

Doctor-patient Conflict in *The Fifth Child* from the Perspective of Narrative Medicine

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Abstract

The Fifth Child tells the story of a child in the Lovett family being rejected and abandoned by the family and society. By describing the fear and expulsion of marginalized people in middle-class society, Lessing portrays the indifference, cruelty of human nature, and chaos of social power institutions. The dark side of humanity and society is revealed. This study will analyze the phenomenon of doctor-patient conflict in this text, as well as its causes and evolution, based on the theoretical framework of narrative medicine. The analysis is mainly divided into two parts. The first part analyzes the conflicts between different characters and different identities in the novel and summarizes them as the relationship between doctors and patients excavates the psychology of both parties and reveals the metaphor in the real meaning of the plot. The second part is guided by the theory of the five characteristics of narrative medicine to state the lack of "temporality", "intersubjectivity", "ethics" and "singularity" in the relationship between doctors and patients and analyzes the causes of conflicts between doctors and patients. The analysis exposes the darkness and ugliness of society, the indifference of human nature to life, and the powerlessness of people being overwhelmed by order. It shows the expectation and pursuit of the humanitarian spirit emphasized by narrative medicine.

Keywords

The Fifth Child; doctor-patient conflict; temporality; singularity; intersubjectivity; ethics.

1. Introduction

Doris Lessing (1919-2013) is one of the most important British female writers in the 20th century. Her novels and literary creations enjoy a high reputation all over the world. As a winner of the 2007 Nobel Prize in Literature, she had her works covering a wide range of topics, including feminism, racism, class differentiation, politics, etc. and explore issues such as ethics, society, politics, and human nature in modern society. It shows the thinking and worry about human civilization and social progress.

In 1988, *The Fifth Child* is one of her masterpieces of realistic novels and has attracted widespread attention and discussion. In an interview with New York Times reporter Mervyn Rothstein, she admitted that *The Fifth Child* was motivated by "a sense of catastrophe. I know where it comes from—my growth experience". The same is true for Ben in Lessing's *The Fifth Child*. From Harriet's pregnancy to his birth, it is precisely because of Harriet's physical torture and external accusations that Ben has always been regarded as a monster and a demon. These painful nine months dissected the pain points of human nature, pointing out that pregnancy is the lifelong grief of the whole family. Lessing admitted that creation is difficult, and recalling childhood trauma is even more self-exposing; fortunately, the creation and publication of *The*

Fifth Child has been a great success. It was a global hit, and many readers even had high hopes for a sequel. This novel deeply explores issues such as human society, family, culture and environment, medical treatment, and shows Lessing's deep concerns and worries about the social conditions at that time. When writing this novel, Lessing's thinking and writing style have been mature and rich, and she has shown profound philosophical insight and literary talent in the novel.

"Narrative Medicine" was first proposed by R. Charon, a physician and literary scholar at Columbia University Presbyterian Hospital in the article "Narrative Medicine: Form, Function and Ethics". She opened the narrative turn of the development of literature and medicine in the 21st century and provided a new and effective practical tool for medicine to truly turn to the biological-psychological-social medical model. Medicine is itself a more narratively inflected enterprise than it realizes. Its practice is suffused with attention to life's temporal horizons, with the commitment to describe the singular, with the urge to uncover the plot. (Charon,2008) Narrative medicine has five characteristics: Temporality, Singularity, Causal contingency, Intersubjectivity, and Ethics. Temporality is the basis of most diagnoses and treatment behaviors. Temporality is not only reflected in the treatment behavior but also in the behavior of taking time to listen, identify and care for patients. The doctor's grasp of temporality will make doctors more time-conscious and able to understand the fear and anger of patients while waiting. In brief, human beings take stock of the passage of time through narratives, and the description of events in medicine is just a contest with time. (Charon,2008) In the process of diagnosis and treatment, the information expressed and presented by the patient is independent of the knowledge and the personal experience of the doctor, it requires the doctor to listen carefully, distinguish and judge. Such a characteristic is called singularity. Without individuality, there is nothing. Without commonality, there is no science. Through narrative, patients establish their uniqueness. (Charon,2008) Intersubjectivity often occurs when people meet each other. In the doctor-patient relationship, intersubjectivity emphasizes the narration and understanding between doctors and patients, which is the basis of empathy.

