AUCTORES
Globalize your Research

Biomedical Research and Clinical Reviews

Jose Luis Turabian*

Open Access

Short Communication

Haikus of General Practitioners: A 10-Chapter Pedagogical Tool. Chapter 10. Multimorbidity Management

Jose Luis Turabian

Specialist in Family and Community Medicine Independent Researcher/Retired.

***Corresponding Author:** Jose Luis Turabian, Formerly of the Health Center Santa Maria de Benquerencia. Regional Health Service of Castilla la Mancha (SESCAM), Toledo, Spain.

Received Date: June 22, 2026; **Accepted Date:** July 10, 2026; **Published Date:** July 17, 2026

Citation: Jose L. Turabian, (2026), Haikus of General Practitioners: A 10-Chapter Pedagogical Tool. Chapter 10. Multimorbidity Management, *J. Biomedical Research and Clinical Reviews*, 12(4); **DOI:**10.31579/2690-4861/262

Copyright: © 2026, Jose Luis Turabian. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

The value of family medicine/general medicine lies in its distinctiveness from academic medicine. It replaced categories with process and relationships. In its scientific method, emotional experience plays an important role. General medicine is unique in the medical field because it transcends the mind-body duality. Therefore, general practitioners should be encouraged to use a non-conventional approach when addressing the problems that arise in the consultation. Fostering reflective practice is an integral part of continuing professional development and training in general practice. Poetry is a method of reflection that can allow physicians to reflect on concepts and experiences. Haiku is a form of traditional Japanese poetry. It consists of a short poem, generally composed of three lines of five, seven, and five syllables, respectively (although this meter is flexible, and in English, syllable count is based strictly on pronunciation, not spelling). It is unrhymed and aims to express, in just three lines, a brief and sincere feeling, usually arising from the contemplation of nature or from feelings about love, death, illness, pain, or any lived experience. Using haikus in medical education is an excellent resource for activating critical thinking and humanizing medicine. In the end, medicine and poetry share the same thing: the art of observing and listening attentively. In this article, an illustrative case is presented that gives rise to six haikus to reflect on the basic concept of family medicine of "Management of Uncertainty in General Medicine."

Key words: poetry; uncertainty; metaphor; general practice; emotions; knowledge

Introduction

General/family medicine is unique in the medical field because it transcends the mind-body duality. Therefore, general practitioners should be encouraged to use unconventional ways of acquiring knowledge. Poetry can be a source of knowledge by providing us with perspectives on reality, and in this sense, it can also have a cognitive impact on us and our understanding of the world. Science and poetry have more in common than most people realize. Both rely on metaphor, which is as crucial to scientific discovery as it is to lyrical description [1-3].

Haikus is a traditional Japanese form of poetry. Using haikus in medical education is an excellent resource for activating reflection on concepts and experiences, critical and ethical thinking, creative abilities, and the humanization of medicine. Because they are such short texts, they require students to fill in the gaps with their own clinical judgment. For students heavily focused on linear, detail-oriented facts haikus act as an outlet to stimulate creativity and process feelings encourage to identify the most salient features of difficult topics (such as the fundamental concepts of general medicine) and pair them with supporting scientific evidence; It is a beautiful project to use haiku writing to help students process the emotional weight of clinical care, explore practical challenges, and articulate the essence of health and illness [4-9]. In this article, 6 haykus are used to reflect on “Multimorbidity Management”, a basic concept of family medicine.

Clinical Case

Constance, 83, suffers from severe osteoarthritis, atrial fibrillation, stage IIIb chronic kidney disease, type 2 diabetes, and hypertension. Following the specific guidelines of each medical society, Constance would have to take 11 medications daily, many of which have dangerous interactions (e.g., the anti-inflammatory medication for her osteoarthritis worsens her kidney function and hypertension).

Haukus For Thought

The old, heavy trunk bears the gentle, tender weight of a thousand mosses.

Sugar, high pressure, and a very tired heart in a single soul.

Sum of many winters that the body carries on with true dignity.

So many sharp pains, we will go just one by one to bring you relief.

Broken symphony that the doctor balances note by single note.

Many aches and pains in one single body frame, take care of the nest.

