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Rethinking *Yi'an* (Medical Cases) as a Tool for Narrative Medicine in China

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Abstract

When narrative medicine (NM) was introduced into China, traditional Chinese medicine scholars found that the core concepts advocated by NM are manifested in Chinese *yi'an*. But why NM echoes with ancient Chinese *yi'an*? How can we better integrate NM into Chinese medical practices? To answer those questions, this article first investigates how NM establishes itself as a remedy to biomedicine by taking traditional healing models including TCM as its ideal Other. Then, the narrative traditions of both case histories and *yi'an* are examined respectively. This article argues that NM is searching for a lost tradition of narrative case histories, but *yi'an* functions as a living tradition of TCM. The Parallel Chart in NM, designed as a complement to the dehumanized hospital chart, is still based on a dichotomy of science and art and a conflictual doctor-patient model. But *yi'an* exemplifies the holistic and humane healthcare that NM hopes to achieve. A comparison of both genres also inspired us to rethink the genre of *yi'an* in NM. Thus, it is concluded that *yi'an* should be viewed as an epistemic genre integrating individualization and generalization, a bridge linking medicine and literature. And narrative *yi'an* can well serve as a tool for NM in China. It is also proposed that a thick description of *yi'an* be encouraged to further promote a pluralistic NM in China.

Keywords: Case history; Medical cases; Narrative medicine; Thick description; *Yi'an*

1 Introduction

In 2001, Rita Charon, a general internist and literary scholar at Columbia University, proposed "narrative medicine"(NM) as medicine practiced by physicians "with the narrative competence to recognize, interpret, and be moved to action by the predicaments of others."[1] Four years later, in her book *Narrative Medicine: Honoring the Stories of Illness*, Charon suggested two key tools in developing narrative competence: close reading and reflective writing.[2] Doctors and students are taught to read patients' illness narratives, doctors' stories, and literary canons related with medicine so that they could better absorb, recognize, and understand what patients tell them. And the main form of "reflective writing" is writing the Parallel Chart, a teaching tool developed to help students write about their clinical experiences and reflect on their practices in nontechnical language. By stressing the importance of attention, representation, and affiliation in clinical encounters, NM hopes to foster empathy and reflection as a remedy to the dehumanizing biomedicine.

When the concept of NM was introduced into China by Professor Guo Liping (郭莉萍)[3] and Professor Yang Xiaolin (杨晓霖),[4] it immediately sparked hot discussions in Chinese medical field. Interestingly, many traditional Chinese medicine (TCM) scholars found that core concepts advocated by NM are manifested in Chinese *yi'an* (医案, medical cases).[5,6] Voices from TCM scholars made NM proponents realize that the integration of NM with TCM is necessary, but how to better adapt NM into Chinese medical practices is not clear.[7] To promote NM in China, two key questions must be answered first: Why NM echoes with ancient Chinese *yi'an*? And how can we better integrate NM into Chinese medical practices?

2 Behind NM: biomedicine and its "Others"

To explain the kinship between NM and *yi'an*, it is necessary to look back to the theoretical basis behind NM. As a mixed product of various disciplines, the conceptual framework of NM "is firmly rooted in an older global tradition of medical humanities," and the language it uses largely reflects an American viewpoint.[8] One obvious American root is that NM is developed as a remedy for the biomedicine model.

Since the late 1960s, the great gap between increasing power of biomedicine and less satisfying effect of

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medical treatment caused tension in medical practices, and medical humanities program began to be added into medical education. Then, literature joined medicine as a part of the medical humanities. But at that time a strong emphasis was placed on literature's aesthetic and ethical uses.[9] The cross-disciplinary field of literature and medicine began to flourish as the journal *Literature and Medicine* was launched in 1982. Literary works related to medicine are widely discussed and insights from literary criticism offer frameworks for understanding illness narratives as well as doctors' writing. Reader-response criticism and Roland Barthes's narratology offers methods for textual analysis. Michael Foucault stimulates medical discourse analysis. Close reading and reflective writing in NM are both tools borrowed from literary studies.

From the 1980s, hermeneutics and phenomenology were also introduced into medicine.[10,11] Hermeneutics inspired a model of clinical hermeneutics, which regards the patient as text and medical practice as the science and art of interpretation.[12] Phenomenology helps to distinguish the biological body and body as lived, highlighting the importance of first-person narratives of illness experiences in lifeworld.[13] And Paul Ricoeur's *Time and Narrative*, known as a masterpiece combining hermeneutics with phenomenology, inspired Charon to develop her thinking on representation and reflection.

