Medical Humanities

The importance of Medical Humanities has been recognized since the beginning of the Flexner era of science-centric undergraduate medical education. The utility of the discipline has been seen from a number of different perspectives – as a challenge to the objectivity of the biomedical sciences, a corrective measure against the hidden curriculum, and a space to explore bioethics and the ethics of the physician/patient relationship.

At present, the majority of medical schools surveyed by the AAMC have a program in Medical Humanities. Courses are required at some schools and elective at others, which reflects a tension regarding position of the content of a medical humanities program in relation to other basic science disciplines and the clinical clerkships. Because the importance of the field is under-recognized in medical school, its study can be pushed aside by competition for curricular time. Unfortunately, an elective course of study may only attract students who are the least likely to need the space for the reflective thinking and identity development that it can provide. Alternatively, some ambivalence towards a medical humanities curriculum may stem not from disregard for its goals but rather from skepticism that skills such as empathy, professionalism and narrative humility can be taught.
Literature review suggests that reflective practice, professional identity formation, empathy, cultural humility, tolerance of ambiguity, critical thinking skills, literature and medicine, the history of medicine and narrative writing are standard items in a medical humanities curriculum. Offerings may vary by institution given faculty strengths and mission specific goals. Multiple studies advocate for longitudinal and integrated experiences for students.

The purpose of a humanities curriculum at a medical school is the same as its purpose in any educational environment – to provide a discourse that aids intellectual development and reflective practice. This discourse can take many forms. For instance, a curriculum built around social determinants of health and health care disparities encourages developing doctors to realize that the question “what causes this illness?” has sociopolitical as well as biomedical answers. A curriculum that explores the meaning of the phrase “patient centered care” builds on a student’s budding biomedical knowledge and clinical skills to focus on the crucial task of adopting attitudes of empathy, cultural humility and narrative integrity. A curriculum that uses the arts to provoke and disrupt a student’s assumptions about other people encourages the development of an open mind and an embrace of otherness.

Despite the presence of medical humanities programs in medical schools, studies show empathy and ethical behavior nevertheless decline during medical training. Additional research looking at the outcomes of curricular interventions is needed, but the nature of the research questions make qualitative analysis difficult. It may be that the problem lies not in the worthiness of the discipline but in the traditional ways in which issues such as professionalism and ethics have been taught. Professionalism, for instance, often boils down to a list of unacceptable behaviors for which students can be punished. What if we gave students more autonomy in their development and presented professional behavior as an aspirational concept that students consider, revisit and refine as they develop as physicians? Similarly, the study of ethics, if focused solely on controversial issues such as physician aid in dying, can overshadow a discussion about the much more common moral and ethical decisions that inform routine interactions with patients – decisions that students already make on their own during their clinical rotations. The discipline of Humanities has value in casting itself in a contrary role in medical education, but we should be careful to encourage and provoke discussion rather than discount the profession and culture our students are in the process of adopting.

The real power of an undergraduate program in Medical Humanities will always be its focus on patients and physicians as people. For students who have spent extensive amounts of time absorbed in the basic and clinical sciences, the idea that not all of the human experience can be or even should be explained by a biomedical worldview can come as a relief. In a society where all human relationships are being monetized as business relationships, students appreciate time to develop in an environment that encourages them to remember that patients are not just objects of work and that physicians are more than the automatons who supply it. In fact, we should be more ambitious about our mission. It’s not just students who need this time, the medical culture needs it. We should advocate not just for longitudinal but life-time experiences in the humanities for the health of our physicians as well as our patients.
About the Author

Christine Y. Todd, MD, is the Chair of Medical Humanities and associate professor of internal medicine at Southern Illinois University School of Medicine. She is a Fellow of the American College of Physicians and the Society for Hospital Medicine. She is a member of the Physicians for Social Responsibility and Alpha Omega Alpha Medical Honor Society. Her clinical interest is in complex bedside communication and coaching trainees ways to advocate for patients. Her academic interest lies in the use of reflective reading and writing as pathways for building empathy and more patient centered care.

References


