Storytelling: Creating connection when communicating about reproductive health care

Always tell a story. Whether you are writing a letter to the editor or an op-ed or you are talking to a reporter or a legislator, a story will help your audience to see your point about reproductive health care. As a physician, you see the human impact of law and policy every day. You witness the successes when patients receive the reproductive health care they need and the suffering that results when patients can’t have that care. Put a human face on the issue at hand for those who don’t get to experience what you experience. Stories help lay audiences connect emotionally with your argument, something that the best statistics and research findings can’t do on their own.

Focus on the bigger picture — the patient and her circumstances. Our opponents want to get very, very small when they tell their stories. They focus inward, into the womb and on the fetus. That is their home territory, where they win. We win when we get very big. When we pull out and into the exam room, where there is a real patient present with a doctor, with a loved one. There you have the home field advantage. Stay there when you tell your story. Don’t get pulled into the exam room — that is their home territory.

Respect and preserve patient confidentiality. The stories that are most compelling and moving are those that involve the real life experiences of the patients you care for. However, no matter how compelling the story is, ALWAYS USE AN ALIAS and make it clear to the audience that you are using one. “My patient, who I will call Laura...” Also, be sure that under no circumstances the patient can be identified, especially in smaller communities. As you know, you are bound by HIPAA. In addition, each institution you work for may have different guidelines for using patient stories. Be sure to check what they are.

Here is some advice for telling a story that is clear and compelling. And on the next page you’ll find successful examples from Physicians for Reproductive Health doctors.

1. Rely on everyday language as opposed to medical terms and acronyms. Imagine you are talking to a friend outside the medical field. If your story hinges on a word or phrase that might be unfamiliar to the general public, define it briefly. Some examples: Instead of EC, say emergency contraception; instead of hormonal contraception, say the pill, the patch, et al.; instead of LMP, say __ weeks since her last period. When you mention mifepristone, explain it as a medication that causes abortion; when you mention preeclampsia, explain it as a potentially life-threatening condition involving increased blood pressure.

2. Provide a few details about your patient to help your audience envision her. How old was she? Did she have children or a partner? What emotions did she show? What was she most concerned about? How did you work with her? Again, be sure to use a pseudonym, and let your audience know it is a pseudonym; you will be protecting privacy while making your story stick.
3. **Quote or paraphrase your patient.** If a patient says something that stays with you, chances are it will also resonate with others. Remember it, write it down. Incorporate her words into your story, and she will become more real for the listener.

4. **Surprise your listeners – but don’t horrify them.** Unusual details will make your story memorable. But there is a fine line between details that surprise and those that shock. Being too graphic or shocking turns listeners off.

5. **Let your passion show.** Don’t be afraid to include your own emotional reaction to your patient’s situation. Audiences will respond to your sincerity and conviction.

6. **Keep it short.** You might not need more than a few well-chosen sentences to make your story effective.

7. **If you don’t have a relevant story,** tell a story from another physician. Cite the source by saying something like this: “One of my colleagues told me recently about Angela, a 25-year-old who ...” This is particularly good when talking about laws that restrict women’s access. “Here in our state I can provide this care, but my colleague in Texas with the exact same training is not allowed to do so. Last week she had to turn away a patient who I will call Jennifer...”

The stories on the next page will help you put this advice into action — each one was told by one of our physicians in legislative testimony, a letter to the editor, or another public outlet.
Sample Stories from our doctors

Overcoming state-mandated barriers

Consider the fact that well over half of Utah women live in a county that does not have an abortion provider, meaning that women in most parts of our state have to take time off work and arrange for travel to another city — for two separate appointments three days apart. Consider also that the average woman getting an abortion has one or more children, which means she has to arrange for childcare for two, instead of one, appointments. Indeed, for a woman who is already struggling to make ends meet, these factors alone present a significant burden and can result in delays accessing timely care. And for what reason? It is established medical practice that on the day of her abortion, every woman receives counseling, just as she would with any other procedure.

Crisis pregnancy centers

My patient Susan was duped by a crisis pregnancy center. She wanted to end her pregnancy and would have had a safe abortion if the CPC hadn’t delayed her with unnecessary ultrasounds and lies. When Susan came to see me for an abortion, she was much too far along. The CPC had robbed her of not only her reproductive choice but also six months of prenatal care.

Insurance coverage for abortion

We had a 16-year-old patient at one of our high school-based health centers who had been homeless, with her mom, for a year. When Gwen became pregnant, she wanted an abortion. We referred her to a clinic, but her insurance didn’t cover it. Gwen could not come up with the minimal fee required. She now has a baby and has dropped out of school. The three of them — Gwen, her mom, and her baby — are still homeless.

Buffer zones/violence

I witnessed the scare tactics protesters used before our current law was enacted. They included people dressed as the grim reaper, aiming scythes at women entering clinics. Protesters also tried to physically impede women’s access to clinic entrances.

Before the enactment of the state’s current law, protesters were so aggressive that police barricades were needed in front of the clinic, with K-9s and squad cars. Some protesters would position themselves at the clinic entryway, posing as staff and telling patients that the clinic had been closed. Others screamed obscenities and photographed patients, many of whom were seeking basic preventive care, such as pap smears or HIV testing.

Having feared for my own safety in this environment, I could easily empathize with the patients who were reduced to tears because they were frightened by the intimidation tactics of the so-called sidewalk counselors.

Share your stories with Physicians!

If you have a memorable encounter with a patient, email your story to Mary Alice Carter, MaryAlice@prh.org. We use our doctors’ voices to help amplify the pro-choice physician perspective in the media and in our outreach to legislators and their constituents. Physicians can also help you develop an op-ed or letter to the editor using your patient stories.