Ethics is the key to analyzing narrative risks/benefits in altruism, which drives the presentation of the speaker's true intentions. (Charon,2008) It can clarify the respective obligations of doctors and patients. The last narrative medical feature is causal contingency, it points to the meaning of the plot, which is not discussed in this article. In short, narratives have plots, and plots help us find meaning, which is endings (Charon,2008)

2. Doctor-Patient Conflicts between Different Characters

Doctor-patient conflict descriptions in *The Fifth Child* mainly include three aspects: the conflict between Harriet and Dr. Brett, the conflict between Harriet and Dr. Gilly, and the collision between Ben and the nursing home. In *The Fifth Child*, these doctor-patient relationships are the epitome of social contradictions, which represent Harriet and Ben's fear and distrust of external power, and anxiety that they are always under scrutiny.

2.1. Conflict between Patient and Doctors

In the novel, the early doctor-patient conflicts mainly occurred between Harriet and Dr. Brett. Dr. Brett participated in the whole process of Harriet's pregnancy, childbirth and postpartum. He participated the longest and had the most obvious conflict with Harriet.

During the process of giving birth to the first four children, Harriet had been treated by Dr. Brett. At that time, the conflict between them had already appeared: when the first child was born, Dr. Brett's decision to insist on Harriet's home birth was not endorsed. The source of the conflict is the conflict between the doctor's professional and rational thinking and judgment in the process of seeing a doctor and Harriet's view of old-fashioned family life. For society, the family

and the house are a collection of middle-class property and prestige and an indispensable framework for a stable society. Psychologically, Harriet is extremely dependent on her family, and on the happy and safe shelter she built. Facing Harriet's clear and strong emotional needs, Dr. Brett finally chose to compromise based on the principle of respecting the patient's wishes. The doctor-patient relationship between Harriet and Dr. Brett was significantly strengthened after Harriet became pregnant with her fifth child. During her pregnancy, Dr. Brett was suspicious and uncertain about Harriet's unusual behavior. After receiving negative feedback from Dr. Brett, Harriet felt even more disturbed, even fearful." She had always felt rather superior to him. Now she felt at his mercy, and was looking up into that professionally reticent face as she lay there, under his hands, longing for him to say something else. What? *An explanation.*" (Lessing,2010:32) At this point, the power relationship between Dr. Brett and Harriet is clear at a glance. In the traditional view, doctors have intellectual and moral authority, and in the traditional patriarchal medical model, they are the only sustenance of patients. In Harriet's psychological activities, she pinned her fragile feelings on the doctor's attitude. When confronted with Dr. Brett's ambiguous instructions, she manifests an emotion hidden beneath fear—anger. When Harriet accused Dr. Brett of anger and fear, Dr. Brett was only surprised by Harriet's loss of control, and then he pretended to be calm, gave vague judgments and countermeasures, and prescribed some sedatives. After that, Harriet " This was the first time she had hidden anything from him. ". (Lessing,2010:35) So in the third trimester of pregnancy, she did not follow the doctor's advice but took an overdose of sedatives privately. As a patient, Harriet developed a sense of self and made self-judgments based on her experiences. It was Dr. Brett's evasion, nervousness, and doubts about his judgment after he could not grasp the status quo that caused the deterioration of the doctor-patient relationship. At this time, in Harriet's sick behavior, Dr. Brett emphasized "sickness" and suppressed "pain", amplifying instrumental factors and ignoring emotional factors. The separation of "pain" from "illness" terminated effective communication between Dr. Brett and Harriet. Since then, the stable doctor-patient relationship structure has become unbalanced.

