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AI in Patient Narratives: Reimagining Healthcare Communication through Narrative Medicine

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Abstract

Artificial Intelligence (AI) is becoming increasingly involved is how healthcare information is recorded, organized and dissemination of healthcare. Emotions, personal experiences, social contexts, and patients' views of illness are examples of aspects of illness that are difficult to express using clinically data alone. This new breakthrough is especially relevant to patient narratives, which encompass these aspects of illness. This study analyses the role that Artificial Intelligence plays an important role in the process of building and spreading narratives using Rita Charon's concept of Narrative Medicine as a foundation. Considering what happens when a patient's story is processed by technological systems, the emphasis that Charon places on attention, representation and attachment provides a solid platform for thinking about the situation. By easing communication across several languages, organizing fragmented narratives, summarizing medical information, and making complex material more accessible, artificial intelligence may be able to assistance healthcare professional. On the other hand, these possibilities raise significant concerns. The reduction of a patient's personal narrative to an automated summary may leave out emotional or contextual details. Additionally, algorithmic bias, privacy concerns, inaccurate outputs, and questions regarding patient agency may all have an impact on how a patient's experience is portrayed. The paper therefore argues that AI should be understood as a support mechanism rather than as a substitute for the human practices central to Narrative Medicine. Technology can assist organize and disseminate information, interpretation, empathy, ethical responsibility, and meaningful engagement with the patient remain human responsibilities. A responsible approach to AI- assisted healthcare communication must prioritize patient voice and lived experience at the centre of technological use.

Keywords: Artificial Intelligence, Patient Narrative, Healthcare communication, Narrative competence, Rita Charon, AI ethics

Introduction

Healthcare goes beyond diagnosing and treating illness, Clinical records may record symptoms, diagnoses, and psychological data, but they may not reflect how patients feel, interpret, and describe disease. Patients use language to express physiological symptoms, anxiety, uncertainty, social conditions, cultural meanings, and expectations. Rita Charon's Narrative Medicine is based on medical experience. Charon calls it "medicine practiced with the narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness" (4). Narrative Medicine emphasizes the patient as a situated human whose

experience is shaped by story rather than sickness as a biological fact. Charon's model is further articulated through the interrelated processes of "attention, representation, and affiliation" (132). Attention is prolonged engagement with the patient's account, representation is the interpretation and expression of that experience, and affiliation is the therapeutic encounter's relational character. These methods show that a patient story is more than a data bank that can be retrieved, condensed, and transmitted. Its meaning depends on context, language, emotion, viewpoint, and connection. As AI becomes more important in healthcare information generation, organization, and circulation, this difference becomes more important. AI aided documentation systems may process clinician-patient encounters and develop preliminary clinical notes, reducing medical documentation administrative responsibilities (Liu et al.). Although accuracy and completeness issues exist, generative AI has been investigated for converting hospital discharge summaries into patient-friendly apps, establishing AI as a computational tool and an emerging actor in medical experience recording and communication.

The consequences extend to contacts with patients, including appointment booking, rescheduling, reminders, and follow-up communication: these are all examples of patient-facing interactions. A system that is empowered with artificial intelligence has the capacity to determine the scheduling needs of a patient, supply appointments that are available, automate appointments, and automate routine exchanges all at the same time. It is possible that the act of communicating may include additional information in addition to the administrative data that an automated system is intended to retrieve. When a patient submits a request for an urgent consultation because they are experiencing extreme pain, for example, they are conveying not a logical demand but also a potentially relevant description of their disease. In the event that the system simply keeps the scheduling component, the story may be processed in an operational manner, but the relevance of its experiencing aspects would not be acknowledged whatsoever. An important issue that arises in the context of AI-mediated healthcare communication is brought to light by the example: "information processing is not synonymous with narrative understanding.". The framework developed by Charon offers a crucial lexicon for the purpose of analysing this difference. There is a possibility that artificial intelligence will be able to aid with the arrangement of information and the generation of representations; however, such tasks do not necessarily comprise the interpretative attention that is required by Narrative Medicine. Representation is also crucial due to the fact that summary involves selection: some curtain features are kept, while others may be simplified or left out entirely. As a result, the issue that has to be asked is not merely whether artificial intelligence is capable of reproducing a patient's narrative; rather, it is how technological mediation might potentially change what becomes apparent, relevant, or actionable within that account.The question of "affiliation" introduces a further complication. Nagy and Sisk believe that clinicians must "engage relationally with their patients" using the time saved.AI may assist communication without forming the human interaction that makes healthcare communication meaningful. Efficiency, in this context, cannot be treated as equivalent to narrative or therapeutic value.

