The Humanities in Medical Education: At the Core or at the Margins?

J. Donald Boudreau, M.D.
Centre for Medical Education
Pre-conference task

Using the card:

Imagine you have written an article on the medical humanities. You need to give it a title and subtitle.

What would the sub-title say?

“The humanities in medicine:

……………………………………”
Objectives

1. define the ‘medical humanities’ and provide a brief overview of its history and scope in medical (health professions) education

2. discuss their purported role(s) and impact(s)

3. share with you what I believe in terms of the MH being at the ‘core’ vs. ‘margins’ and invite a reflection on how the humanities might be relevant to clinical and educational practices
Objective # 1

Define the ‘medical humanities’ and provide a brief overview of its history and scope in medical (health professions) education.
Why is this issue topical?

• It is partly in response to recurrent calls for a ‘re-humanization’ of medicine
• It is related to the increasing recognition of a ‘hidden curriculum’ and the perception by educators that it must be revealed, addressed and mitigated
• It is fed by the popularity of ‘competency-based’ approaches to health professions education – where ‘professionalism’ is a core competency.
Promoters of the ‘humanist turn’ in medical education

1. Advocacy groups
2. Dedicated conferences
3. Institutional support and endorsement (e.g. by professional associations, academic centres and journals)
Advocacy – an example
The Arnold P. Gold Foundation
*Working to keep the care in healthcare*

GOLD HUMANISM HONOR SOCIETY
*THE ARNOLD P. GOLD FOUNDATION*

Research salary awards

Mentoring programs that promote humanistic care

White Coat Ceremonies
Creating Space is an annual symposium that explores the new and evolving use of the arts, humanities and social sciences in health professional education.

We invite submissions to the Creating Space IV Symposium in Ottawa April 25th and 26th, 2014 in conjunction with the Canadian Conference on Medical Education (CCME).

Presentation formats:
Paper presentations, posters, panels, participatory workshops, Pecha Kucha sessions

http://www.mededconference.ca/ccme2014/registration.php
Institutional support and endorsements

the Dalhousie Department of Psychiatry Annual Student Writing Competition. Each year, one entry in each category (medical student, postgraduate trainee) will be selected to receive a $100 cash prize. Winning entries will be published in the Department of Psychiatry newsletter, Headlines, and on the Dalhousie Department of Psychiatry website.

Who is eligible? Medical students, residents and fellows at Canadian medical schools.
Maximum word count: 2,000 words
Deadline: This year’s deadline is October 12, 2013
What are the ‘medical humanities’?
Definitions constitute a messy problem

What is medicine?

Is it a science; an applied science; an art; a science & art; a practice, praxis, craft or practical artistry; a profession?
<table>
<thead>
<tr>
<th>What is medicine?</th>
<th>What are the humanities?</th>
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<tr>
<td>Is it a science; an applied science; an art; a science &amp; art; a practice, praxis, craft or practical artistry; a profession?</td>
<td>How do they relate to human, humanism, humanists, humane, a humanitarian, and humane letters?</td>
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Medicine is not a science. Instead, it is a rational, science-using, [dialogic], interpretive activity undertaken for the care of the sick person.
(by K. Hunter)

Medicine is an art informed by science - with diagnosis depending primarily on science and treatment based in art.
(from Polish school of medical philosophers)
Origins of the ‘humanities’
Scribonius Largus (ca. 60 B.C.E. – 14 A.D.) in his treatise ‘On Remedies’ provided one of the first written descriptions of the nature of medicine and the roles of physicians. He speaks of there specific qualities required of the doctor:

- *misericordia* (compassion)
- *professio* (the intention of the oath)
- *humanitas* (kindness to fellow humans)
‘humanista’

Teacher of classic literature (i.e. pagan Latin and Greek literature and rhetoric) – as opposed to the study of divinity or theology.
‘studia humanitatis’

A program of studies ‘proper to man’. It was motivated by this philosophy:

“We have made thee neither of heaven nor of earth, neither mortal nor immortal, so that with freedom of choice and with honor, as though the maker and molder of thyself, thou mayest fashion thyself in whatever shape thou shalt prefer.”