The conflict between Harriet and Dr. Brett reached its peak after Harriet gave birth to Ben: "Harriet had refused to get out of bed. She told the doctors and nurses she needed time for her internal bruises to heal; she said this almost defiantly, carelessly, indifferent to their critical looks. " (Lessing,2010:35) When Ben, who was suffering from diarrhea, went to the doctor again, Dr. Brett showed disgust. After Dr. Brett's subconscious "normal" judgment, Harriet " laughed out loud in astonishment. Dr. Brett reddened, met her eyes briefly in acknowledgement of her reproach, and then looked away. "(Lessing,2010:49) At this time the barrier between Harriet and Dr. Brett already existed. To be more precise, Harriet and Ben were abandoned in the tall city wall, accepting the disregard, disgust, and accusation of the tamed people under the social rules. To the two fringe characters, Harriet and Ben, Dr. Brett is the relatively benign persecutor who oppresses, consciously or not and is ashamed of his absurdity. Harriet and Ben have been receiving negative feedback from the world. People like them who live on the margins of society are always in a confused situation: the rules and power of society tell them a bright future and the pain of struggle exists in their lives at the same time, and they will lose themselves.

2.2. Conflict between Patient and Nurses

Nursing homes and nurses are also an important part of the healthcare system. After Ben was born, he was sent to a nursing home. The main conflict in this paragraph is mainly reflected in the plot of Ben being abused by nurses in a harsh environment.

Ben is also abandoned by social institutions, and this scene also appears in the school. Social institutions evade the truth of being different in order not to assume any responsibility and internalize social conflicts into family and personal conflicts. After Ben was completely expelled

from school, he became an outcast in society. Everyone in the family: Ben's siblings, even his father, eagerly kicked him out of the house in fear and disgust. Harriet's husband, and her husband's family, took away Harriet's custody of Ben:" Harriet was frantic: the haste of it, the—yes, ruthlessness! And the doctor who had authorised this? Or would? A doctor who had not even seen Ben? She said all this to David, and knew from his manner that a good deal had gone on behind her back." (Lessing,2010:68) At this time, Harriet still tacitly submits to the authority system built by the hospital and doctors, and her compromise is also one of the products of patriarchy. To dispose of a person's free, healthy behavior at will violates medical ethics: in the definition of medical ethics, medicine is a science that respects the value of human life and human dignity. At this time, medicine has become a tool of social power to persecute discipline. This is also the crux of most of the irreconcilable contradictions in *The Fifth Child*.

Ben lived in a nursing home for quite a while. Later, Harriet found out on the way home with fear and struggle that the so-called "nursing home" was a prison, the institution was located in the north of England, and it took four or five hours to drive. From this it can be seen that the institution has been excluded from society, it is a separate physical space that is ignored. Ben was imprisoned here as a criminal. The so-called "sanatorium nurses" are equivalent to prison guards. They abused drugs, abused their positions, disregarded morality, and disregarded life. Ben, known as a criminal who deviated from mainstream society, was deprived of his basic rights by the entire power committee and imprisoned. In a way, incarceration is not real pain, but thoughts of fear, unhappiness, and inconvenience that the body manifests when it regains its freedom, and this is the long-term effect of incarceration, "Painful memories can prevent the repetition of crimes, like the spectacle of corporal punishment, however artificial, prevent the contagion of crime." (Foucault,2012) For a long time after Ben was picked up by Harriet, he seemed to forget the horrors of the nursing home under Harriet's comfort, and whenever he remembered some kind of punitive punishment, Ben would act in extreme fear, stress, and the threats associated with it.