Pedagogical Key

The complex multimorbid patient. Avoid the rigid application of single-disease clinical guidelines that can cause iatrogenic polypharmacy.

Discussion Questions

How to prioritize therapeutic goals in a patient with multiple pathologies? What do the concepts of "therapeutic adequacy" and "deprescribing"?

Concept Of Multimorbidity Management

Multimorbidity is characterized by the coexistence of two or more chronic diseases in an individual and is increasingly common. Multimorbidity is a critical challenge for general practice and affects secondary care much less due to the asymmetry of responsibilities and the structural design of the healthcare system. Multimorbidity is associated with the medicalization of symptoms and risk factors, and an increase in the number of diagnoses of chronic diseases thanks to new detection and diagnostic technologies. A number of qualitative tools are useful for multimorbidity management in general practice: Focusing on the specific patient and their context; Focus on prioritizing problems with "energy" (the "master problems"); Focus on the patient's life history and continuity; Focus on holistic care; Focus on the prognosis (which is shaped by psychosocial factors); and Focus on simplification (reducing the team of professionals attending to the patient and deprescribing medications) [10-17].

References

1. Harvey K. (2023), The Power of Poetry: Editorial to accompany: Capturing grief in older people through research poetry. Age Ageing. 52(1): afac281.
2. Padel R., (2011), The science of poetry, the poetry of science. The Guardian.
3. Turabian JL., (2021), The doctor as a poet. Hist Philos Med. 4(1):3.
4. Anthony ML., (1998), Nursing students and Haiku. Nurse Educ. 23(3):14-16.
5. Biley FC, Champney-Smith J., (2003), "Attempting to say something without saying it ...": writing haiku in health care education. Med Humanit. 29(1):39-42.
6. Pollack AE, Korol DL., (2013), The use of haiku to convey complex concepts in neuroscience. J Undergrad Neurosci Educ. 12(1): A42-48.
7. Huang C-D, Novita Asdary R, Septi Mauludina Y, Huang Y, Monrouxe L., (2025), The influence of narrative medicine on medical students' readiness for holistic care practice: A realist synthesis. Medical Education. 60(3): 230-246.
8. Bethany W, Macgregor K, Cooper M, Sornalingam S, Okorie M. (2022), Can Poetry Help GPs and GP Trainees to Develop Their Reflective Practice? InnovAiT. 15(6): 323–329.
9. Takemoto EK, Lee YJ., (2024), Shakuhachi and Haiku Reflection: Their Role in Enhancing Health for Older Adults. Hawaii J Health Soc Welf. 83(9):257-259.
10. Turabian JL., (2020), A Theory of Multimorbidity. Int Res Med Health Sci. (3-6): 9-16.
11. Turabian JL., (2017), About the Accumulation of Diseases in Certain People. J Gen Pract (Los Angel). 5: e120.
12. Turabian JL., (2020), The Character and Destination of Multimorbidity: Reflections for Classification. Archives of Community and Family Medicine. 3(2): 75-79.
13. Moffat K, Mercer SW., (2015), Challenges of managing people with multimorbidity in today's healthcare systems. BMC Fam Pract. 16:129.
14. Carlson DM, Yarns BC., (2023), Managing medical and psychiatric multimorbidity in older patients. Ther Adv Psychopharmacol. 13.
15. Turabian JL., (2020), Theory of the Evolution of Multimorbidity: It is Created, In A Small Part but Significant, by the Medical Intervention Itself. COJ Rev & Res. 2(3).
16. Turabian JL, (2016), Pérez Franco B. [A way of helping "Mr. Minotaur" and "Ms. Ariadne" to exit from the multiple morbidity labyrinth: the "master problems"]. Semergen. 42(01): 38-48.
17. Turabian JL., (2019), Doctor-Patient Relationship and Multimorbidity: The More Extraordinary a Case Seems, the Easier it is to Solve it. Arch Fam Med Gen Pract. 4(1):82-89.

This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here: **Submit Manuscript**

DOI:10.31579/2692-9406/262

Ready to submit your research? Choose Auctores and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more https://www.auctoresonline.com/journals/biomedical-research-and-clinical-reviews