by Pica della Mirandola
‘litterae humaniores’ (Humane Letters)

Literae Humaniores
in the University of Pennsylvania Library

An exhibition on view at the Katholieke Universiteit Leuven, Central Library,
Mgts. Ladeuzeplein 21, B-3000 Leuven from July 10 - October 15, 2003
The ‘Medical Humanities’ (MH)

A sustained interdisciplinary inquiry into aspects of medical practice, education and research expressly concerned with the human side of medicine.

from the UK Association for M.H.
Medical humanities

*Humanities* include:
history, literature, philosophy, theology, rhetoric, narratology, hermeneutics, phenomenology

*Social sciences* include:
anthropology, sociology, ethnography, political science, economics, environmental studies

*Performing arts* include music, dance, art, theater
A notion has emerged that there is something in the ‘humanities’ that makes its student more ‘humane’ (i.e. benevolent, sympathetic and concerned for human welfare).

How did this occur?

Is it defensible?
Objective # 2

Discuss the purported role(s) and impact(s) of the medical humanities.
The rationales for teaching the MH – as revealed through an assessment of prevailing metaphors in the literature:
Common metaphors:

- The balance
- The healing agent
- The compassion booster
Balancing

This is the predominate metaphor.

It is grounded in the notion that science and art are incommensurate polar opposites and that science & technology have overwhelmed the art & humanities.

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<tr>
<th>Natural sciences as:</th>
<th>Humanities &amp; liberal arts as:</th>
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<tbody>
<tr>
<td>hard, uni-dimensional, rational, value-neutral, computational, hierarchical, rigorous</td>
<td>soft, multi-dimensional, imaginative, tolerant, relational, affective, intuitive</td>
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“...the humanities are so valuable to medicine, for they offer a counterpart to the necessary reductions of the natural sciences.”

by Catherine Belling
Healing

It is based on the assumption that biomedicine is sick at its core and that the humanities are endowed with curative potency and can provide an antidote to the reductiveness of a biomedical curriculum.
“Medical humanism has achieved the status of a salvation theme, which can absolved the perceived sins of modern medicine.”

by Edmund Pellegrino

“One of the aims of recent curricular reform has been to release medicine from its scientific straightjacket...”

by Mark Jackson
Compassion boosters

*It is based on the assumption that the physical sciences are naturally and inevitably corrosive while the humanities are inherently consolatory (= empatho-mimetic).*
Compassion boosters

“The study of medical history is the best antidote we know against egotism, error and despondency...it teaches our students to venerate what is good.”

by E.F. Cordell

“You secrete materials which do for society at large what the thyroid gland does for the individual. The humanities are the hormones....”

Sir William Osler, in his 1919 address to the British Classical Society
The goals of MH teaching:
There are two models:

| A catalyst for formation of compassionate healers | To equip with cognitive and affective capabilities |
Developmental and instrumental models

A catalyst for formation of compassionate healers

- enhance sensitivity to the human dimensions of practice
- foster humility and tolerance for ambiguity
- arouse empathy
- nourish insight and reflection

To equip with cognitive and affective capabilities
## Developmental and instrumental models

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<th>A catalyst for formation of compassionate healers</th>
<th>To equip with cognitive and affective capabilities</th>
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<td>• enhance <em>sensitivity</em> to the human dimensions of practice</td>
<td>• the performing arts can <em>stretch</em> perception &amp; imagination</td>
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<tr>
<td>• foster <em>humility</em> and tolerance for ambiguity</td>
<td>• ethics can <em>exercise</em> reason</td>
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<tr>
<td>• arouse <em>empathy</em></td>
<td>• philosophy can <em>fine-tune</em> critical analysis</td>
</tr>
<tr>
<td>• nourish <em>insight</em> and reflection</td>
<td>• literature can <em>trigger</em> perspective taking</td>
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Specific learning objectives

Each discipline has its specificity.

Philosophy is generally assumed to be effective at promoting critical thinking skills such as dialectical reasoning, asking first order questions, uncovering of value & purpose, understanding the role of axioms and evidence, developing skepticism of dogma.