The ethical stakes are equally significant. Patient Narratives can include important medical, emotional, and social information. The WHO promotes human autonomy and control over healthcare systems and medical choices (12). AI-mediated narrative processing poses privacy, permission, bias, accuracy, transparency, patient agency concerns. The key is whether an automated representation accurately represents the patient's speech, context, and lived experience. Although existing scholarship has examined Narrative Medicine as a humanistic approach to healthcare and AI research has increasingly addressed documentation, accessibility, efficiency, and safety, their intersection remains comparatively

underexamined. In particular, insufficient attention has been given to how AI-meditated processing may reshape the "attention, representation, and affiliation" through which patient narrative acquire clinical meaning. The current study takes a qualitative and interpretative approach to investigate AI- assisted patient narratives and healthcare communication in order to fill this gap in the existing research. According to this argument, artificial intelligence has the potential to improve the structure, accessibility, and circulation of patient information; yet, it is imperative that interpretative responsibility, ethical judgment, empathy, and relational involvement continue to be rooted in human clinical practice.

Literature Review

The literature that is pertinent to AI- mediated patient narratives may be interpreted in a general sense via two bodies of work that overlap with one another: the humanistic tradition of Narrative Medicine and the burgeoning literature on artificial intelligence in healthcare communication. It is crucial to bring these threads together since AI does not just analyse clinical information. When it summarises, interprets, records or transmits information it also participates in the ways through which a patient's experience becomes visible within healthcare. The current research draws on the basic scholarship of the work of Rita Charon on Narrative Medicine. In Narrative Medicine: Honoring the stories of illness. Charon defines Narrative competence as a core element of medical practice, focusing on the clinician's capacity to detect and comprehend the patient's story of illness (4). Her later formulation of "attention, representation and affiliation" offers a more concrete conceptual basis for examining clinical narratives (261-270).Attention is listening carefully to another's story, representation is the ways experience is rendered and interpreted, and affiliation establishes the relational aspect of clinical practice(Charon 136).This scholarship is important for the present study as it shows that medical communication cannot be measured only by the accuracy or efficiency with which information is transmitted. The way an experience is received and represented has also implications for its clinical meaning.

Recent research on AI in healthcare reveals the practical value of automated communication systems and their limitations. Liu et al. conducted a nonrandomized clinical trial of an AI powered documentation tool that generated preliminary clinical notes from clinician-patient interactions. About half of the clinicians who used the system reported a positive outcome, but a substantial proportion did not experience clear improvements in health savings or electronic health record experience. This finding challenges the assumption that automation necessarily leads to more meaningful interaction in clinical practice. Although AI may cut some documentation work, the effect on patient-centred communication depends on how clinicians use the time and information that are freed up. Research on patient-facing medical communication presents a similar tension. Zaretsky et al. examined the use of generative AI to transform impatient discharge summaries into more readable and understandable formats. In their review of 50 discharge summaries, patient-friendly versions had significantly higher readability and understandability, but only 56% of the reviews considered the summaries fully complete while 18 reviews noted safety concerns due to omissions or inaccuracies. The study is therefore an example of a central issue for AI mediated representation: simplification may improve accessibility, but at the same time opens the possibility of information loss. This tension is further documented by Stanceski et al., in their evaluation of 100 AI-generated patient centred discharge instructions, potentially harmful safety issues were present in 18% including hallucinated information and newly introduced medications. Their findings are particularly relevant to Narrative Medicine because an omission or alteration is not merely a technical

error when the material being transformed is an individual's healthcare experience. What an automated system omits may be just as significant as what it includes.

