



Asking patients to share a short biography establishes a better connection and improves care

Hearing a patient's story in their own words has changed our working culture, write **Pietro Majno-Hurst and colleagues**

Pietro Majno-Hurst,^{1,2} Marta Fadda,^{3,4} Liliana Taddei,⁵ Alessandra Cristaudi¹

¹ Division of Hepato-Pancreato-Biliary Surgery, Department of Surgery, Ente Ospedaliero Cantonale and Faculty of Biomedical Sciences, University of Southern Switzerland, Lugano, Switzerland

² Digestive Surgery and Transplantation, University Hospitals of Geneva, Faculty of Medicine, University of Geneva, Switzerland

³ Institute of Family Medicine, Faculty of Biomedical Sciences, University of Southern Switzerland, Lugano, Switzerland

⁴ Center for Bioethics, Harvard Medical School, Boston, USA

⁵ Patient author, Switzerland

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For the past four years we have been asking patients who are scheduled for major surgery to write and share a short biography with the healthcare team: "Introduce yourself as you want to be known by the people who will look after you. Tell us also what is important to you, and what is important that the staff knows to care for you as a person and not just as the bearer of your disease." We didn't expect such a positive response from patients and families.

We initially discuss our project with patients when we see them in the clinic and then follow up shortly afterwards with a letter explaining it. On hearing our request, almost every patient eases back into their chair and thanks us for this opportunity. They often say that this is the first time a physician has asked them to do this. Family members, who are often present during the visit, also begin to engage with us in a more forthcoming way, as if they feel more confident to leave their loved ones in our care.

In our experience almost all patients accept the opportunity to send us their biography, and we find that this has a positive effect on our interactions. The time we spend with patients has not changed, but the quality of our connections is noticeably different. We have a mutual sense that we are closer to appreciating each other as partners and that we can take up the role of guides who will accompany them through their treatment and care rather than just being skilled technicians for their operation.

Colleagues involved with our patients for shorter times, such as anaesthetists and intensivists, are eager to receive the biographies we send to them the day before the surgery. Nurses on the ward now include the biographies as an important part of their records. This experience has shifted our culture. When a patient is admitted through the emergency pathway and we have not had the opportunity to share our project, we feel that something is missing until we can hear their story in their own words.

Colleagues often ask us whether this project has added a burden to our work. But the opposite is true. The additional time required to read and acknowledge the biographies, which are generally sent by email, amounts to only a few minutes per patient. We find that we receive information from the biographies that should be collected regardless, and that it otherwise comes inconsistently from multiple disparate sources. Having a better understanding of our connection with patients and their families has helped with our interactions with them, especially during difficult times when we must deal with complications or deliver bad news.

We have reciprocated by offering access to some biographical information about ourselves by way of an internet link in the request letter. Patients and families have never misused this opportunity. The knowledge that patients and their families also know about us as individuals gives us confidence in our mutual relationship.

After they have recovered, we ask patients how they felt about the project. They usually express gratitude for the opportunity, confident that they could be recognised as individuals, with their own strengths, weaknesses, and needs. After more than one hundred requests so far, refusal to provide a biography has been rare (<5%). Some patients have remarked on a positive difference in their interactions with staff who had read the biography versus those who had not. It is important to set aside time in the care pathway to read the patient's text.

We are our biographies. Seeing ourselves and each other as unique human beings in the face of challenges should be an important part of clinical practice, but it is missing when the individuality of patients and health professionals is pushed aside.

Perhaps it is not by chance that the idea of allowing patients and doctors to introduce themselves this way arose in a surgical ward, where technical competence and formality of the setting may feel detached and impersonal. Sharing biographies has shown us an accessible and effective tool for establishing better connection and care.

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