

# Health aka Medical Humanities

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# Discussion

- Humanities-what is this ?
- Medical Humanities ?
- Health Humanities ?
- Do you have a favorite humanity ?
- Poem
- TBL Exercise
  - IRAT/GRAT
  - Case Story
- Vote on book-June 21 (6-8pm)
- Review upcoming sessions

# Poem

- The Journey-Jack Coulehan
- Prompt: Write about your journey...



# TBL Exercise

- **TBL- IRAT & GRAT on Health Humanities**
  - See handout/questions and refer to 12 Tips slide
- **Application Exercise-as a group**
  - Chemo Story
  - Prepare goal(s) and LOs to teach a clinical group of learners using this story
- **Mini talk on Medical Humanities**
- **Jigsaw on Articles in two groups**
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# Twelve tips on teaching and learning humanism in medical education

1. Strengthen curricula
2. Incorporate empathy
3. Nurture dignity, respect and confidentiality
4. Address humanism across settings
5. Foster role modeling
6. Train students to acquire the “habit of humanism”
7. Acknowledge and address the hidden curriculum
8. Use multiple assessment tools
9. Sustain a vision that incorporates humanistic values
10. Sustain faculty professional development activities
11. Promote and sustain a robust research agenda
12. Steep Traditions

# Mini Didactic

*“Wherever the art of  
Medicine is loved there is  
also a love of Humanity”  
-Hippocrates*



# A Pedagogical Definition of Medical Humanities

1. They use methods, concepts, and content from one or more of the humanities disciplines to investigate illness, pain, disability, suffering, healing, therapeutic relationships, and other aspects of medicine and health care practice.

2. They employ these methods, concepts, and content in teaching health professions students how to better understand and critically reflect on their professions with the intention of becoming more self-aware and humane practitioners.

3. Their activities are interdisciplinary in theory and practice and necessarily nurture collaboration among scholars, healers, and patients.

Despite ongoing lack of clarity on what exactly the medical humanities comprise, and how they should be integrated into medical education,

5 medical humanities teaching activities share several characteristics:

# Moral Function of Medical Humanities

- That is, an important goal of medical humanities is to **reconceptualize health care**, through influencing students and practitioners to query their own attitudes and behaviors, while offering a nuanced and integrated perspective on the fundamental aspects of **illness, suffering, and healing**.





# Critiques of medical humanities may be grouped as responses to three broad questions

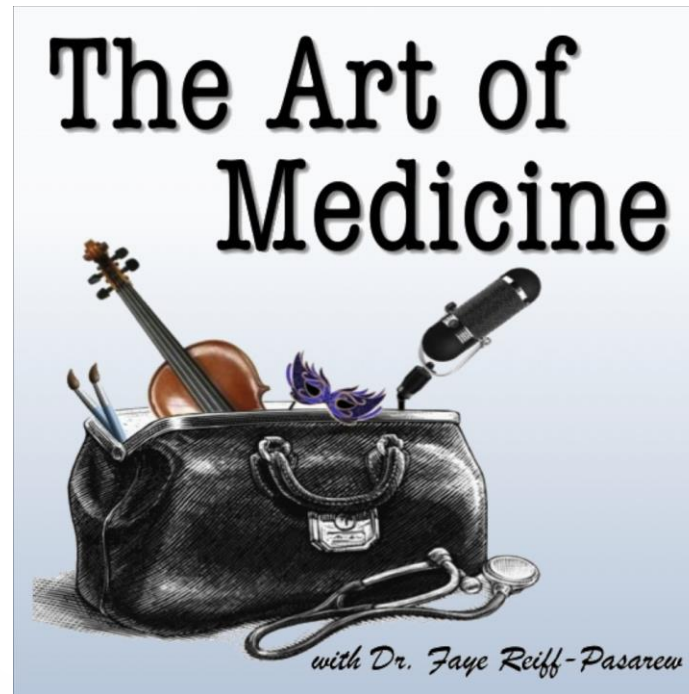
(1) Is the content irrelevant?

(2) Are humanities teachers and their methods the problem?

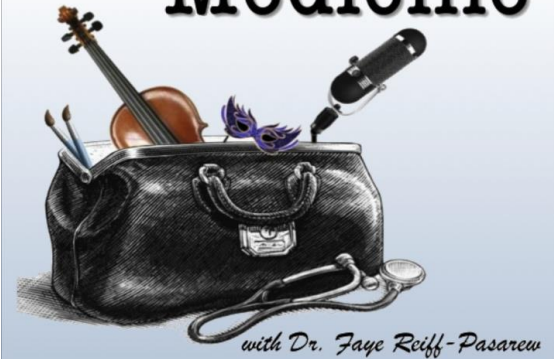
(3) Is the positioning of humanities coursework within the curriculum inappropriate?



