Medical humanities: a place in medical education

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Abstract

This paper highlights the definitions, concepts, scope and history of medical humanities and rationale and barriers for their inclusion in curricula of medical schools. It also suggests ideas of how and who teach humanities in medical schools.

Medical humanities include Humanities (e.g. Literature, History, Philosophy), Social Sciences (e.g. Sociology, Anthropology, Culture Studies) and Arts (Visual arts, Performing arts).

Since early 1960s, there is an international trend to include medical humanities into the curricula of medical schools. Medical humanities are concerned with care of whole patient, and not only his symptoms and signs, through having an insight into his sociocultural background, experiences, values, beliefs, spirituality and emotions.

Medical humanities are expected to foster interdisciplinary teaching and research by using arts (visual and performing) to promote clinical competencies. Also, humanities are expected to promote professionalism and then betterment of medical practice.

Keywords: Medical humanities, humanities, medical education

Medical humanities: concept and scope

Medical humanities are a set of interdisciplinary fields, applied to achieve some of the goals of medical education and practice. They aim at understanding health, illness, sufferings, death, disability, recovery and health care issues from a non-biomedical sciences approach. They are ‘interdisciplinary’ in the understanding that they share one another’s perspectives. Humanities are concerned, from a whole person approach using ‘tools’ like culture, feelings, emotions, language, expression, knowledge and experience of patients to appreciate their needs and sensitivities,
dignity and humanity. These ‘tools’ share the fact that they cannot be explained by general principles of natural sciences. The essence of medical humanities is formation of culturally competent doctor that can see his patients as individuals with distinct social, philosophical, spiritual and psychological backgrounds i.e. a whole person and not a constellation of symptoms and signs. The doctor is then expected to integrate these backgrounds in the process of health care of his patients. It is a ‘shift’ from the traditional biomedical sciences approaches which used history, physical examination and investigations to solve the pathophysiological problems of patients. In sum, the major theme of medical humanities is ‘caring medicine’ in contrast to the ‘curative medicine’ theme of biomedical sciences.

The term ‘medical humanities’ includes pure humanities (literature including poetry, prose and narrative, linguistics, folk arts, philosophy, ethics, history, and religious studies), social sciences (sociology, anthropology, demography, cultural studies, psychology, health geography, politics, economics, law, gender studies, communication and information) and arts (performing arts including theatre, films, music, dance and soap opera, music, visual arts including painting, photography). Despite the word ‘humanities’, the medical humanities include social sciences and arts beside humanistic sciences.

**History and development of medical humanities**

An article published in 1927 had remarked that the scientific knowledge alone is not sufficient for proper care of patients, as it does not investigate the human as a whole. The term ‘medical humanities’ was first used by George Santayana in 1940s in an article in Isis (a journal that used to publish articles on medical and science history, named after an Ancient Egyptian goddess). Since early 1960s, medical humanities had been inserted in curricula of medical schools.

Nowadays, there is a wide interest in medical humanities in medical schools, practice and research. The first academic institution for medical humanities was established at University of Texas in 1972 (Institute of Medical Humanities). Many medical schools especially in Europe, North America and Australia have introduced humanities in their curricula. The British Medical Council (GMC) of the United Kingdom (UK) had issued his landmark document Tomorrow doctors in 1993. It recommended integration of medical humanities into curricula of British medical schools, aiming at graduating doctors with ability to recognize patients’ diversity of cultures, backgrounds and ways of life. Wellcome, a great British funder of medical research, recently devoted a fund to support research in medical humanities (Wellcome Strategic Plan 2010-2020). Recently, the Association of American Medical Colleges introduced a section on humanities in the admission test of medical colleges. In Canada, 14 out of 17 medical schools had introduced medical humanities in their curricula. Even at postgraduate level, University of Sydney inaugurated a programme of medical humanities in 2003. In 2011, 69 out of 133 accredited American medical schools required their students to have a course on medical humanities. In UK, although inclusion of humanities to curricula follows American schools, but now several universities offer Masters and PhD degrees in medical humanities.