The superior-subordinate relationship between Ben and the nurses in the nursing home was broken when Harriet came to pick up Ben and go home. The conflict at this time was mainly manifested in the conflict between Harriet as the family member of the sick child and the nurses in the nursing home. It can be seen that the power relationship at this time is not like the one-way relationship between Dr. Brett and Harriet mentioned earlier. In the previous article, Harriet was objectified during the diagnosis and treatment process. All her appeals, emotions, and human subjectivity were ignored, but at this time, in the encounter of several people, the emotional feedback of the medical staff was emphasized, and in daily narrative medical works, little emphasis is placed on depicting the subjectivity of doctors in the process of diagnosis and treatment. During the conversation, Harriet noticed that the nurses in the nursing home were afraid of Ben, and they were on the verge of collapse. They are not professional medical personnel, but casually hired caretakers, who are then given a formal name, are tortured by the harsh conditions of the nursing home, and are eager to leave. At this time, the four people talking in the space of the nursing home are all marginal figures in society dramatically. It can be deduced from this that even if they exercise their power and fulfill their work obligations as medical personnel, they also encounter discipline and persecution in this excluded social space. Even so, a new power structure has formed in the isolated nursing home. The nurses in the nursing home seem to have lost their power, but in fact, they still control the life and death of the patients in the nursing home. Before sending Ben away, the male nurse gave Harriet some sedatives for Ben, and Harriet asked him if this would make Ben live longer, and he replied: "and so he has to have bigger shots. It kills them." (Lessing,2010:79) This behavior also indirectly proves that the two opposing positions between Harriet and Ben are completely irreconcilable.

3. Causes of Doctor-Patient Conflict

The conflict between doctors and patients in this novel result in four aspects: temporality, intersubjectivity, singularity, and ethics from the perspective of narrative medicine.

3.1. Unequal Temporality—Differences between Doctor's and Patient's Concept of Time

The philosopher Paul Ricoeur pointed out in the book *Time and Narrative*: "Between the activity of narrating a story and the temporal character of human experience there exists a correlation that is not merely accidental but that presents a transcultural form of necessity." (Ricoeur, 2014:42) Literary narratives would amplify the length and ups and downs of illness, aging, and death, giving them new philosophical meaning. When the narrative of disease flows in the time dimension, the process of life will appear short and have ups and downs. Based on this, life is just a stumbling journey.

During this process, there are synchronic and diachronic differences in the understanding of time between Brett as a doctor and Harriet as a patient, which directly leads to Dr. Brett's numbness and Harriet's sensitivity to the passage of time, and Harriet is keenly aware of the difference. When Harriet was three months pregnant, she found out that her fifth child was abnormally large, then she approached Dr. Brett to ask about her gestational age. Dr. Brett just looked up at her belly and said, "Well, maybe we undercounted." In the latter part of the narrative, the appearance of Ben allows us to infer that the gestational age at this time is not a month missing, but there are other reasons. For Harriet, the three months of being pregnant and going to work undoubtedly suffered from the continuous torment of the disease. She plays the role of "witness" to the passage of time in the disease, and Dr. Brett plays the role of "co-experiencer". The speed of time is relative, and the cumulative effect of injury and time cannot be noticed by Dr. Brett, whose delay directly aggravates Harriet's post-pregnancy illness. He even thought Harriet was "hysterical" when she described her pregnancy sickness. At the same time, Harriet also accused Dr. Brett of lacking the ability to understand patients and expressed doubts about his professionalism.

3.2. Overlooked intersubjectivity—Patient's Neglected Self-Expression

In Caron's book *Narrative Medicine: Respecting the Stories of Disease*, the first part "What is Narrative Medicine" mentioned five characteristics of medicine, including intersubjectivity. In the preface to his new book "Principles and Practice of Narrative Medicine", Caron pointed out: "No matter where, and no matter who the students are, the teaching of narrative medicine must pay attention to the five principles presented in this book." (Charon, 2017) In Caron's definition, intersubjectivity in narrative medicine is the foundation of medical philosophical thinking. Narrative medicine theory believes that intersubjectivity refers to the resurrection of the self in the encounter with the other, the eye-to-eye, empathy, alienation, misreading, the process of repetition, and resurrection. Discussion of intersubjectivity in narrative medicine is a step from rationality to philosophy in medicine. Intersubjectivity goes beyond the perspective of dualism "self" and "others", but a process in which the two become the subject of each other, communicate on an equal footing, and communicate with each other. The relationship in this model is the relationship between the object and the subject that transcends between people, and is regarded as a subjective existence like me that transcends the existence of objects". The essence of doctor-patient communication is that when the doctor establishes contact with the patient and the process of intersubjectivity between the doctor and the patient is gradually formed.