Literature is assumed to be well positioned to reveal the patient perspective & multiple meanings, thereby attenuate the power differential.
What are the data on the impacts of teaching the MH?
What are the data on the impacts of teaching the MH?

There are very few reports of empirical findings on educational impacts of teaching the MH.

A note of caution!
Humanities: The name itself may be misleading. It readily becomes synonymous with ‘humanitarian’, and thus, just as the pathology dept. makes a student a pathologist, so the humanities departments are expected to make him a humanitarian.

This is a fairly insidious process for not only does it rob the humanities of its true calling, but it also absolves the other departments of a responsibility that should be shared by all.
What is the ‘true calling’ of the MH?
Objective # 3

Share with you what I believe in terms of the MH being at the ‘core’ vs. ‘margins’ and invite a reflection on how the humanities might be relevant to clinical and educational practices.
Proposal for a ‘Physicianship Curriculum’

Submission to the Education Design Committee

November 11, 2009

Dr. Donald Boudreau
Dr. Eric Cassell
Dr. Abraham Fuks
a) Two recurrent themes in curricular revisions
b) The conceptual basis for incorporating the MH in UGME
Curricular revisions at McGill

The first theme – the predominant one – is integration of biological and clinical sciences
Curricular revisions at McGill

A second salient and recurring theme is

‘incorporating the perspectives of the individual patient’
Wilhelm Windelband (in 1894) delineated two types of knowledge; he termed them nomothetic and idiographic:

**Nomothetic**: a method to describe what is or is not common to all; seeks general laws; (science of laws – timeless unalterability)

**Idiographic**: a method to describe a particular event, experience or behaviour; seeks specific historical facts; (science of events – unique and incomparable)

A student in the health professions needs both types of knowledge.
well

I shall explain this in a nom othetic way as there is an explanation on why Little Hans has this phobia which I have already discovered and can GENERALISE to Little Hans.
The scatter diagram may be a useful metaphor for students:

- the ‘best-fit’ line represents the **nomothetic** i.e. the population, evidence, the general rule, the guiding principle, the norm
- The various points represent the **idiographic** i.e. the individual, idiosyncratic, singular, particular, unique
There is no science of the individual, and medicine suffers from a fundamental contradiction: its practice deals with individuals while its theory grasps universals only.

O. Temkin

The good physician treats the disease; the great physician treats the patient who has the disease.

Sir William Osler
<table>
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<th>My conclusions</th>
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<td>• MH are <strong>not</strong> an ‘additive’ or a ‘compensation’</td>
</tr>
<tr>
<td>• The ‘humanities’ are <strong>not</strong> to be equated with ‘humanism’</td>
</tr>
<tr>
<td>• MH do not primarily or necessarily represent strategies to provide ‘flexibility’ in the educational experience; they are core and mandatory rather than peripheral or elective</td>
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all intellectual traditions that can meet the objectives of medical education should be recruited to the curriculum; it might be best to refer to them as ‘foundational frames’ rather than ‘basic sciences’

the MH can fulfill objectives in philosophic domains and meet instrumental, cognitive, developmental and affective aims

the MH are synergistic rather than competitive with the natural sciences
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Foundational knowledge, Clinical responsibility, Identity formation
SO....... are the humanities at the core or at the margins of medical education?
Objective # 3

Share with you what I believe in terms of the MH being at the ‘core’ vs. ‘margins’ and invite a reflection on how the humanities might be relevant to your clinical and educational practices.
The humanities in medicine:

....................?..................
Discussion

• Questions or comments about anything I’ve said so far.

• Describe what you might hope to accomplish by incorporating the ‘humanities’ in your teaching, mentoring, scholarly work and/or clinical practice.

• Discuss your perspectives on the core vs. periphery dilemma.

• Identify challenges, opportunities, hindrances, facilitators.

• Next steps?
Back to the initial question........

MH: at the core or at the margins?
Alternative diagrammatic representation of the natural sciences and humanities in medical education:
Alternative diagrammatic representation of the natural sciences and humanities in medical education:

The *knowing, doing and being* of the physician

Natural sciences, humanities & social sciences
THANK- YOU!

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