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Narrative medicine as a cornerstone of transformation in Family Medicine

La Medicina Narrativa como eje de la transformación en Medicina Familiar

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Dear Director:

Reading the editorial "Family Medicine: An Essential and Growing Specialty" by Placeres-Hernández and Estrada-Rodríguez ⁽¹⁾ prompts reflection on a dimension considered strategic for the "reinvention" proposed by the authors: narrative medicine as an integrating axis between technological innovation and humanistic pedagogy.

The editorial precisely identifies four priority lines of action, highlighting "anticipatory and competency-based curriculum updates" and "technological empowerment at the primary care level." However, among the digital competencies mentioned—electronic health records, telemedicine, and critical use of information—it remains to be explained how to preserve the relational core of family practice in the face of the screen.

Narrative medicine, understood as the ability to listen to, interpret, and act upon patients' life stories ⁽²⁾, offers concrete contributions to the Cuban model:

Pedagogy of clinical complexity: Faced with the aging population and multimorbidity noted by the authors, narrative allows for the integration of biomedical data with the patient's social and emotional context. The "biopsychosocial and humanistic approach" ⁽³⁾ that distinguishes the specialty finds its natural methodology in narrative.

Technology at the service of continuity: The electronic health record should not be reduced to a mere data record, but rather become a repository of narratives that guarantees the longitudinal and personalized care that the editorial values as a distinctive strength.

Research from daily practice: The line of "translational research in primary health care" is strengthened when family physicians transform the problems in their practice into research questions through narrative case analysis.

Cuba possesses a strong tradition in social medicine and the legacy of training "universal" physicians.^(4,5) The explicit incorporation of narrative medicine in the 2023 curriculum redesign would be consistent with this heritage and would respond to the challenge of making Family Medicine an "attractive and sustainable" professional option for new generations.

The change in the specialty's name symbolizes, as the authors rightly point out, "the solemn opening of the most crucial cycle." Whether this cycle results in a technologized but dehumanized practice depends on the patient's voice continuing to resonate at the heart of the 21st-century doctor's office.

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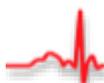
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