Investigational data suggest that medical humanities faculty have failed to adequately convince students that the medical humanities really matter to them as future physicians.



# The Art of Medicine



- The humanities can't provide student physicians with concrete skills (such as learning how to start an IV) that are useful in clinical practice.
- How does reading a poem help the student measurably improve the treatment of patients?

# The very “softness” of the humanities...

- Poses a threat to students by forcing them to examine their own vulnerability and uncertainty.
- Being asked to write, either about their own experiences or about those of patients, or even being asked to offer opinions about a poem or painting, can generate anxiety because no universally agreed-upon right answer exists. Instead, they must use their own powers of observation, insight, and intellectual and emotional connections as the bases for their responses.

# A peripheral role for the humanities in the curriculum

Because medical humanities are a domain outside the basic and clinical sciences, some students believe that one must have an interest in or affinity for them, a bit like the elective system in the final year of medical school.



# Humanities instructors lack professional training or experience in medicine-so it is the teachers?

- They aren't doctors, and only doctors can train medical students in clinical skills.
- Thus, to many students, medical humanities teachers seem to talk the talk without walking the walk.



# Content

- Students make a compelling argument that the less humanities teaching they are exposed to, the more they would learn.
- If the humanities curriculum includes high content (dense lectures, lots of reading), it is criticized for overwhelming students.
- On the other hand, if it includes low content (small groups, process oriented), it is criticized for being vague, open ended, and too personal.



# Timing in the curriculum??

- A related argument is that the humanities are not properly positioned in the curriculum
- MS1, MS2, MS3, MS4 ?????

Medical Humanities

ca An emerging, interdisciplinary field:  
ca Humanities  
ca Arts  
ca Social Sciences  
ca Provide insights  
ca Guide future medical education



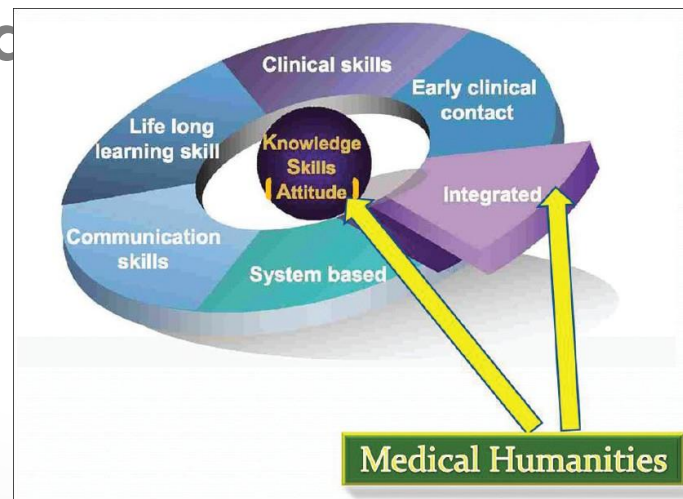


# Conceptual Response

- Training cross-disciplinary reflection about medicine
- Fostering professionalism and professional identity
- How close to the heart of medicine the humanities lie?
- Humanities can offer medical students additional intellectual tools to help recontextualize their profession in a way that more fully honors its complexity, nuance, ambiguity, and possibility.

# Medical Humanities educators focus their efforts on 3 crucial aspects of medical education:

1. namely developing medical professionalism
1. understanding the narrative dimension of doctoring
1. critically questioning the current emphasis on competency-based





WHERE DOES IT HURT?

The New World  
of the  
Medical Humanities

# Training cross-disciplinary reflection about medicine

- What matters in the making of a physician (**professionalism**)
- The ability to acknowledge, absorb, interpret, and act on the stories and plights of others (**narrativity**)
- Stories about physicians may also contribute to **developing professional identity** by expanding the student's repertoire of positive and negative physician role models