The ethical, narrative, interpretive, and phenomenological turns in human sciences have all prepared theoretical basis for the birth of NM. All these turns converge in NM as a part of a larger turn in medicine—the shift from the biomedicine model to the biopsychosocial model. As Charon concluded, NM has its roots in literature and medicine, medical humanities, primary care, relation-centered care, patient-centered care, and biopsychosocial medicine, and those fields share a common goal of "correcting the undue simplemindedness of biomedicine."[14] Despite its heavy debt to literature, NM's concern is always about medicine, not literature.

But the biomedicine model is not everything behind NM. It is worth noting, when in 1973 Arthur Kleinman suggested understanding the experience of illness as "a cultural or symbolic reality," he cited several books on TCM, drew conclusions from his comparative studies on medical systems and suggested a general model for understanding medicine as human science.[15] A humane medicine that put human rather than disease at its center became an ideal Other for biomedicine. In 1978 Arthur Kleinman's *The Illness Narratives* further developed his thought into the distinction between illness and disease, which later become a part of NM's theoretical basis.[16] Also in 1977 when George L. Engel proposed a shift from the biomedicine model to the biopsychosocial model, he cited findings from ethnomedicine to show the biomedical model as a culturally specific model of disease in modern west.[17] And in 1993, Kleinman wrote a chapter "What is specific to Western medicine?" in *Companion Encyclopedia of the History of Medicine*.[18] According to him, biomedicine has a "radically reductionistic and positivistic value orientation" that is "ultimately dehumanizing," while Chinese medicine value patients' experiences and care about social, psychological, and moral aspects of medicine. His discussion reveals one essential fact: the biomedicine model establishes itself as a specific western medical model in contrast with non-western medicine especially TCM. As the Other for biomedicine, TCM serves as an ideal humane medicine that practitioners of biomedicine like Kleinman have sought.

But both Engel and Kleinman's conclusions are largely based on reflections of biomedicine. As Professor Byron J. Good claimed, taking biomedicine as a universal scientific model is an "impoverished perspective" that "neglects many facets of Western medical practice and obscures its kinship with healing in other traditions."[19] Behind biomedicine stands many Others: one is non-western medical practices represented by TCM and another one is its own humanistic tradition that was not included into the narrow category of biomedicine model. It's NM's discontent of a fragmented, dehumanized biomedicine model that put NM on the same side with biomedicine's Others. They serve as mirrors to reflect the self-image of biomedicine and provides complementary insights into understanding what healthcare is about.[20] That's why NM echoes with TCM. But why it was *yi'an* in TCM that attracts so much attention when NM was introduced into China? It is necessary to review the narrative tradition of case history and *yi'an* respectively.

3 Case history: in search of a lost tradition

Medical case history is a genre of clinical narrative about disease diagnosis and treatment. Its oral form is case representation conducted in clinical education; and its written form is case reports published on medical journals.[21] The main form of case history in medical practices today is the written hospital chart, which is believed to be designed in 1916 by American Presbyterian Hospital for case recording.[2] As a special genre that still plays significant roles in medicine, case histories have always attracted scholars' attention in the development of NM.

In 1973, Oliver Sacks published *Awakenings*, a novelistic collection of case histories that inspired scholars who later contributed greatly to literature and medicine movement such as Brian Hurwitz and Arthur Frank.[22] Sacks preferred an biographical way of writing case histories like his predecessors Luria and Freud, and endeavored to combine the romantic and scientific by writing what he called "elaborate case histories."[23] Later in another book *The Man Who Mistook His Wife For A Hat And Other Clinical Tales,* Sacks called for going "back to an ancient tradition: to the nineteenth century tradition of which Luria speaks; to the tradition of the first medical historian, Hippocrates; and to that

universal and prehistorical tradition by which patients have always told their stories to doctors."[24] The tradition he was appealing for is a long narrative tradition of case history in western medicine.