An increasing number of journals are involved in publication of research results of studies in humanities; The Medical Humanities, published by Springer comes in the foremost. Other respectable relevant journals include American Journal of Medical Humanities, Journal of Medicine and Philosophy and Literature and Medicine.

**Medical humanities: why do they matter in medical education and practice** (Table I)

What purposes do medical humanities serve to make them included to medical education and practice training programmes. Interest in humanities marks the shift of health care from ‘care of disease’ to care of the patient as an ill person, and as a human being with different life aspects that can be affected by the disease. This had led to emergence of the concept of
‘whole-person medicine’ which went steps further from the traditional WHO definition of health by adding cultural and spiritual care elements (to physical and mental ones). (11) This concept is based on the fact that the mere attaining a good health is not the end goal of health care. To explain, some patients with lifelong diseases or disabilities may need to learn or to be trained to cope and adapt to their demanding situations, and to discover ‘hidden issues’ that may affect their life quality.

Table 1: Summary of rationale of introducing medical humanities in medical schools.

1. Deficit of the traditional biomedical science approach alone to attain ‘whole person care’.
2. Emergence of new issues in medical practice if social and cultural dimensions.
3. Increased interest in social well-being as a crucial component of health.
4. The need to promote professionalism and its skills.
5. Need for skills of cultural competency to deal with patients and colleagues of different values, experiences, beliefs and motivations.
6. Philosophy study develops critical thinking and logical reasoning.
7. Literature study helps understanding patients’ perspectives, values and promotes narration abilities.
8. Study of history highlights history of medicine and local health systems and epidemics.
9. Visual arts help promoting observational skills.
10. Need for inclusion spiritual care where needed.
11. Massive waves of international migrations turned many countries into multicultural nations.

In this era of human history, relatively new issues of cultural and social dimensions have rose to the prominence of new care controversies such as end-of-life issues, decoding of the human genomics, and selective abortion of fetuses with possible disabilities, and become a challenge to medical practice. (12) In these issues, the physician may need to consider the views of individuals, society and religion. The traditional medical sciences (from biochemistry to pathology), alone, may not provide full answers to these issues as they are linked to personal and philosophical values on health, disease or death. Medical humanities help the students and doctors to promote their skills of thinking, emphasizing, argument, evaluating and self-expression; all these skills are important to foster their clinical performance. (1) The current decline in bedside skills leads to that today’s generations of students and doctors are less able to communicate in a humanistic way with their patients. Teaching of medical humanities is expected to promote both the clinical and communication skills. (13)

Ethics are considered one of the important fields of medical humanities, being concerned with moral dimensions of medicine, and thus, attained an enormous importance in today’s medical practice. The new advances in medicine such as decoding of the human genomics, cloning and stem cell research stimulate new questions in the field of bioethics. Other humanities aspects that are of relevance to medical ethics include the values of the professionalism and doctor-patient relationship. Even in a field that is not relevant to medical practice like teaching in the dissecting rooms, there is now a debate to introduce relevant teaching of ethical issues in anatomy courses to ensure respect of the dead human body. (14,15)

Diseases are complex multifactorial phenomena, with psychological, social and cultural roots, in addition to the biological basis. For example, use of the corticosteroids in some developing countries to reach to a desired body weight or colour may end up with Cushing’s syndrome. Also, use of bleaching cosmetics may lead to severe skin problems. These two examples need, beside drug therapy, some sociocultural approach for prevention, taking into consideration local societal views on slimness/plumpness, or black/fair skin colours. Other examples are problems like domestic violence or violence against children that now are increasingly recognized as public health problems despite their very social, cultural backgrounds. (16) In fact, study of humanities may help students and doctors to recognize limitations of modern medical practice in addressing such problems, and to realize the importance of humanities to develop his own sense of responsibility to fill this gap. (17)

With the explosion of the massive migration especially in North America and
waves throughout the world, many countries Australia have turned into multi-ethnic and multi-cultural nations. As well, internal displacements in some countries brought rural and native people into the cities and urban centres, to be integrated in new cultures. This necessitates that their health systems should pay some attention to the health impact of their cultures, living habits and religious and socioeconomic backgrounds.

