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The medical humanities

A brief introduction

Background
The medical humanities is a broad area of study and practice encompassing all nontechnical or 'human' aspects of medicine.

Objective
This article introduces a series in the medical humanities in *Australian Family Physician*.

Discussion
The medical humanities serve three main goals: the study of the human aspects of medicine from within traditional arts disciplines of history, philosophy, sociology and literature; the intersection of medicine and the creative arts; and the training of more insightful and compassionate doctors. This article briefly explores these three goals and discusses their value for the medical community.

From time to time it is easy for most of us to feel that science has 'disenchanted' the world.[1] The passions and insights of mental illness, seeming to proceed from pain at the soul and grasped like revelation from the air, get revealed merely as a correctable chemical imbalance; the apparent amazing social intelligence wrapped in the tiny brain of an ant turns out to be only a very narrow set of responses to set cues; the beauty of a sunset becomes, not a subject for pleasurable exclamation, but simply and ordinarily, a set of frequencies. Perhaps this feeling may be most acute in the context of medicine, a profession to which so many are drawn by a feeling for people rather than by curiosity that is satisfied by scientific abstractions. From time to time, both doctors and patients complain when medicine feels like it is only a set of tools used to affect specific body parts – and not like an interaction between fallible, complicated and, in the end, deliciously irreducible human beings.

Medical humanities takes these feelings seriously.[2] Treated as a distinct area of study and practice, it serves three very important goals. First, as a field of academic enquiry, the medical humanities support the deliberate exploration of the human side of medicine, from its most abstruse philosophic qualities to its most subtle and complicated influences on culture and history. Second, the medical humanities encompass the intersection of medicine and the creative arts, appreciating the many excellent works of physician writers, filmmakers, musicians and artists. Third, there is a great deal of hope vested in the medical humanities that paying attention to human interaction and giving space to creativity – to accepting enchantment – will create more compassionate, more capably communicative doctors, and lead to better health outcomes for patients.

For all these reasons the medical humanities has increasingly attracted attention and funding. This has been especially so in North America, where many universities have added medical humanities programs to their medical schools. In many cases, medical education – the third goal – provides the impetus for developing a program in

the medical humanities, as is currently happening at the University of Auckland, for example. Thus researchers who investigate such things as illness narratives,[3] death and dying,[4] mental health and incarceration,[5] and the semiotics of disease,[6] are primarily charged with the task of training doctors to be more likeable and trustworthy for their patients. In other universities, such as Dalhousie University in Nova Scotia, Canada, attention to the creative side of the medical humanities program enriches both the experiences of students and the life of the faculty. There, medical humanities has been woven into the culture of doing medicine with significant success. The faculty supports a program in music, creative writing and the visual arts, including the successful Dalhousie Medical School Chorale and the collective creation of a medical mystery novel! (see http://humanities.medicine.dal.ca)

At the core of the medical humanities lies the first goal: the exploration of the intersection of medicine with traditional scholarly disciplines in the humanities – philosophy, history, literature and sociology. Here the medical humanities allow us to probe the delicate balance between scientific empiricism and critical thinking. For doctors who must diagnose and treat with confidence, it is discomfiting to ask questions about how we know what we know – and even more so to ask if there are problematic social implications of our 'knowledge'. And yet, these questions can be of immense importance. Medical history is humbling, because it shows that what we think of right now as correct, factual, scientific knowledge, may very well not turn out to be correct later on. Our thinking turns out to be (necessarily) influenced by our social values and expectations, or by metaphors of war, or economy, or even ecology, so deeply embedded in our culture that we don't even realise they are there. And sometimes, as a result, medicine can become socially punitive, as when it was invoked to determine the alleged superiority or inferiority of different 'races' of people in the first half of last century. Research in the medical humanities can prod us into questioning the social value and hence validity of current knowledge, as in the case (for a current example) of the 'obesity epidemic'.[7]

On the other hand, medical history also allows us to stop, pause and celebrate or commemorate, two very important functions for a society and a profession. The ability to prevent or treat dreadful and now half forgotten illnesses such as diphtheria is immensely precious. Medical biography has a particularly important place in the medical humanities, as it offers models for physicians about how others have felt, responded to tough intellectual and circumstantial challenges, or perceived their professional lives. Medical biography can be admiring, uplifting and inspiring, but the human element – the fact that someone may hold inconsistent and contradictory views, that they may act with immense generosity on some occasions and enormous egocentricity in others – can be even more captivating in the process of humanising medical practice.

Rigorous, formal research into interactions between doctor and patient has provided the basis for many insights that now guide medical education. From Talcott Parson's seminal sociological work analysing the 'sick role'[8] to the literary analysis of genre and symbol in 'illness narratives',[3] scholars from both inside and outside medicine have sought to understand how patients feel about, and respond to, illness, and how they interpret and relate to their carers. There is now a wealth of material detailing the values that frame professional practice, the principles of good communication between doctor and patient, and the central concepts of ethical conduct. What is far more challenging is how to incorporate all this insight into the training of new physicians – students who, for the most part, already face immense pressure just to master the technical knowledge that is the core of their education.

Australasian universities have begun responding to these challenges. Universities in Sydney and Melbourne offer programs in the medical humanities. At Sydney University there is a separate program and degree structure. This program has two distinct goals: to encourage study in the medical humanities, and to provide resources for the graduate medical program.

Most of the students who enrol in the medical humanities at Sydney University are practitioners and clinicians. Some are physicians who, on the point of retirement, wish to explore the history or human aspects of their profession now that they have the time to do so. Some want to pursue a particular historical project, others come with the desire to pursue interests in history, music or literature that they feel have been put aside by the technical demands of medicine. Still others come with a specific aim of gaining professional enrichment, perhaps by exploring issues in practitioner ethics or in art and healing.

In this series in *Australian Family Physician*, similarly, a number of physicians present their own experiences, interests and ideas about the human aspects of their work. For some, the issues are immensely practical – a situation confronted, a challenge overcome, or an issue such as how art in hospitals affects patients, their friends and their families. For others, the charm is of exploring knowledge and concepts from literature or history and dealing gently with their implications.

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