It is believed that case histories originated from oral tales and share the oral-formulaic method with Homer's epic.[25] In medical writings, it first took the form of medical notes describing the progress of diseases in Hippocrates' *Epidemics*, then Galen's Commentary gradually replaced the Hippocratic medical notes.[26] But as is observed by G. E. R. Loyld, Galen did not follow Hippocrates' style of case writing in *Prognosis*.[27] Apart from appealing to Hippocrates' authority, Galen already developed a theory to predict the development of disease and only recorded successful case histories to advertise for himself. It also recorded the presence of other doctors and his defense for himself, indicating a highly competitive medical market. According to Gianna Pomata, a shift from the Hippocratic or Galenic style to a new *Curationes* began in Amatus's *Centuria of Curationes* (1551), in which Amatus combined description, commentary with the recipe of remedies used.[28] It is used more for self-promotion. And in the second half of the 16th century, another genre of collections of case histories named *Observationes* emerged with a stress on case narratives to describe and classify diseases, and by the 18th century, it had become a major form of case writing adopted by medical journals. As a product of late Renaissance humanistic medicine, the *Observationes* emphasized "the circulation of observational knowledge," and the writing of *Observationes* may have a link to the writing of legal cases.[28] In the 18th and 19th centuries, a mutual influence between case history and novels is observed,[29] and "the tradition of richly human clinical tales reached a high point in the nineteenth century."[24] As clinical medicine began to dominate in the second half of 19th century narrative case histories gradually declined. For a long period, case histories were considered to be unscientific. But well-written case histories could still be regarded as literature, for example, Freud's case histories.

When Kathryn Montgomery Hunter introduced literary criticism into medicine, she called for returning to "an enriched case histories," a narrative-conscious genre adequate to fulfill the task of integrating science and art in medicine.[30] In 1999, when Brian Hurwitz and Tricia Greenhalgh of King's College in London first proposed the concept of "narrative-based medicine" in "Why study Narrative," they were also hoping to revive the lost tradition of narrative in the teaching and practice of western medicine.[31]

However, when Rita Charon abbreviated "narrative-based medicine" into "narrative medicine," she approached case history from a slightly different position. She was also aware that dehumanized case history was a recent trend since the early 20th century, but she was not nostalgic for the lost tradition. Charon dreamed that "traditional case histories will, in time, be joined by a different genre of medical writing, an expressive component to the chart."[32] The "traditional case histories" defined by Charon become a recent genre of objective medical writing that has been reduced into the hospital chart. Her solution is not to revive the narrative case histories but design a Parallel Chart as complementary to hospital chart. And the latter is criticized for being full of impersonal, fragmented data and facts from clinical observations and tests, leaving no details for the patient's life experience.

Underlying the two separate charts is still a dichotomy between science and art/ doctors and patients. One reason is her understanding of case history was based on a conflictual model rather than dialogic interactive model. An early discussion of doctor–patient relationships framed three basic models: activity-passivity, guidance-cooperation, and mutual participation.[33] The conflictual model assumes a passive role for patients in clinical encounters, and consequently ignoring the possibilities of negotiation, cooperation, and mutual participation. The poststructuralist Barthes' distinction of work and text also contributes to Charon's understanding of case histories "as the work engendered by the text of the patient's spontaneous speech."[32] Patients' illness narratives and doctors' narratives are considered to be reflecting different expectations and thus oppositional. That's why NM is largely relying on a shift from doctors' perspectives to patients' perspectives to humanize medicine. To foster the ideal clinical encounter, patients' stories are highlighted in NM.

However, as Kathryn Montgomery Hunter noticed: "The case history is not the patient's story, nor is it meant to be."[30] Writing case histories does not necessarily aim at a representation of patients' stories, since not all details matter, and some narratives may be unreliable. Apart from representation, case history also involves clinical judgement and interpretation. Too much emphasis on the literary features of case histories underscored a fact that case history is not completely open to interpretations like a literary text. Hunter believes, patients stories, such as pathologies, will not help to reshape the medical case and it's doctors' stories that we should look to.[30]

Recent research on doctor–patient relationships is also seeing "a steady evolution away from a doctor-centered emphasis toward a more balanced focus on the conduct of doctors and patients together."[34] For NM, an emphasis on patients' stories is not enough. The essential question is how to achieve mutual understanding between patients and doctors. And if NM hopes to develop physicians' narrative competence, it still needs to rely on a tool that can be routinely used in medical practices rather than a literary tool. A genre integrating narrative and the hospital chart is the ultimate solution. Then here we go back to the old tradition: a narrative case history.

4 A living tradition: narrative tradition of *Yi'an*

Yi'an in Chinese medicine is thought to be equivalent to the case history in Western medicine. However, when translating *yi'an* as case history in English, its distinguished features and a long narrative tradition are lost.

