

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

Chapter 9. Management Uncertainty in General Medicine

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 9. Management Uncertainty in General Medicine, *J. Biomedical Research and Clinical Reviews*, 12(4); **DOI:**[10.31579/2690-4861/261](https://doi.org/10.31579/2690-4861/261)

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 haikus are used to reflect on "Management Uncertainty in General Medicine", a basic concept of family medicine.

Clinical Case

A 14-month-old infant is brought in by his parents with a fever of 38.5°C that has lasted 12 hours. The physical examination is entirely normal; the child is responsive and in good general condition. The parents, very anxious, aggressively demand that blood tests be performed and that an antibiotic be prescribed "just in case."

Haikus For Thought

Fog upon the path, moving forward without sight but feeling secure.
Knowing how to wait, watching the symptom unfold without giving drugs.
Not knowing it all and living with mystery with a prudent mind.
Do not fear the doubt, I am watching all your steps in the dim shadow.
Crossing the high bridge floating over a deep sea with no compass line.

Very heavy fog, walking forward step by step holding onto hands.

Pedagogical Key

"Watchful waiting". Learning to manage time as a diagnostic and therapeutic tool without falling into overuse.

Discussion Questions

How do we manage our own anxiety and that of our parents when faced with an undifferentiated clinical picture in its early stages? What safety tools (alarm signals) can replace unnecessary tests?

Concept Of Management Uncertainty In General Medicine

In secondary care, uncertainty is often seen as something to be eliminated at all costs, leading to a pursuit of absolute certainty. This model focuses on strict protocols and seeks exhaustive (sometimes unnecessary) diagnostic tests to eradicate any doubt. In family medicine, uncertainty is accepted: it is considered an inherent part of medicine, not a personal failing. Uncertainty is more intense in general medicine due to the biopsychosocial approach. Classifying problems as "simple" or "complex" is merely a conventional classification: all problems are inherently complex, and their classification depends on where we arbitrarily stop our investigation. Managing uncertainty in general medicine relies primarily on qualitative skills: contextualization, experience, continuity of care, common sense, resource utilization and strengths, emotion and intuition, ethics, patient and community involvement, the use of our senses, the test of time, compassion, clinical interviewing, empathy, storytelling, and creativity. It also secondarily utilizes Evidence-Based Medicine skills [10-15].

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, (2003), Champney-Smith J. "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*. 15;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. 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), Shakuhaichi and Haiku Reflection: Their Role in Enhancing Health for Older Adults. *Hawaii J Health Soc Welf*. 83(9):257-259.
10. Margaret O'Riordan, André Dahinden, Zekeriya Aktürk, José Miguel Bueno Ortiz, Nezih Dağdeviren, et al., (2011), Dealing with uncertainty in general practice: an essential skill for the general practitioner. *Qual Prim Care*. 19(3):175-181.
11. Turabián JL, Pérez Franco B., (2010), [An easy or difficult case? Shapes drawn from life. Uncertainty based family medicine]. *Semergen*. 36(9):485-490.
12. Turabian JL, Perez Franco B., (2005), [A way to make clinical pragmatism operative: systematization of the actuation of competent physicians]. *Med Clin (Bar)*. 124(12):476.
13. Scott IA, Doust JA, Keijzers GB, Wallis KA. Coping with uncertainty in clinical practice: a narrative review. *Med J Aust*. 218(9):418-425.
14. Junji Haruta, Ryohei Goto, igo Ozone Sachiko, Shuhei Kimura, Junko Teruyama, et al., (2022), How do general practitioners handle complexities? A team ethnographic study in Japan. *BMC Prim Care*.133.
15. Turabian JL, Perez Franco B., (2006), [The Process by which family doctors manage uncertainty: Not everything is Zebras or Horses]. *Aten Primaria*. 38: 165-167.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here:

Submit Manuscript

DOI:[10.31579/2692-9406/261](https://doi.org/10.31579/2692-9406/261)

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>