Rita Charon says that narrative medicine is about 'honoring stories of illness'. Trained as a medical doctor and literary scholar, Charon is a leader of the recent movement in medicine calling for a return to humanist values. In a system where physicians and patients are often treated as numbers, narrative medicine is a plea to take the narratives of illness seriously because they are worthy our honor. But what does it mean to honor a story? In this essay, I will offer a conceptual analysis of honor and consider the role of honor as an ethical virtue in narrative medicine. In my analysis, I argue that honor is best understood in relation to respect, moral rightness, and high regard.

The Oxford English Living Dictionaries offers the following three definitions for the entry on honor:  
1. High respect; great esteem.  
2. The quality of knowing and doing what is morally right.  
3. Something regarded as a rare opportunity and bringing pride and pleasure; a privilege.

1 University of California, Davis (Editorial)  
In what follows, I will consider how each definition illuminates an aspect of the role of honor in narrative medicine. According to the first definition, honor can mean ‘high respect’ and ‘great esteem’. This lends itself to perhaps the most natural reading of ‘honoring stories of illness’. Illness narratives, which are stories about human suffering and sometimes, though not always, healing, constitute a flourishing literary genre. (The qualifier is necessary as illness narratives can also be a powerful way to discuss the limits of medicine and the nature of mortality. However, there is the familiar point that narrative reflection itself can be therapeutic. Thus, reflective self-expression through writing has been praised as one of the practical virtues of narrative medicine.) In the context of narrative medicine, the proper object of ‘high respect’ and ‘great esteem’ is the narrative experiences of patients, or one’s first-person stories of illness. Therefore, the practice of honor recognizes the merited, quasi-aesthetic value of patients and the story of who they are. Human suffering is the most basic element of an illness. When we witness such suffering, it is natural to feel empathy in response, but we also have great respect for those who brave the battle against illness. This is one interpretation of ‘being moved by the stories of illness’. Good physicians, of course, continually engage in this process of being presented with human suffering, then responding with respect (and rightly so), and, finally, being moved by compassion to act. (This process that is part and parcel to the doctor-patient relationship, which itself is an object of ‘respect’ and ‘esteem’ in narrative medicine that I address later.) Honor reminds us that the stories of our lives, particularly those of overcoming challenges, importantly demand our respect.

According to the second definition, honor is about ‘knowing and doing what is morally right’. This definition points to the connections between narrative medicine and the interdisciplinary field of narrative ethics, which can refer to either the ethics of patient storytelling or a narrative-based approach to medical ethics, among other things. The recent scholarship in this field has led to fruitful insights into the nuances of different narrative subjects and their interrelatedness in bioethical contexts. Narrative ethics, according to Martha Montello, ‘Fleshes out principles, so that we can see moral dimensions as embedded in the flow of people’s lives and values. Often, then we can recognize decisions that fit with people’s lives as they live them.’ In honoring the stories of patients, Montello argues, physicians-storytellers must develop a competence to recognize and appreciate the complex dimensions of values—moral and otherwise. Honor serves this important role as a characteristic way of reasoning that calls for an unassuming narrative humility, a deep-seated respect for patient dignity and privacy, and a charitable narrative portrayal. In other words, honor as a virtue of narrative ethics is about treating patients ethically in the telling of their stories.

According to the third definition, honor involves ‘rare opportunities’ and ‘privilege’. This definition is perhaps the most relevant to healthcare practitioners. It is a reminder that caring for the sick is a worthy and estimable calling. Although many doctors will admit that their profession can at times be tireless and thankless (citing physician burn out rates), honor can serve as a reminder of the reasons that initially inspired one’s decision to go into medicine. Accordingly, what is the value or goodness of the medical profession? Of course, one becomes a doctor to treat patients; and treating patients is doing right by them. But mightn’t there be a further explanation? Surely, a skeptic who does not understand that helping patients is good may not have the capacity to understand why it is so. However, perhaps honor may prove useful in answering this further question. I argue that the physician-patient relationship is one of great moral worth and honor, not only for its social utility and the service of human dignity, but also for the necessary role it plays in human flourishing. Theists believe that they are called to live in accordance with God’s will for the promise of ‘true riches’, while others seek the Good Life. In pursuit of true happiness, the medical profession aims to enable patients to live well and flourish, unhindered by illness, by the efforts of physicians, who, in so doing, are able to actualize their own purpose in life. In this way, the physician works for the sake of the noble—whence the honor of the medical calling.

In conclusion, I have offered a conceptual analysis of the word ‘honor’, using three definitions to draw out the interrelated concepts of respect, moral rightness, and high regard. In this reflection of honor, I hope to have shown how these three notions

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4 Charon, Narrative Medicine, 4.

illuminate different aspects of the role of honor as a virtue of narrative medicine. With a deeper understanding and appreciation of honor, there exists greater interpretive richness to the common phrase ‘honoring the stories of illness’ in the context of narrative medicine which involves, among other things, a respect for the narrative experiences and privacy of patients, narrative insights into medical ethics, and the role of the medical profession to promote human flourishing.

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THE POWER OF A HUMANISTIC MEDICINE
Murtaza Khan

After just 15 minutes of seeing Aya, Dr. Fredrick had to call it quits. There were too many other patients to see at the rural Alzheimer’s care facility, and Dr. Fredrick was the only psychiatrist. As I helped Aya back to her room, I could already sense in her the confusion that all residents felt after their long-anticipated visit was cut short. ‘Is that it? Did he know about my perfect behavior?’ she asked anxiously. ‘I’ll be sure to tell him’, I reassured her, but in the back of my mind, I wondered too. Would Dr. Fredrick understand the life Aya lived each day, with only schizophrenic and late-stage Alzheimer’s patients for peers? Could he see past the anxious woman that she appeared to be during the short visit and appreciate the amiable individual she truly was?
Most importantly, were 15 minutes enough to get to the root of Aya’s problems? Our healthcare system apparently says yes; in 15 minutes, physicians are pushed to understand the symptoms, partner with the patient, and render treatment that alters personality, psyche, and neurophysiology—and, of course, document it all. I could tell Dr. Fredrick disliked this system too.
Still, I realize that 15 minutes with a physician is a blessing for many. At Clinica Tepati, where I worked with the underserved, I met patients who confessed that they had to choose between purchasing food or medication. Yet, when I would bring them...