The development of *yi'an* can be roughly classified into 5 periods: (1) medical narratives recorded in oracle bones inscriptions; (2) cases appeared in historic biography like *Shi Ji* (《史记》 *The Grand Scribe's Records*); (3) cases attached to herbal formulas written by physicians; (4) *yi'an* with standard formats written by physicians to transmit knowledge, enhance doctors' reputation and train disciples; (5) modern *yi'an* that stressed argument and objectivity. Narrative features of *yi'an* are closely related to the narrative tradition of Chinese literature, and its evolution in history are also influenced by changes in narrative concepts.[35]

The origin of *yi'an* can be traced back to the records of medical activities in the oracle bone inscriptions, which were mainly used by the royal family in divination during the Yin and Shang dynasties (about 17th century BC–11th century BC). The oracle-bone narratives are terse, dialogic, and rhythmic.

During the pre-Qin period (before 221 BC), records of medical activities can only be found in official writings. As indicated in the *Zhou Li* (《周礼》 *Rites of Zhou*), in the medical office, a special post named *Shi* (史, historian) is set to be responsible for recording medical activities, indicating that medical records belonged to the category of "history" at this time.

The second important phase for the development of *yi'an* is marked by a great historic work *Shi Ji* written by Sima Qian (司马迁) during about 104 BC to 91 BC. In this chronicle of history, one independent chapter was reserved for biographies portraying two great physicians in Chinese medical history: *Bian Que Cang Gong Lie Zhuan* (《扁鹊仓公列传》 *The Biographies of Bian Que and Cang Gong*). It records 25 cases of *Zhen Ji* (诊籍 medical records) of Cang Gong[36,37] (Figs. 1 and 2), a famous physician of the Western Han Dynasty called Chunyu Yi (淳于意). This is the first complete account of medical cases, with detailed descriptions of name, gender, occupation, symptoms, diagnosis, treatment and prognosis of 25 patients. Therefore, Chunyu Yi's *Zhen Ji* is often regarded as the most definitive source of *yi'an*.

The cases followed the narrative style of oracle-bone inscriptions. And formulaic patterns in *yi'an* writing have taken shape. Besides, reflections on success or failures in medical treatment are included. Another feature worthy to note is that it has a strong literary style. The 25 cases are not equivalent to *Zhen Ji*, but are narratives based on *Zhen Ji*. It is orally presented by Chunyu Yi and embellished by Sima Qian. Obvious evidences are the choice of rhyme and frequent use of metaphors. Both Chunyu Yi's oral narratives and Sima Qian's literary embellishments

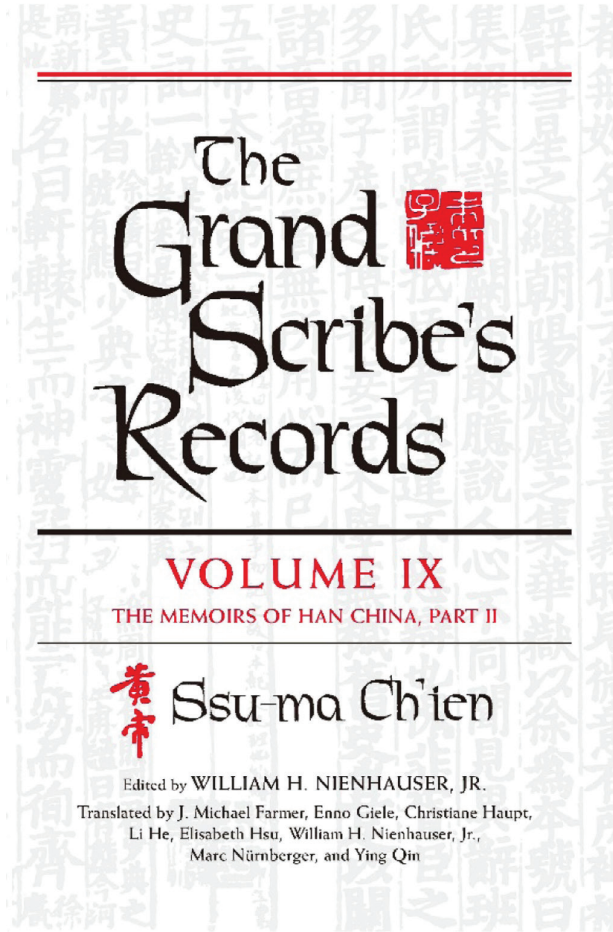

Figure 1 Front cover of *The Grand Scribe's Records (Volume IX)* (2010) edited by William H. Nienhauser. It is an English translation of *Shi Ji*, containing 25 cases of Chunyu Yi translated by Elizabeth Hsu (source from: https://www.goodreads.com/book/show/9875941-the-grand-scribe-s-records).

were intended to create the image of an outstanding doctor. That was determined by the genre of biography, and Sima Qian is the pioneer that has created this genre.