Social sciences help students to understand the psychosocial aspects of their communities, and provide an insight to their patients’ personalities, feelings, experiences, beliefs, motivations, perceptions, sufferings and reactions to others. This is useful in negotiation with patients during advising them on their management, or when offering them health education. Thus, it is important to expect that some of patients’ values, views and practices may contradict traditional medical principles or guidelines. Acquiring cultural competency, by understanding the health beliefs of different groups of people promotes communication and then management of patients; it needs paying attention to the ‘difference’ and to the ‘other’. Even more, doctors are required to be sensitive (or even understand and accept) to issues like a different sexual orientation and gender differences. Culture may affect beliefs about causes and management of diseases, adherence to treatments and attitudes to health care (institutes and carers). Ethnocultural factors are related to health by the wide variations in ethnic views on foods, folk beliefs and remedies. For example, the Afro-Americans give ‘light’ names to serious diseases such as ‘a touch of sugar’ to diabetes mellitus and ‘high blood’ to hypertension. In some ethnic groups the elderly family members are highly respected and are consulted in health and disease issues before doctors.

Philosophy shows the ‘interdisciplinary’ nature of medical humanities as it bears some resemblance to culture issues. Philosophy provides a basis to understand the views of patients on concepts of health, illness, recovery, death, disability and radical medical interventions. The philosophy, also, helps students and practitioners to think, analyze and talk in a critical and organized way to reach logical conclusions in medical and non-medical issues. This skill is useful in sharpening the abilities of the clinical diagnosis and patients’ assessment by criticizing, reasoning and evaluation of the patients’ histories.

The concept of ‘professionalism’ needs skills such as empathy, efficient communication, critical thinking and judgment. These skills are related by a way or another to medical humanities. For example, reading literature may promote empathy; knowledge of different cultures (locally or internationally) improves the skills of communication and then increases patients’ confidence in doctors, in addition to developing cultural sensitivity to sympathize with cultural minorities. Humanities may broaden perspectives and facilitate tolerance for the different lifestyles and customs of other ethnicities and cultures. Teaching of medical humanities may foster the preparedness of future doctors for leadership and teamwork with colleagues with different perspectives to face complicated multispeciality problems. This is easily achieved by the ability of self-expression showing each other personal views and experiences.

Literature, e.g. poetry, prose and narrative, is a good tool to understand the patient’s perspectives, values and experiences. As well, it promotes the communication skills, and respect of patients as humans and not ‘objects’ or ‘teaching materials’. Literature triggers emotions (empathy) and imagination, and improves insight and outlook toward illness and health, as not a few literature works take medical conditions as their topics, e.g. death, disease and disabilities. Literature helps learning of narration capacities, so enhance skills of history taking and presentation, and hence, leading to productive negotiations with patients and colleagues. Literature may enable students and practitioners to identify and develop their own professional values, and enrich their experiences into the human side of medicine that may influence their views on
health and disease and foster tolerance of ambiguity by criticizing the uncertainties and questioning conventions and getting familiar with unfamiliar complicated life situations.\(^{(24)}\)

The medical profession is full of uncertainties and ambiguity (e.g. variation in cultural factors of illness expressions) that should be tolerated by physicians. Medical humanities play a significant role in fostering this tolerance, or even reconciliation of competing values.\(^{(25)}\)

Visual arts, through art-based training, are useful in promoting observational skills and then diagnostic skills. This is done by fostering detection of both subtle and obvious visual finding, recognition of patterns and ability to describe and interpret meaning and significance of complex findings.\(^{(26,27)}\)

For example, a systematic observation of a painting can substantially foster observational skills.\(^{(28)}\)

Other skills that can be gained by art training include increasing awareness to emotional and character expression in the human face, expressive capacity and improving tolerance to the ambiguity.\(^{(29,30,31)}\)

By today, visual arts are used in teaching in half of medical schools in North America to foster clinical teaching; they use arts’ works as teaching materials.\(^{(32,33)}\)

As well, performing arts and drama can help students to explore their patients’ values, beliefs and behaviours.\(^{(34)}\)