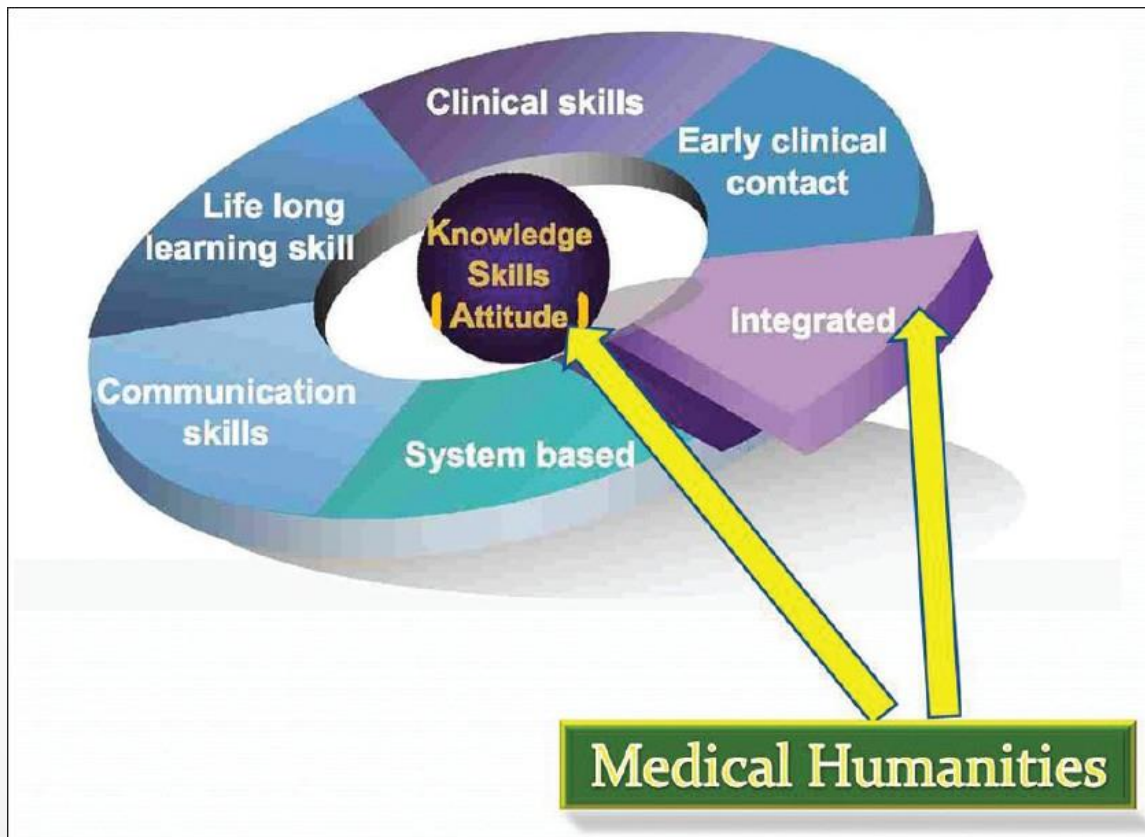
**Health humanities** refers to the application of the creative or fine arts (including visual arts, music, performing arts) and **humanities** disciplines (including literary studies, languages, law, history, philosophy, religion, etc.) to discourse about, express, and/or **promote dimensions of human health and well being.**

# Health Humanities

- There is a growing need for a new kind of debate at the intersection of the humanities and healthcare, health and well-being.
- In the recent past the field of medical humanities has grown rapidly, but it is timely and appropriate to address the increasing and broadening demand **from other professions to become involved**, to accommodate **new sectors of the healthcare** workforce and the public, and to extend ‘appliedness’ in relation to how arts and humanities knowledge and practices can inform and transform **healthcare, health and well-being**.

# Conclusion

- Moving away from purely elective formats would be a huge step in diminishing the perception that medical humanities are an add-on, separate from the “real” curriculum.





# Conclusion

The humanities' tradition of **critical inquiry and intellectual skepticism** can help medicine move

beyond checklists and algorithms to advance **analytical and reflective habits of mind** in students so that they are better able to think from the perspectives of others, move toward a greater humility, and focus on the values and vision that they brought to medicine in the first place.





# Conclusion

- For a significant Medical Humanities systemic change in the culture of academic medicine, faculty allies of the medical humanities must take advantage of the ample and substantive opportunities for meaningful integration in the basic sciences (e.g., end-of-life inquiry in anatomy; film, art, and literary representations of depression, schizophrenia, or autism in neuroscience) and in each of the clinical clerkships:

*(e.g., arts-based sessions to hone observational skills; narrative medicine seminars integrating poetry and prose stories of illness; popular media representations of physicians and patients; relevant historical perspectives in each required specialty; ethical issues from the perspectives of patients as well as physicians and bioethicists).*

