

FORGETTING, RECOGNITION AND NARRATIVE IN PATIENT STORIES

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*In my homeland stands a tree,
they call it the tree of forgetting,
where they seek some consolation, my sweetest love,
the folks with souls slowly dying*

Milonga, Alberto Ginastera/Fernán Valdés Silva
https://youtu.be/fBC_c7tQ9mA?si=rQEHb1KcOqUBsJ4V

The hallway of the outpatient area is crowded. Among the people, a woman walks slowly, as if each step were a struggle against a tide pushing her back. Suddenly, she sees a doctor a few meters away, walking toward her. The woman stops, hesitates for a moment, as if deciding whether to continue or retreat, but finally quickens her pace, raises her hand in a greeting gesture, her eyes trembling, overwhelmed by an emotion she cannot contain. Before the doctor can say anything, she rushes forward and embraces the man in the white coat in an impulsive gesture that takes him by surprise. He feels the woman's shoulders trembling against his own, crying silently. She says, "I will never forget you, doctor," her voice breaking. Her words float in the cold hospital air, suspended above the embrace. The man is caught between the need to respond and the bitter certainty that he does not remember her. He does the only thing he can: smiles with genuine warmth, squeezing her hand in the hope that the gesture will convey something that hides the void her absence in his memory has left inside him.

The woman loosens and begins to speak of her daughter, of the acute leukemia and the

bone marrow transplant that brought them to the hospital more than twenty years ago. She recalls of the long months in which hope and fear coexisted daily, and of the small victories intertwined with devastating setbacks, including the final relapse that ultimately prevailed. She explains that she has returned today not drawn by memory, but because administrative changes have rerouted her care back to this hospital, and that, in returning, all the details she thought buried resurfaced with unexpected force. The doctor listens attentively, nodding, offering words of comfort he has surely said so many times that they come out automatically, while internally he desperately tries to retrieve fragments of the patient's story from the packed archives of his memory-summoning her face, calling the moments the mother recalls with such intensity. Then, almost fearfully, the woman pulls a photograph from her worn handbag, its edges frayed, its colors fading but still stubbornly resisting time. She hands it over with a delicacy that confers the status of a relic. The doctor sees a girl, no older than ten, bald from chemo, yet smiling with a luminous, untamed joy; her small hand holding that of a physician

who must be him, twenty-two years younger, but he does not recognize himself in the image, kneeling beside the girl, thinner, with the original color of hair that has since capitulated to white, unmarked by the blows of more than two decades of life. And then, in that moment, faced with the photo, memory returns—not as a gentle stream, but as a painful stab. He remembers her name, the warmth of her hand in his, the way she looked at him with overwhelming trust for such a fragile child. He remembers the hope that lit her mother's eyes each day as she looked at the physicians, believing, needing to believe, that they could save her daughter. He remembers the patient, but he doesn't fully recognize the man in the white coat posing in the photograph.

He hands the photo back to the mother, letting his fingers linger a moment on the worn surface. The woman smiles, carefully tucks the portrait into her purse, and thanks him again, clasping his hands in hers with a gratitude he perhaps feels he doesn't deserve. As she walks away, she turns the corner of the outpatient hallway and disappears into the hospital's usual mist—the one that slowly erases the traces of every lived story. The doctor remains motionless, staring at the empty space she has left behind. He thinks about forgetting, how the mind builds walls to prevent collapse under the weight of accumulated suffering—so many losses interwoven with fragile hopes. He tells himself that having participated in nearly two thousand transplants, many successful, no heart could remember them all without buckling, at least a little, under such weight.

In medical practice, forgetting is rarely an accident¹. It could be considered a strategy, a covert way to survive the weight of the stories that pass-through caregiving teams. In the scene above, the unexpected embrace of a mother and her words “I will never forget you, doctor” confront the physician with an intimate abyss: not remembering. That fissure in memory, which could be interpreted as emotional negligence, is part of the mental scaffolding built to persist. Modern medicine, especially in high-complexity areas like hematopoietic transplantation, demands clinical precision and the ability to absorb pain without breaking. This does not mean

team members are unable to be moved—on the contrary, the ability to be moved is essential to sustain the necessary dose of humanity in a practice that aims for empathy. In that context, forgetting can be a way of not breaking. Burnout, a frequent phenomenon among healthcare professionals, is also known to affect higher cognitive functions, including memory, and has been linked to higher rates of depersonalization and decline in care quality^{2,3}.

In the face of this inevitable trend toward emotional amnesia, narrative medicine offers another path: remembering as a deliberate act. It is not about memorizing names or dates but creating spaces for certain stories to hold symbolic value in professional consciousness. Rita Charon proposes that listening, interpreting, and being moved by patients' stories is an essential component of the clinical art⁴. Remembering is not just a gesture of empathy, but a way of remaining porous to human experience. Writing, reflective dialogue, reading literary texts, or using narrative devices in everyday hospital life—such as reencountering a photo or a resonant phrase—can act as antidotes to automatism. Narrating allows one to metabolize experiences that would otherwise remain encapsulated, fermenting in silence. Some authors have shown that spaces for writing and shared storytelling among doctors not only foster emotional well-being but also improve the patient-physician relationship⁵.

Remembering is also a form of restoration. The doctor who sees himself in a photo with a forgotten patient and suddenly recognizes her is not only recovering a presence but also retrieving meaning. In that small gesture, something essential is reconfigured. Forgetting is not a sin and yet accepting that some stories deserve to be recovered is part of the ethical commitment to the singularity of each life cared for. In a practice where time, demand, and constant exposure to illness tend to erode sensitivity, the conscious act of remembering—even a gesture, a look, an image—can restore the human weight of medicine. It acknowledges that forgetting has also sutured the cracks left by patients' stories. It's not about remembering everything but knowing that one can still pull the thread when needed. And perhaps the doctor realizes he, too,

has been wounded in a way that does not permit a recovery, not only by having forgotten the patient but by not recognizing himself in that photograph. In that moment of rescue, there is room

for a promise to carry her with him –imperfectly, like everything that remains– and to exercise indulgence, because forgetting protects, and remembering, sometimes, redeems.

References

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