Drama in particular may help in promoting communication skills. Photography is used in health intervention research, clinical and epidemiological studies.\(^{(35)}\)

For many persons religion and its values and institutions affect most of their daily life activities. There is an increasing interest in spiritual dimension to health and disease. Spiritual care involves compassion and encouragement of realistic hopes. It is better to be away from discussions on pure religious issues such as the existence of god, or to search biological explanations of diseases by religious beliefs.\(^{(36)}\)

Spiritual component of health care is neglected in today’s patient care, although not a few patients believe in religion as a determining role in their health and disease decisions.\(^{(37)}\)

On the other hand, some religious practices and beliefs have significant impact on health and disease. Jehovah’s witnesses are a religious group, founded in 1872, based on their religious faith, refuses blood transfusion even at conditions of severe anaemia or major blood losses.\(^{(38)}\)

Muslims used to fast for one month each year (Ramadan fasting), where they abstain from foods, drinks, smoking, sex and medications from dawn to sunset.\(^{(39)}\)

This fasting may have health consequences, especially for patients, of acute or chronic diseases.\(^{(39)}\)

It is not difficult, for example, to offer simple gestures such as providing a Muslim inpatient a special meal to break his fasting (if he wishes, or able to fast).

History has a pivotal role among the humanities; at least it helps to trace the origins of the modern medicine and previous landmark diagnostic and therapeutic discoveries. It helps to highlight previous failures of significant medical endeavors (to be rectified, or not to be repeated); this proves the transient nature of medical and scientific knowledge at all ages, and thus students should keep always updated with scientific developments. History had documented abuses that occurred in the past such as the unethical practices that committed by the medical researchers in the Nazi Germany (Third Reich) in 1930s and 1940s. This abuses’ documentation was the basis of the modern medical ethics. Study of history may highlight the degrees and patterns of resistance that had faced the great medical discoveries in the past. The students and practitioners should be aware of the prominent local health and health care system events, especially those of current impact on the nation’s health.

### Barriers and challenges facing medical humanities (Table 2)

Unfortunately, medical humanities are not part of curricula of medical schools, especially outside Europe, North America and Australia. There is a lack of qualified and interested teachers in humanities; most of today’s teachers in some parts of the world including Africa and Middle East were not taught such sciences. Human and social scientists, necessarily, lack orientation in clinical
Some students see humanities as irrelevant, and not useful for their future career and may take them away from the ‘real medicine’ that requires only clinical competence (as they believe). Even more, some of the teachers with old-fashioned minds bear negative views toward the humanities (usually are influential enough to resist placing them in the curricula). Some of teachers are not aware enough with the concepts and scope of medical humanities or even had not heard of it; thus cannot play a role in mentoring their students to have a positive attitude to humanities. Some schools even tend to reduce or even stop courses of the preparatory first years (e.g. mathematics, physics).

Table 2: Barriers facing medical humanities

| 1. Medical humanities are outside curricula in many parts of the world. |
| 2. Lack of qualified or interested teachers especially outside North America and Europe. |
| 3. Negative views of both students and teachers. |
| 4. Time pressure in already overwhelmed curricula. |
| 5. Some educators fear loss of the clinical identity of the medical profession. |
| 6. Research difficulties in evaluating the outcomes of teaching medical humanities. |

The staff is under increasing pressure to teach the scientific and clinical courses. They usually state the ‘time’ factor as a barrier for their schools to be involved in teaching humanities.

Some studies deny presence of evidence of positive impact of humanities on medical education that may threat their continuity. As well, some studies had remarked that some university humanities programmes lack uniformity and standardization. Some educators fear the loss of the professional clinical identity of the medical profession. Some researchers reported concerns that teaching of humanities (especially cultural diversity) concentrates on avoiding medico-legal pitfalls and not to improve medical practice as a holistic approach.

There is a difficulty in evaluating the outcomes of teaching medical humanities in quantitative measures; unfortunately some authorities dismiss programmes that cannot be measured by quantitative measures entitling as ‘unimportant’.