In *The Fifth Child*, Harriet, Dr. Brett, and Dr. Gilly, as doctors and patients in a broad concept, can be reduced to two different subjects, the "other" and "I"; the source of the conflict lies in Failure to grasp the concept of "the other is me" emphasized by narrative medicine. In doctor-

patient communication, a large amount of information is exchanged through verbal communication and scientific tools such as data and technology can be visualized in disease. The patient's subjective feelings and emotional changes are only auxiliary tools for doctors to judge and diagnose. Disease experience is extremely complex, including experience source (medical technology and management event experience, medical humanistic care experience), experience quality (good and bad feelings), feeling amount (one-dimensional feeling and multi-dimensional feeling), and feeling degree (affordable feeling and unbearable feelings), etc. (Liu Hong, 2017:6-7) The patient's objectification will make the patient feel strange, and not respected, and the relationship with the doctor is weak. Harriet had complex and diverse feelings in the process of childbirth and parenting, and played an active role in the dialogue with the doctor: she tried to convey her multiple feelings through language, but Dr. Brett and Dr. Gilly represented the group of doctors is deeply influenced by the strict evidence chain of evidence-based medicine disease-observation-objectivity-evidence-based medicine, only considering the information that is strictly objective and evidence-based, and ignores Harriet's subjectivity in the medical process. That leads to the later stage, Harriet could only accept treatment passively and experienced stronger negative feelings in the constant inner struggle. In the many encounters between Harriet and the doctors, she was unable to express her confusion and pain, and just passively assumed the responsibility for the disease, even though Ben's disease had nothing to do with her. Such misunderstandings will point to the "hysterical woman" image that Harriet evolves in subsequent episodes.

3.3. Undervalued Singularity——Unaccepted Individual Characteristics of Patients

Russian narratologist Tsvetan Todorov once emphasized that it is through narration that the subject expresses a meaning that does not exist before the narration, "Before narration and perception, meaning does not exist; if their expressions follow a different path, then there are two utterances with the same meaning". (Tvetzan, 1964:45) Since the commonality resides in the individuality, and the unknowable resides in the knowable, the doctor, after mastering the strict procedure, in the process of diagnosis and treatment of syndrome medicine, is also necessary to experience and grasp the unique characteristics of the patient's individual, psychology and physiology through listening, reading, and writing.

Harriet, Dr. Brett, and Dr. Gilly met because of Ben's illness, but they had very different concerns and understandings of the disease: Harriet firmly believed that Ben had abnormalities in the body or spirit, while Dr. Brett and Dr. Gilly did not. Even in the face of Harriet's breakdown, doctors still insisted on their judgment based on existing medical knowledge and general perception. Harriet is very likely to suffer from postpartum depression at this time, but Dr. Brett and Dr. Gilly cannot accurately judge her psychological problems. The doctor-patient relationship generated during the communication between the doctor and Harriet was "instrumentalized", and Harriet's performance was "symbolized", such a hasty approach could not touch the root of the problem. Ben's uniqueness is very obvious, but the doctors' and patients' concerns and understanding of the disease are quite different: Harriet firmly believes that Ben has abnormalities in the body or spirit, while Brett the doctor, and Dr. Gilly insisted on their "normal" diagnosis. Dr. Brett and Dr. Gilly instinctively rejected Ben. This rejection not only showed a certain fear of the medical community but also showed society's fear of heresy. As an ordinary person with only social experience and no medical study experience, Harriet realized that Ben was not a "human being". In contrast, the misjudgment of Dr. Brett and Dr. Gilly proves that the entire medical process is programmed, facialized, and mechanized. In the cocoon of information woven by medical authorities, since phenomena beyond common sense cannot be explained, we have to give up programmed conclusions after giving up thinking, but the subconscious fear exposed their normal reaction as a flesh and blood role reaction. This

kind of separation reflects the barriers between the doctor-patient relationship and the outdated social system.

