clinical communication, which is often unnecessarily verbose or detached . More importantly, engaging with poetry, whether reading or writing, trains clinicians to listen not just for information, but for meaning.

Narrative medicine emphasizes the importance of story in care. Poetry extends this by introducing *distillation*. Where a story captures the journey, a poem captures the essence. When paired together, they create a kind of parallax: the narrative shows what happened, while the

poem reveals what remains. This duality mirrors clinical practice itself, objective findings alongside subjective experience.

Ultimately, medicine is not only about restoring physiological function, but about helping patients navigate the meaning of what has happened to them. A physician may treat a disease, but the patient must live inside its narrative. In this sense, poetry becomes a companion to care, a way of acknowledging that healing is not solely physical, but existential.

Inside every patient is a story trying to be told. Sometimes, it is a story that needs to be heard. And sometimes, it is a poem waiting to be understood.