TrueLife Health — Perspectives · Humanistic Charting

Franny, Written Whole

What the chart never held — the Humanistic Charting narrative, demonstrated

Every chart tells a story about a patient. Almost none of them are the patient's story. What follows is the same woman, the same night, told twice: first as the system records her — and then as Humanistic Charting writes her, from her own words. Franny is real; she gave her story to this work so that the difference would be undeniable.

Franny, a 33-year-old mother of two, was at her limit. She tucks her children into bed, her smile a shield against the piercing pain she endures. Her life, intertwined with the relentless tides of sickle cell disease brings her to the threshold of endurance. As she exited the children's room, her gaze crossed with her partner's. In his left hand were car keys, while an overnight bag was clutched in his right. His posture revealed a depth of love that words could never encapsulate — like her shield, attempting to veil his fears and trepidation about the imminent unfolding of events. As she passed by her mother, a stalwart figure radiating resoluteness, she felt comforted knowing her children were in safe hands. Her father once a beacon of that same strength, had been taken by the very disease that now tested her resolve. With each step towards the front door, with each step drawing her closer to the urgent medical intervention she desperately required and the relief she sincerely yearned for, her feelings of serenity and reassurance conceded ground to apprehension. The anticipation of navigating a healthcare system that sees her as a case file – a combination of symptoms and history to be managed, rather than a life to be understood, a person – weighs on her spirit. She mentally rehearsed her strategies for countering the potential wave of preconceptions and biases she was likely to encounter, the cold touch of objective clinical indifference she had grown accustomed to. Yet her pain, feral and untamed, resisted all attempts at anticipation and preparation.

As a congregation of doctors assembled outside a curtain with the title 'Bed 12', a polyester barrier that granted Franny visual privacy, while lending those responsible for her care a false assumption of inaudibility. "Here in bed 12, we have a 33 y/o female with past medical history (PMHx) of sickle cell disease (SCD), splenectomy and chronic opioid use," the intern's words sent shockwaves of disquiet through her, "who presented to the ED with acute onset of severe 10/10 chest pain described as a sharp knife in the chest, extending to both arms. This is her 6th pain crisis in the last 8 months. Her medications include hydroxyurea and 10 mg oxycodone every 6 hours as needed, patient is opioid tolerant. No allergies. On physical exam, vitals are within normal limits. Patient does not appear to be in significant distress, comfortably laying down using her phone…"

Living with Sickle Cell Disease (SCD) in the United States presents challenges far too often overlooked. As a proud New Yorker who kindly allowed her life to be shown as an example for the Humanistic Charting Initiative, Franny lives with these challenges every day. Her story is one of resilience against a backdrop of societal indifference. "I am a daughter, an active family and community member, a wife and a mother," she shares with a strength that belies her struggle. "I am a producer and on-air personality,

and I just so happen to be wrapped in sickle-ly goodness all around," yet, her high melanin count often casts her into the shadows of a society oblivious to the experiences of people of color. These struggles extend into the healthcare system, where systemic barriers restrict access to care, making the prevention of life-threatening crises a perpetual battle. "I have Sickle Cell Disease, but please know I have a meaningful life outside of this hospital. My goal is to make it out of this place so that I can get home to my girls…and I guess my husband too," she says, laughing.

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Over the past three decades, healthcare has increasingly prioritized the standardization of care, evolving into a realm dominated by objectification and commodification. In this system, individuals are fragmented into parts and problems, their essence distilled into medical records, diseases, and treatment plans. This march towards a 'standardized patient' approach — segmenting the physical, biological, and social aspects of a person into specialized silos — has indeed spurred remarkable advancements. Yet, it has also fostered a pervasive depersonalization, transforming care into an impersonal, profit-centric disease management factory.

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With this backdrop, a critical question emerges: in a healthcare system that cultivates its workforce in a greenhouse of objective clinical reasoning, that indoctrinates them into a system devoid of subjectivity, how vital is it to know the person we are treating? The advent of information technology (IT) in medicine has standardized most interactions in healthcare. Tools like the electronic health record, in its origins designed for consistency and ease of billing rather than simplification of provider process, have transformed nearly every provider-patient interaction into a templated process, primarily designed to meet documentation (billing) requirements. Whether it's a nasal swab for COVID testing or a well visit for a 50-year-old male, the focus has shifted towards the maintenance and completion of that on the screen, rendering the person behind it – their stories, struggles, that which has led to their disease/presentation – invisible.

As the holistic, person-centered approach — often labeled ‘archaic’ — is increasingly marginalized and dismissed as mere altruism or benevolence, its statistically significant contributions to enhancing healthcare outcomes are being sidelined. While advancements in medical therapy stem from rigorous scientific investigation and adverse events are addressed via meticulously conceived quality improvement methodologies, the consequential deficiencies of depersonalized care are not similarly evaluated.

That is the difference the method makes. Nothing above required new technology, new staff, or new minutes from a clinician — only an instrument willing to ask, and a chart willing to hold the answer. The presentation from behind the curtain and the narrative above describe the same person on the same night. One of them prepares a clinician to treat a case. The other prepares a clinician to care for Franny

— and to understand why she is fighting to get home to her girls. And, she would want us to add, her husband too.

From the Humanistic Charting Initiative — the published methodology (JACEP Open, 2025) at the heart of TrueLife Health. Franny's participation and words are shared with her permission as part of the initiative.