Ethical scholarship goes beyond efficiency and correctness. Human autonomy, privacy, secrecy, informed permission, safety, openness, and responsibility are major ethical considerations in AI healthcare recommendations from the WHO (World Health Organization). It mandates human control over healthcare systems and medical judgments(12). These principles are particularly relevant to patient narratives, as they contain information that is difficult to separate from the individual who produces it in terms of its meaning and ownership. The existing literature as a whole show that artificial intelligence can better document, organize and exposes major issues with accuracy, safety, completeness, autonomy and human interaction. But these technological and humanistic concerns have not been sufficiently brought together in the literature through Charon's framework. In particular, the effects of AI-mediated narrative processing on "attention, representation, and affiliation "remain under-researched. The present study aims to fill this gap by entering into dialog between scholarship on AI-assisted healthcare communication and Narrative Medicine and by exploring how technological mediation can help, transform, or limit the interpretation of patient narratives.

Methodology

This study adopts a qualitative and interpretive research approach to examine the relationship between Artificial Intelligence, patient narratives, and Narrative Medicine. Rather than relying on primary empirical data, the study draws upon a selection of scholarly literature concerning Narrative Medicine, physician-assisted healthcare communication, clinical documentation, patient-oriented medical communication, and the ethical implications of artificial intelligence in the healthcare industry .A conceptual lens that allows for the examination of how patient experiences are received, transformed, and communicated within AI mediated healthcare environments is provided by Rita Charon's framework of attention, representation, and affiliation . This framework serves as the primary guiding guide for the analysis. Through the use of critical textual analysis, the research endeavours to analyse the prospective applications of artificial intelligence in connection to patient narratives and to uncover the limits of this technology. It is especially targeted that clinical documentation that is helped by artificial intelligence, medical communication that is patient-friendly, interactions that are connected to appointments, and the translation of patient accounts into forms of medical information that are brief or structured are those that ae targeted. During the process of analysing these applications, concerns about subjects such as accuracy, omission, bias, privacy, autonomy, and patient agency are taken into account. The purpose of this study is to investigate whether or not communication that is mediated by artificial intelligence can support the interpretive and relational dimensions that are associated with narrative medical techniques. This is in contrast to the practice of treating technological efficiency as if it were synonymous with narrative competence. In this way, the research endeavours to determine not only the communicative capabilities of artificial intelligence but also the limits that require human clinical judgment and relational engagement to be maintained.

Artificial Intelligence and the Mediation of Patient Narrative

Healthcare's communicative infrastructure is increasingly incorporating artificial intelligence (AI), which can help with patient data recording, organization, translation, and presentation. Because they interfere with the transition of a patient's story from lived experience to clinical representation, these applications

are important for narrative medicine. AI can help with this process, but its use also begs the question of what parts of a story are kept, changed, or left out.

AI-Assisted Clinical Documentation: AI driven documentation systems are capable of processing patient-clinical notes. Although improvements in clinician's overall experience with electronic health records were not consisted, Liu et al. looked at such a system and found potential benefits in reducing documentation-related workload (Liu et al.) From a narrative standpoint, documentation is more than just transcription .AI assisted documentation can affect which aspects of a patient's account are included in the official medical record because a clinical note chooses information from an encounter.

Patient-Friendly Medical Communication: Generative AI can also transform complex medical information into language that patients can more easily understand. In addition to highlighting issues with completeness and safety, Zaretsky et al. discovered that AI generated impatient discharge summaries showed improved summaries showed improved readability and understandability (Zaretsky et al.), this highlights a crucial conflict: while simplification can increase accessibility, altering a patient's account may also lessen contextual information. Therefore, it is important to assess whether AI generated communication preserves the information required for meaningful patient participation.AI assisted translation and language simplification could potentially lower barriers to healthcare communication. Patients can communicate across linguistic barriers and obtain medical information with the aid of such technologies. But translation isn't always just a language process. There is a possibility that cultural idioms, emotional tones, and contextual meanings will not transfer correctly from one language to another. Because of this, artificial intelligence has the potential to improve access in situations where language or cultural interpretation is clinically relevant, while still needing human monitoring.