Chunyu Yi's 25 cases are answers to Emperor Wen's questions. Therefore, these cases adopt a narrative mode of questions and answers, told in the voice of the Chunyu Yi. But his answers also use direct quotations to vividly record details that not are related to the treatment (nor asked by Emperor Wen), such as the conversations between him and the patient (and the patient's family), and other doctors. There are eight cases with other doctors mentioned. The presence of other doctors is mainly used as contrast to show Chunyu Yi's expertise. And Chunyu Yi must defend himself and defeat other doctors to win trust for himself first. The voices of other family members also show us how diagnosis and treatment involve a community rather than a patient alone. Thus, the clinical encounter is a dialogic and interactive process with social, moral, and cultural dimensions that must be taken into a doctor's account.

As one of the most influential texts in Chinese history, *Shi Ji* is regarded as a major source of narrative traditions

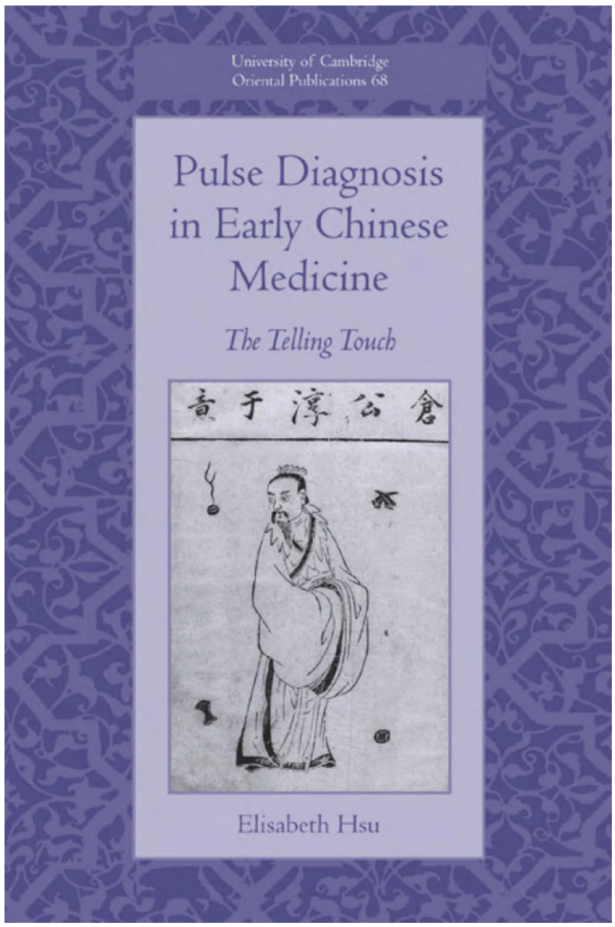

Figure 2 Front cover of *Pulse Diagnosis in Early Chinese Medicine: The Telling Touch* (2010), *by* Elizabeth Hsu. It contains a translation of the Memoir of Chunyu Yi and also an anthropological analysis of the first 10 cases (source from: https://www.amazon.com/Pulse-Diagnosis-Early-Chinese-Medicine/dp/1108468632).

in the Chinese literature. And the 25 cases became a model of ancient Chinese medical cases writing. Since then, historians who wrote biographies for famous doctors would include doctors' medical cases in their biographies and imitated the writing style of Sima Qian. For instance, the *Fang Ji Zhuan* (《方技传》 *Biographies for Experts in Medicine*) in *San Guo Zhi Wei Shu* （《三国志·魏书》 *Three Kingdoms: Book of Wei*） contains 16 medical cases of Hua Tuo (华佗), another great physician in Chinese medical history. It is also common to see later medical practitioners citing *The Biographies of Bian Que and Cang Gong* as a model in the prefaces of their *yi'an* monographs. However, for a long time after *Shi Ji,* except a few cases in official history books, no monograph on medical cases appeared for more than a thousand years.[38]

The long-lasting tradition of historical biography began to decline in the Tang Dynasty, and the distinction between "literature" and "history" in narrative concepts freed narratives from history, contributing to the flourishing of other literary genres represented by Tang Legends. Influenced by Tang Legends, Meng Qi (孟启) composed a popular book called *Ben Shi Shi* (《本事诗》 *Poems and Their Anecdotes*), which is a collection of poems as well as the anecdotes related to the poems. This new literary genre also inspired *Ben Shi Qu* (《本事曲》 *Songs and Their Anecdotes*). The popularity of this new literary genre influenced the writing of Xu Shuwei (许叔微), a literati physician living in the Song Dynasty. At that time, being a "literati physician" who is well educated both in literature and medicine was a social fashion.