Teaching of medical humanities: how and who

For the schools that want to introduce humanities in their curricula, they better start with a debate among staff on their rationale and relevance so as to accept integration of humanities in schools’ programmes. The debate may focus on how, can humanities can benefit medical study, and how and when appear in curricula. The set objectives should clearly state the rationale and relevance of humanities to the training needs of students. A crucial step is how the humanities are tailored to the academic needs in form of syllabuses, objectives, teaching methods and assessment tools in clear formats. Where there is a resistance to include the humanities, a start with elective (voluntary) courses can be initiated, although they give the impression of ‘unimportance’ or ‘irrelevance’. But something is better than nothing. Another option is to ‘insert’ humanity topics in courses of the medical community or family medicine, or incorporated as learning objectives in the problem-based learning. The teaching of humanities can be ‘concentrated’ in the first two semesters before the ‘overwhelm’ of biomedical sciences.

Who should teach medical humanities? This is an important question especially for schools intending to introduce humanities in their curricula. Interested physicians of different specialties, offered relevant training (not necessarily postgraduate degrees, thought better if obtained), and interested non-physician academicians of human and social sciences can both teach the humanities. Of the medical faculty, the interested staffs of community medicine, family medicine and psychiatry seem the most qualified for this job. The non-medical staff may benefit from a programme of professional development to get initiation to the clinical environment.
case presentations (real or simulated) with emphasis on shared aspects between clinical and humanities issues, film and theatre shows, art exhibitions, essay assignment, documentary films, guest lectures and even research projects. Problem-based learning can be an efficient teaching tool, by including items relevant to humanities among the required objectives of the problem. Literary readings include discussion of excerpts of local and international literature works written by doctors on medical and non-medical issues, or by non-doctor writers on medical issues. Philosophy is better taught as integrated concepts in the relevant items in the curriculum, rather than lectures on classical philosophical questions such as metaphysics or epistemology. Teaching of history can be based on selected topics on history (focusing on prominent landmarks) on the major disciplines of medicine such as basic and clinical sciences. Also we can include history of local health services, common diseases and epidemics. Biomedical ethics can be taught by using ethical issues and dilemmas in clinical presentations, literature and drama as teaching points. The wealthy sources of arts can be used as good topics for workshops; as well arts and literature extracts can be used as themes for teaching topics (e.g. a short documentary film on domestic violence). To boost teaching of humanities, the students can be encouraged to be actively involved in the Internet social networking such as blogs and cites of contents relevant to medical humanities. Guest relevant lectures can be delivered by local artists, writers and community leaders. The newly introduced humanities courses are better piloted first in one or two schools to determine deficiencies and shortcomings and sooner rectified.

The assessment of medical humanities courses may need methods such as essays on selected topics, analytic exercises, critics of drama works. These methods seem better than the multiple or single choice tests, as humanities issues require in-depth opinions rather than yes/no answers.

In conclusion, modern biomedical sciences alone cannot prepare future doctors to be able to care their patients as whole human beings. This necessitates including the increasingly important medical humanities in curricula of medical schools. There is a need to encourage medical schools to introduce humanities to their curricula, and to exert some effort to attain an academic entity for medical humanities, and raising awareness of staff and students to their clinical relevance. There is a need to set up humanities curricula with clear learning objectives and lesser ambiguity as ill-defined teaching materials with poor academic entities will lead to be considered by students as irrelevant or even tedious. Medical schools can get use of the innovative teaching strategies such as small group teaching or problem based learning as flexible teaching methods that can permit integration of humanities in biomedical sciences. The staff may need to be assured that teaching of humanities will not be at the expense of teaching a sound core of general medicine. Where there is a resistance, optional (rather than mandatory) courses in humanities can be introduced. There is a need to encourage clinicians and scientists in medical schools to make degrees or involved in intensive courses in medical humanities, in liaison with university departments of humanities, social sciences and arts. There is a need for encouraging research to investigate the outcome of humanities teaching especially on its impact on students’ character development. It benefits medical humanities that academicians of different discipline to found academic associations for medical humanities to foster teaching in research in humanities. Hospitals are required to introduce humanities in their continuous medical education programmes, and to be viewed as complementary to meet the patients’ needs, and not competitive to traditional clinical practice.

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