Appointment requests, scheduling, rescheduling, reminders and follow-up may be possible with AI. Systems that determine availability and manage frequent exchanges may save administrative burden. Clinically important narrative information may be included in an appointment request. A patient who requests an urgent appointment owing to severe discomfort is expressing more than a scheduling preference. If an automated system solely pulls logical criteria, the patient's account may be overlooked. Therefore, AI- based scheduling should be connected to appropriate human or clinical escalation procedures rather than considering every patient communication as administrative data. In addition, generative AI lets patients ask questions, explain symptoms, and prepare for healthcare appointments. This might help people formulate concerns and gather information before consulting doctors. Narrative understanding is neither easy or cozy. Patients' stories may include AI generated language, ambiguity, emotional significance, and contextual meaning that requires human interpretation. These apps use AI as "mediating technology" between patient narrative and healthcare system. Organization, summary, accessibility, and communication are its strengths; changing the context or value of patient comments is hard. AI can help share patient stories without the relational and interpretative abilities that give them therapeutic meaning.

Ethical and Narrative Considerations

Artificial Intelligence in healthcare communication has challenges beyond technology efficiency. These concerns include ethical and narrative issue. AI technologies for patient narrative analysis can turn human experiences into therapeutic or communicative platforms. A practical transition may be possible, but accuracy, privacy, representation, and patient autonomy must be considered .These issues do not

necessarily argue against AI adoption ; rather, they bring to light the conditions under which its deployment may continue to be patient-centred.

Accuracy and narrative completeness: privacy and completeness of the story are both necessary, since there is a possibility that the portyal may be wrong or incomplete. This is one the most important aspects, the potential that is wrong or that it is just half completed is without a doubt one of the most crucial features. On the other hand, automated systems could overlook contextual nuances or include material that was not there in the first report. There is a possibility that summaries written by AI may boost readability and reduce the amount of information processing that is required. A subset of AI generated patient centred discharge instructions, for instance, was shown to have safety issues, such as hallucinated information and newly introduces medications, according to Stanceski et al. these kinds of findings underscore the relevance of verification in situations where AI generated information effects the understanding of patients or the decisions they make about their treatment. Nevertheless, the possibility of erroneous results does not diminish the communicative value of artificial intelligence; rather, it highlights the proper evaluations and taking responsibility for responsibilities.

Privacy and Confidentiality: Patients' narratives typically include sensitive medical, emotional, and social information. Their use in AI- enabled systems poses difficulties about the protection of data, the maintenance of confidentiality, the acquisition of authorization, and the appropriate utilization of personal information. When it comes to the proper use of artificial intelligence in healthcare, the World Health Organization (WHO) considers human autonomy, privacy, confidentiality, transparency, and responsibility to be essential criteria (12). When patient narratives are analysed by digital tools, the obvious ethical significance of these themes become even more apparent. A responsible communication strategy that is mediated by AI must take into consideration not just the types of information that a system is able to process, but also whether or not patients comprehend and have actual control over the way in which their information is employed

Bias and Representation: Artificial Intelligence systems learn from data and may imitate patterns or biases evident in the material on which they are taught. This is referred to as a "representation". This may have an effect on the experiences that are noted, the way in which symptoms are perceived, and the kind of expressions that are thought to be clinically significant in the context of patient narratives. Prejudice is not a methodological issue; it may be representation problem. A system that prioritizes standardized clinical language over culturally varied or emotionally charged reports may inadvertently limit narrative variation. Human assessment may help uncover distortions while keeping context.