Xu published two monographs on medical cases: *Pu Ji Ben Shi Fang* (《普济本事方》 *Experiential Formulas for Universal Relief*) in 1144 and *Shang Han Jiu Shi Lun* (《伤寒九十论》 *Ninety Treatises on Cold Damage*)[39] in 1147. In the preface of the first book, he revealed that the new attempt at recording cases related to herbal formulas was inspired by the literary concept of *Poems and Their Anecdotes* and *Songs and Their Anecdotes*. This new narrative attempt made its debut in the *Experiential Prescriptions for Universal Relief* and was perfected in the *Ninety Treatises on Cold Damage*, resulting in the first monograph on medical cases written by a medical doctor.

Xu Shuwei inherited the elaborate style of case writing from Sima Qian. However, although *Ninety Treatises on Cold Damage* had the form of a monograph of *yi'an*, *yi'an* writing was not common at that time. Apart from the 90 medical cases recorded in his book, most of the medical cases of the Song, Jin and Yuan dynasties were scattered in various medical writings, and the term *yi'an* didn't appear. In other words, the genre of *yi'an* was not yet born.

The first known monograph named after *yi'an* is *Shi Shan Yi'an* (《石山医案》 *Shi-shan's Case Records*) written by Wang Ji (汪机), the founder of Xin'an Medicine. The book was written in 1520 and published in 1531, containing 171 cases of Wang Ji. In 1522, Han Mao (韩懋), another physician in Sichuan, put forward the format of *yi'an*.[40] His description of "fill in an *an*" indicates *yi'an* was not only used for recording treatment by himself, but also used by his disciples. In addition, both monographs draw an analogy between *yi'an* and legal cases, indicating a possible connection between two genres. And the two works published almost at the same time but in different places also suggest that writing of *yi'an* may have been widely adopted by medical practitioners at this time. With format requirements and professional uses, *yi'an* became a special genre in medicine.

What's more, the establishment of different TCM Schools after Yuan Dynasty made *yi'an* gradually become a vehicle for transmitting medical knowledge. As Joanna Grant observed in the case of Wang Ji, *yi'an* was used to impart medical experience to his disciples, to self-promote, and to record special cases, all of which helped him directly influence local medical culture.[41] Readers of *yi'an* became mainly medical practitioners.

The standardization of *yi'an* prompted doctors to produce more *yi'an*, and on the other hand, relatively weakened the literary features of *yi'an*. With more emphasis for authenticity and innovation, *Yi'an* gradually placed an emphasis on recording effective treatment of special cases. However, the relative weakening of the narrative nature of *yi'an* does not mean that narrative was abandoned; the proliferation of *yi'an* also contributes to the prosperity of reading and writing *yi'an* during the Ming and Qing dynasties. Titles of *yi'an* monographs still pursued an elegant style that could create an image of the "literati physician." It is also in this period that *yi'an* frequently appeared in novels as part of fictional narratives,[42] proving that the narrative features of *yi'an* were highly compatible with novels. *Yi'an* during this period fully exhibits the mutual influences between literature and medicine.

However, since late Qing Dynasty, dominance of TCM has been challenged by modern Western medicine. During the transitional period, TCM practitioners also tried to write standardized case history like western doctors.[43] *Yi'an* writing prefers objective language and standard format, thus losing some of its narrative and aesthetic pursuits. The narrative *yi'an* gradually evolved into a modern style stressing argument, corresponding to the pursuit of medical modernity in Chinese medicine. Gradually, the term *Bing An* (病案 records of diseases) and *Bing Li* (病历 case history) were adopted in hospital management. Despite those changes, TCM scholars were still fully aware of the value of *yi'an*. In 1958, the TCM expert Qin Bowei (秦伯未) called for medical practitioners and medical journals to value publishing *yi'an* as a way of exchanging expertise.[44] In 1982, a textbook on *yi'an* named *Zhong Yi Yi An Xue* (《中医医案学》 *The Discipline of Medical Cases in Traditional Chinese Medicine*) was written.[45] Since then, the study of *yi'an* has become a part of required reading for the syllabus in TCM education. Today in hospitals, writing electronic case history is required. But for TCM practitioners, *yi'an* still gains a strong hold among Chinese medical practitioners nowadays. Ancient and contemporary *yi'an* are widely read and accepted as essential sources for TCM practitioners to acquire knowledge, exchange experiences, and improve medical skills. Writing and publishing *yi'an* is a living tradition that is still highly valued in TCM practices. Despite TCM's continuous struggle for modernity, the western case history never fully replaced *yi'an*.