3.4. Distinct ethics viewpoint——Differences in Nursing Perspectives in Ethical Fields

Adam Zachary Newton emphasized in *Narrative Ethics* that narrative is ethics, and the behavior of literature (storytelling and listening to stories) will strengthen the individual's ethical identity, especially the responsibility to others. (Newton,1995) In *The Ethics of Reading*, J. Hillis Miller points out: "There is a peculiar and unpredictable relationship between the recognition of universal moral laws and storytelling. Without stories, there are no ethical principles." (Miller,1987:181-191)

The conflict between the doctor and Harriet can generally be seen as a conflict between these two concepts: Harriet trusts her intuition and judgment, while the doctor only refers to the results of evidence-based medical treatment. Harriet insisted that "my child is abnormal" because as the subject of the patient, she had a sense of violation that violated the existing theory. In contrast, doctors make a "normal range" diagnosis based on a physical examination and evidence-based research. Harriet expressed dissatisfaction with this conclusion and did not obey the diagnosis. Both the paternalistic view and the autonomous view have their advancements and limitations. It is necessary to find the most suitable range in the process of constant running-in. While respecting scientific evidence, it should respect the individual intuition of patients. As far as this text is concerned, Dr. Brett successfully took care of Harriet's first four births with rational knowledge and scientific techniques. In her fifth birth, due to Harriet's different complaints from the past, Dr. Brett should Reintegrate evidence, consider analysis, make reasonable judgments, and reshape the trust between doctors and patients.

The nurses in the nursing home violated the principle of non-harm in medical ethics when treating Ben. The principle of non-harm is the most basic moral principle generally recognized by the medical community around the world. From a theoretical point of view, the principle of non-harm is the core value principle in applied ethics. (Gan Shao Ping,2019) It can be understood that harmful behavior is a medical forbidden area in medical ethics, and it is the moral bottom line that every doctor and medical institution should adhere to. The moment Harriet first stepped into the gloomy sanatorium, she felt horrified and traumatically cold: " Rows of freaks, nearly all asleep, and all silent. They were literally drugged out of their minds. Well, nearly silent: there was a dreary sobbing from a cot that had its sides shielded with blankets. The high intermittent screaming, nearer now, still assaulted her nerves. A smell of excrement, stronger than the disinfectant. Then she was out of the nightmare ward and in another corridor, parallel to the one she had first seen, and identical. " (Lessing,2010:76) In such a cruel environment, she found Ben, which was very different from the inclusive and open charity she had expected: "On the floor, on a green foam-rubber mattress, lay Ben. He was unconscious. He was naked, inside a strait-jacket. His pale yellow tongue protruded from his mouth. His flesh was dead white, greenish. Everything—walls, the floor, and Ben—was smeared with excrement. A pool of dark yellow urine oozed from the pallet, which was soaked. " (Lessing,2010:76) It can be seen intuitively that Ben accepted inhuman captivity and abuse in this "alms". Nursing home nurses break the moral bottom line. In the following text, it is clear that they are not irrational Nazis, and they can have a normal and logical dialogue with Harriet. This contrast may be due to their disregard for life. The intentional injury he committed has seriously violated medical ethics, and the management and rule under the prison system of the nursing home have replaced the care and respect under the medical system. When Harriet insisted on taking the class away later, the male nurse gave Harriet a large number of sedatives, and casually talked about "most of the children here died of an overdose", the contempt and indifference he showed when talking about death, and the act of taking medicine at will and

increasing or decreasing the dose to death has broken the bottom line of the law and should be punished by law. Medical institutions should have strict legal restrictions on drug use.