Patient Agency and Narrative Ownership: In conclusion, the patient's involvement in the change of their own narrative is an important factor to consider. The final version that is sent to healthcare professionals is more accurate than the initial narrative when an artificial intelligence system summarises, translates, or reorganizes the story of the patient. A fundamental challenge arises from this: how can the use of technology to mediate communication be improved without the patient's ability to express themselves? It is not necessary to oppose artificial intelligence in order to protect patient autonomy. Instead, patients should be considered the major sources of their experiences, and artificial intelligence should be used as a tool to improve communication, facilitate organisation, and make information more accessible. As a result of these factors, it is suggested that the ethical use of artificial intelligence in Narrative Medicine needs to be understood as responsible mediation rather than as a rejection of the technology itself. In other for AI to make a contribution to healthcare communication while simultaneously lowering the likelihood that technological processing will obscure the intricacies of lived experience,

accurate checks, privacy restrictions, transparency, human supervision, and respect for patient agency are all possible ways to do this.

Critical Discussion: Attention, Representation, and Affiliation

Charon's principles of "attention, representation and affiliation "make the connection between Artificial Intelligence and Narrative Medicine most apparent. Instead, then concentrating on AI efficiency, these approaches enable us to examine how technological mediation influences patient experiences. AI may be utilized in narrative healthcare depending on how it is generated and used. In Narrative Medicine, "attention "means lingering on the patient's story .AI may indirectly improve this process by reducing paperwork administrative and cognitive tasks. Physicians may be able to concentrate more on the encounter when an AI system provides a preliminary clinical note instead of manual recording and chat. Liu et al.'s findings suggest that AI assisted documentation may aid clinicians, while its effects are inconsistent. Thus, AI' s value depends on how it saves time and how it's used. Automation may improve narrative practice if it increases patient attention, but if it only accelerates up information process without enhancing engagement, it is primarily administrative. AI may directly affect representation. Clinical notes, discharge summaries, translations, and structured records are commonly based on patient narratives. AI might organize, simplify, and make these representations more accessible. Zaretsky et al. found that generative AI may simplify discharge information. A system must either explicitly or implicitly decide whether to maintain, compress, or remove data in order to satisfy the need of selection, which is necessary to representation. It's not that every representation that's created by AI is incorrect; rather, its that even the most precise compression may change the context and the emphasis. In order for the narrative of a patient to have clinical importance, it must first be assessed in its context. Efficiency may be prevented from being synonymous with reduction via the use of human judgment. Relationality is introduced into the discourse via affiliation. Identification of individuals and the exchange of information are both components of healthcare communication. AI may enhance communication by making information more accessible, reducing administrative load, and helping patients ask questions. These duties should be distinct from clinician-patient relationships. Nagy and Sisk highlight that AI may reduce time but not patient-clinician contact. Instead of only focusing on digital communication, the effectiveness of automation is contingent on whether or if it enhances human contact . However, it would be too limiting to regard AI as incapable of supporting narrative healthcare, patients utilize digital tools to schedule appointments, communicate complaints, ask questions, and prepare for clinical sessions. AI can organize data and help patients communicate concerns. Thus, AI may aid story development even if it does not analyse clinical data. A patient who organizes their symptoms using an AI system before a consultation may be more prepared to communicate their experience, which may improve the therapeutic session.

Thus, a paradigm of "complementarity rather than substitution "is suggested by the three dimensions. AI may aid with translation and summary, save paperwork, and give affiliation conditions. The quality of these contributions depends on human supervision, contextual interpretation, and patient agency. Narrative competence is vital since patient stories can't always be reduced to what an automated system can recognize. Thus, whether AI can tell stories like human therapists is irrelevant. Can AI be used in healthcare while keeping narrative practice's relational and interpretive goals? When combined with human judgment, AI may improve healthcare communication without replacing human connection with technology mediation. Charon's approach provides a platform for understanding AI as a platform for

understanding AI as a developing "mediator" in narrative healthcare, not a replacement for narrative medicine.