5 Rethinking the genre of *Yi'an*

Looking back to the evolution of the case history and *yi'an*, it is clear that the two genres share common features. First, they both share a close relationship to history. As indicated by name, the case history is also a kind of history. And early forms of *yi'an* are from history books. Second, there is a two-way interaction between the writing of *yi'an*/ case histories and literature. In other words, *yi'an* and case histories have always been the mixed product of literature and medicine. Third, both genres rely on narratives to transmit medical knowledge and promote the doctors' reputation. Fourth, both genres evolved in a similar trend: from cases in history and literature, to cases attached to prescriptions or recipes, then *yi'an*/case histories with standard format influenced by legal cases, and nowadays, a modern version influenced by the biomedicine model.

But *yi'an* also differs from the modern case history in many ways. First, *yi'an* values observation and interpretation in healing practices. A good interpretation starts from observing, listening, and feeling the pulses, which guarantees a patient-centered care. Second, *yi'an* is about human's illness rather than disease. TCM teaches doctors to care for patients' feelings about pain because it believes emotions may affect the development of illness and play a role in the outcome of treatment. Third, *yi'an* advocates a dialogic and interactive model between doctors and patients. The decision-making process in treatment is negotiated between doctors and patients or patients' families. Galenic case histories are similar to *yi'an*, but case histories after the birth of clinical medicine are dominated by the authoritarian voice of the doctor. Fourth, *yi'an* is reflective but not confessional. Western doctors have a tradition of confessional writing, and NM further strengthened this dominant mode in medical writing.[46] But *yi'an* is more concerned with successful treatments. When it records failures, it is not confessional because it centers on patients rather than doctors. Finally, *yi'an* embodies a humanitarian ideal that a good doctor is a benevolent "literati physician." As is noted by Charlotte Furth, doctors also circulated *yi'an* in poetry clubs.[47] And this highest ideal for the medical profession is deeply embedded in *yi'an* writing from ancient times to present. By reading *yi'an*, medical ethics are internalized. Writing *yi'an* helps formulate theories and reflect on medical practices. And publishing *yi'an* is to receive peer review that could testify to and enhance doctors' reputations.

The differences between *yi'an* and modern case history are based on fundamental differences between the biomedicine model and TCM. Apart from making use of instruments and technologies, TCM takes social, cultural, and psychological factors into consideration. Thus, in contrast with the dehumanizing biomedicine, *yi'an* demonstrates that TCM is a holistic and humanistic medicine built on the biopsychosocial model.

As a tool evolved from in-depth integration of literature and medicine, *yi'an* has absorbed from literature the humanitarian ideal, and played a significant role in transmitting medical knowledge. It is more than case records, case reports, or case histories, since it is rooted in Chinese medicine's understanding of clinical reality. It records strange and new cases like case reports, but the interpretation part also involves formulating theories based on observations, applying theories to check

its effectiveness, and modifying theories in different contexts. It is a broader genre than case histories and functions more like cases. It is narrative that helps express *yi'an*/cases. As Maria Böhmer claims cases travel by its narrative form.[48] Narratives also enable *yi'an* to circulate among medical practitioners as well as laymen.

But a literary perspective for *yi'an* is also inclined to undervalue narrative's scientific role. It must be recognized that the essential value of *yi'an* lies in its medical value. As John Forrester proposes, cases in law and medicine should be recognized as a scientific way of reasoning that originated from Aristotle's practical wisdom.[49] Rachel A. Ankeny also confirmed the epistemological value of medical cases: cases create generic facts by making "loosely gathering facts" travel together.[50] On the other hand, inspired by literary scholar André Jolles' understanding of cases as simple forms, Gianna Pomata suggests to understand cases more than as a literary genre but also as an epistemic genre.[51] She believes cases function as a cognitive tool for individualization and as a counterweight to generalization. Ankeny and Pomata explains the two sides of the same coin. By observing the evolution of *yi'an*, we could see clearly how *yi'an* undertakes both roles in TCM practices. Treatment rules are summarized from *yi'an* collections and a distinct medical thought, even a medical lineage, could be traced from those writings. At the same time, individualized treatment has always been stressed in applying treating rules in *yi'an*. *Yi'an* is not only a mixed product of literature and medicine. Perhaps, it could be better understood as an epistemic genre integrating individualization and generalization, a bridge linking medicine and literature. If the goal of NM is to make humanitarian reading and writing as a habitual practice for doctors, the tool of *yi'an* could well serve this goal.