At the moment when evidence-based medicine is in full swing, the "five characteristics" of Caron's narrative medicine directly meet the essential demands of clinical medicine, which has profound professional value and significance. (Maria, 1987: 460-461) It is a kind of reflection on evidence-based medicine, supplementing and updating the theory. Evidence-based medicine upholds that life is physiology, and life is a binary entity of protein and gene, which is a universal law influenced by external physiological and pathological laws. It is a barrier built by physiology, utilitarianism, and data. It completely rejects and overlooks the values of philosophical speculation in narrative medicine, ignores the passage of time, the uniqueness of individuals, the contingency and inevitability of life and fate, the ethics in technical choices, and the intersubjectivity in the dialogue between characters. Therefore, the subtext of Caron's emphasis on the "five characteristics" is that only physical evidence, or sticking to physical indicators is not enough. In addition, Caron also upholds the position of conciliatory and puts forward the concept of "evidence-based narrative medicine"), arguing that evidence is narrative, and stories are evidence, and they are evidence with richer and deeper connotations (the arrival of human hearts and human nature). (Charon, 2012: 342-347)

4. Conclusion

Doris Lessing's work *The Fifth Child* was widely discussed in the literary circle after it was published. The family relationship, family relationship, and social relationships in this text are deeply connected in the text, among which Harriet, Ben, and the doctor group constitute the relationship between doctors and patients is one of the breakthroughs in the interpretation of the works. Using the new theory of narrative medicine to analyze the text is a new way to interpret the characters' hearts and reality reflections, and this will expand the research space for *The Fifth Child*. In terms of literary reality mapping, the identity of a doctor should have played the role of caregiver, healer, and caregiver and the space of the hospital should have the function of restoring health. In this article, the doctor is the person in power in the social relationship, representing the intellectuals in the society, and the middle-class urbanites who live a peaceful life. The doctor's attitude toward Ben reflects society's rejection, fear, and hatred of aliens, as well as arrogance and disgust of Harriet. The hospital is the epitome of authority, and it is a place for detaining, disciplining and even killing those who are regarded as heretics by society. Therefore, in this text, the conflict between doctors and patients and the rejection of patients in the hospital are essentially reflecting the precarious interpersonal trust of the middle class at this time, showing the indifference of human nature, the cruelty of the social system, and the darkness of the living environment. However, this article uses the temporality, intersubjectivity, singularity, and ethics of the characteristics of narrative medical theory to analyze the causes of doctor-patient conflicts in the text. Through the analysis of the characteristics of narrative medicine, it can be concluded that the main reasons for doctor-patient conflicts are as follows: the imbalance of time concepts between doctors and patients, the inherent mode of "subject" and "customer" in doctor-patient communication cannot be changed, personal characteristics are habitually ignored under the guidance of evidence-based medicine, as well as the lack of medical ethics. These factors lead to tense doctor-patient relations and bad social relations.

The theory of narrative medicine gives them a feasible mode of reconciliation, which also coincides with the author's writing intention. The horror elements in *The Fifth Child*, the lack of love, the loss of humanity, and the darkness of society just show the author's call for love, the pursuit of a harmonious society, the expectation of human empathy, and the acceptance of the so-called "heterogeneous".

Interpreting *The Fifth Child* from the emerging research perspective of narrative medicine is conducive to a deeper discussion of the academic significance and social value of *The Fifth Child* in the history of literature from the perspective of interdisciplinary criticism. However, this is only one aspect of the interpretation of the text. The value perspectives involved in *The Fifth Child*, such as society, psychoanalysis, philosophy, and aesthetics, remains to be further explored and discussed by more researchers in the future.

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