From Automation to Collaboration: Reframing AI in Narrative Medicine

The preceding discussion suggests that the most productive way of understanding Artificial Intelligence (AI) in Narrative Medicine is through a model of "Human- AI collaboration" rather than substitution. Such a model recognizes that AI and medical experts contribute to the transmission of illness. Artificial Intelligence is capable of analysing enormous volumes of data, recognising patterns, synthesizing stories, streamlining routine communication, and improving accessibility. This is in contrast to the ways in which physicians contribute to the ways in which physicians contribute contextual interpretation, ethical judgment, experiential insight, and social interaction. Instead of attempting to imitate human storytelling ability via technical means, the objective should be to use AI in a manner that expands the conditions in which human narrative competence function. A collaborative model may be understood via the usage of three phases that are interconnected with one another. In the first place, Artificial Intelligence has the potential to work as a narrative support tool by being able to organize patient data, create initial documentation, interpret, or streamline communication, and assist administrative connections. There is a possibility that these features will make work less repetitive and will increase information accessibility The physician's second stage is interpretive validation to ensure that the AI's representation appropriately matches the patient's story and that no important clinical, cultural, emotional, or environment elements were missed. Third, the patient continues to be an active participant in the process via the use of narrative agency, which gives them the opportunity to add, amend, or clarify how their experience is depicted or articulated.

This technique also brings about a change in the idea of human monitoring. Human contact should not be seen as the last technical check for factual errors since this is not acceptable. Consideration ought to be given to both the meaning and the context of the situation. Even if a scientifically accurate description leaves out specifics that highlight the reasons why a particular patient is experiencing a particular symptom, the description may still be weak in terms of narrative integrity. Human supervision is thus able to assure that the efficiency of technology remains related to the real experience of the patient. Another potential benefit of such collaboration is that is has the ability to assist with attention by reducing the demands of administrative and paperwork, representation by organising and interpreting complicated material, and affiliation by allowing doctors to concentrate more on interpersonal connection. The contributions make, however, are still dependent on human judgment and careful design. As a consequence of this, the collaborative approach considers artificial intelligence to be a participant that is mediated, and the value of this participant is reliant on the manner in which its capabilities are included into human-cantered therapeutic practice. These capabilities are not seen as an independent interpretation of illness or as a passive technical instrument. The relevance of this model may be attributed to the fact that it places an emphasis on complementarity. The question of whether or if Artificial Intelligence can improve to the point where it can compete with human physicians is less useful than the question of how technological; capabilities can be linked with the interpretive and relational purposes of healthcare. The potential for AI to improve the communication capabilities of medicine may be increased if it were to keep the patient's voice and the human relationships that give illness stories their relevance.

Conclusion

AI (Artificial Intelligence) is changing how healthcare records, sorts, translates, summarizes, and shares patient narratives. Practicalities and narrative issues arise from this transition, AI technologies improve healthcare communication efficiency and accessibility, but their value goes beyond speed, accuracy, and administrative convenience. Experiences, emotions, ambitions, and contextual meanings impact illness perception in patient narratives. Using AI in Narrative Medicine involves careful consideration of what information is processed and how it is conveyed and comprehended. Rita Charon's attention, representation, and affiliation model serves as a great starting point for investigating this change. By eliminated typical paperwork and administrative tasks, AI- assisted documenting and summarizing may let doctors spend more with patients. AI can organise complex medical data, simplify technical language, and improve representation. Although technology, representation is more than that, decisions about what is maintained, simplified, translated, or emphasized may affect a patient's healthcare experience. She excellent healthcare communication relies on relationships rather than information, affiliation is vital.

A good AI integration involves more than technical correctness, says the report. Privacy, confidentiality, openness, bias, narrative completeness, and patient agency must be addressed while creating and implementing AI-mediated healthcare communication. In addition to factual accuracy, human supervision should assess the patient's meaning, context, and priorities. This procedure should allow the patient to explain, correct, and manage their experience narrative. This study proposes a complementary human-AI partnership approach rather than a competition between AI and human therapists. AI may aid with processing, recording, organizing, accessibility, and communication, but therapists must assess context, judge ethics, and engage in relationships. Such a relationship may allow technological efficiency to support medical aims. In conclusion, AI in Narrative Medicine will enhance patient hearing, understanding, and representation, not replace human storytelling or clinical encounters. Technical and storytelling skills are needed to reimagine healthcare communication using AI. With the appropriate amount of human supervision and patient agency, artificial intelligence may be able to mediate patient narratives while yet preserving the interpretative and relational foundation of narrative medicine.

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