6 Toward a pluralistic NM and a thick description of *Yi'an*

With both TCM and Western medicine in contemporary Chinese medical system, modern Chinese medicine is already pluralistic.[52] The introduction of NM into China has raised different questions for a pluralistic Chinese medicine.

For TCM practitioners, the narrative tradition of *yi'an* inspired us to rethink the value of *yi'an*. And we have found that *yi'an* embodies the tool that NM wants. Thus, the questions for TCM practitioners become: What should we do to preserve narrative traditions of *yi'an* while making innovations?

But for Western medical practitioners in China, it raises totally different questions. As Brian Schiff criticized: "In describing our project as narrative, we are reifying a Western, arguably middle and upper class, concept as the universal mode of shaping and articulating subjective experience."[53] And NM is deeply rooted in the Western medical tradition. The challenges faced in the localization of NM in China, to some extent, is an old question for Western medicine in China: since medicine is not pure science but socially and culturally constructed, while transplanting western medicine to China, to what extent and in what way should we respect and borrow wisdoms and practices from TCM and plant it into the soil of Chinese culture? NM poses a good chance for us to rethink about this old question. Perhaps, when struggling with those challenges raised by TCM, it opens a possibility to reflect on the relationship between tradition and modernity in medicine.

Today in China, reading and writing case histories and *yi'an* coexist in medical teaching and practices. NM provides a chance to celebrate similarities between the two genres and offers insights into understanding their differences. And in the West, NM has brought changes into medical circles, especially in the way that cases are written and published. For instance, The *Lancet* has attached more importance to publishing detailed case reports. In the 1970s and 1980s, *The Lancet* and *British Medical Journal* had regular columns written mostly by doctors about medical experiences. Believing that anecdotes transmit knowledge, it started a peer-reviewed Case Reports section in 1995 to allow clinicians to communicate stories in their clinical experience. But those reports still have a strict rule to follow and only allow for about 600 words of text.[54] 20 years later, in July 2015, *The Lancet* announced the publishing of a new case-reports narrative, extending the length to 1000 words so that rich description of investigation, diagnosis, and analysis is possible. Another key change is to add a Comment from an expert clinician providing reflections and insights for further research.

Perhaps, we could start from a similar change in *yi'an* and case history to better push NM in China. For case histories, scholars have suggested an elaborate or enriched style. For *yi'an*, I would like to go back to another movement which also rose in the 1970s, when Clifford Geertz advocated "thick description" in cultural anthropology. As a notion borrowed from Gilbert Ryle, the term already connoted "thinking and reflecting" advocated by NM. Besides, I believe "thick description" suits more for the writing of *yi'an*, because doctors writing *yi'an* can be compared to an anthropologist doing his field work. An anthropologist is observing his research objects, interviewing informants, recording data, describing his observation in trained terms, interpreting it and finally formulating his understanding. And a doctor is observing his patients, interviewing them, recording data collected from conversations or medical checks, describing them with medical terms, interpreting patients' narratives and facts collected, and finally formulating an understanding of the disease and treatment. Unlike recording with a camera, writing *yi'an* uses representation as its ultimate goal. It involves filtering unnecessary details, selecting useful facts, analyzing cultural codes behind

patients' narratives, constructing coherent narratives by using generic terms, and interpreting those narratives. Just as thick description in ethnography leads to theoretical formulation, writing *yi'an* also involves generalization and individualization.

Interestingly, when Geertz forms his understanding of ethnographic interpretation, he was making an analogy with clinical inference in medical cases.[55] It is therefore not a coincidence that thick description can be applied into innovating the writing of *yi'an*. If NM hopes to take root in Chinese medicine, it is time to advocate a thick description of *yi'an* in which the humanitarian ideals of TCM as well as the goal of NM can be fully exhibited. A thick description of *yi'an* means describing more details that matter and leaving more room for observation, decoding cultural codes, and interpretation. With a thick description *yi'an* and enriched case history, we are moving toward a pluralistic NM in China.

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Ethical approval

This study does not contain any studies with human or animal subjects performed by the author.

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Conflict of interests

The author declares no financial or other conflicts of interest.

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