Humanity and the medical humanities

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"Medicine is still sometimes described as a 'learned profession' ".[1] What pathos in that word *sometimes*! It is somehow a criticism "more painful than all the rest" that "physicians are no longer humanists and that medicine is no longer a learned profession".[2] A physician in Robertson Davies' *The Cunning Man* (1994) is blunt: "Doctors are men of substantial education, though not always men of wide culture". Perhaps it has always been thus; a character in Somerset Maugham's *Of Human Bondage* (1915) "complained that the young medical men were uneducated; their reading consisted of *The Sporting Times* and the *British Medical Journal*". But does it matter? Surely not, provided doctors are technically competent. And if they are competent, why worry if they have never seen *Tosca*, do not know Mahler's *Second*, have not read *Paradise Lost* or *Crime and Punishment*, or have not marvelled at Giotto's Scrovegni Chapel? And, even if it did matter, surely it is not the responsibility of medical schools to provide a general education in the humanities?

Perhaps not. But what about humanity? This must be of concern when the Regius Professor of Medicine at Oxford can editorialise about the inhumanity of medicine,[3] describing medical horror stories that "are becoming commonplace". Nor is he alone. Concerns that medicine and perhaps doctors are becoming dehumanised recur throughout medical and non-medical published work.

The semantic kinship[4] of their names suggests that humanity and the humanities might somehow be causally related. Certainly both are part of that rich complex of historically inter-related terms, which includes human, humane, humanism, humanist, and humanitarian.[5] Do the humanities somehow induce humanity? Sir Geoffrey Keynes, the Blake scholar and innovative surgeon, believed so:[6]

> "My most intense interest [was] in the science and practice of surgery, with a parallel delight in literature and in particular the life and work of William Blake [which kept] alive in my mind the value of imagination in a material world—an important background to a profession which might lead to a slight twist of inhumanity. I like to think that perhaps Blake had contributed something to my attempted humanization of the current fashion in the treatment of cancer of the breast".

The humanities basic to medicine, inclusively defined as literature, philosophy, history, art, music, cinema, theatre, law, economics, politics, theology, and anthropology, are often assumed to be basic in a stronger sense:[7]

> "The liberal arts have a legitimate place in medicine, not as gentle accoutrements and genteel embellishments of the medical 'art', or even to make the physician an educated man. Rather they are as essential to fulfilling the clinician's responsibility for prudent and right decisions as [are] the skills and knowledge of the sciences basic to medicine".

"Humanities" and "medical humanities" mean many things in the medical literature, sometimes seeming merely a substitute for medical ethics, decision making, communication skills, or even behavioural sciences. But if we consider them in the traditional sense, why might the humanities produce humanity in their consumers? The most popular explanations involve a mirror in which oneself is reflected,[8] or a vicarious experience,[9] each encouraging empathy, understanding, and insight. Humphrey elegantly combined the approach with sociobiology, arguing that the humanities produced a selective genetic advantage:[10]

> "The spectator of *Anna Karenina*, who has sympathised with Anna, pitied her, foreseen the coming tragedy and watched helplessly as her body was crushed beneath the train, the spectator who *by that fact* gained greater insight into himself and other people, has increased his fitness both as an individual and as a member of society".

In such a model, the characters in books, films, or plays act, quite literally, as surrogates for a vast range of real people, for as T S Eliot put it,[11] "We read many books because we cannot know enough people". And the corollary is that we know a person by the company they keep on their bookshelves.

The literature is replete with pleas for the central role of the humanities in medical education, and has been so at least since the 1960s,[4] as part of a long tradition of medical humanism.[12] Superficially, it seems as difficult to argue *against* the doctor as Renaissance person—Leonardo in a white coat—as it is to argue against motherhood or apple pie. Indeed the terms humanism and humanity seem sometimes to be deployed as rhetorical devices[9] to advance almost any medical ideology.[2] Nevertheless, there is a continual groundswell for more teaching of the humanities, not least from practising doctors.[13] There have been many attempts to teach the humanities in medical school, and such teaching has been growing over the past two decades.[14] Sometimes this is simply the reading of 'great books' (Osler recommended the Bible, Shakespeare, Montaigne, Plutarch, Marcus Aurelius, Epictetus, *Religio Medici, Don Quixote,* Emerson, and Oliver Wendell Holmes[6]) or perhaps excerpts from literary classics on medical topics.[15] Othertimes there is a medical theme[16] based around topics such as death, dying, and dissection,[17] and sometimes the humanities basic to medicine are woven into a problem-based curriculum,[18] are part of a combined-degree programme,[19] or are taught during residency.[20]

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Additionally, as Zachary Cope said,[21] there is "the general cultural development of the mind" that occurs in extra-curricular activities, and that some schools have emphasised.[21] Courses can broadly be divided into the affective and the cognitive.[2] The affective emphasise emotional, empathetic awareness of different experiences, thereby helping "to cultivate individual, social and cultural self-understanding",[22] in order to "see the diseased person simultaneously from the outside of the body, the inside of the mind, and the experience of the doctor watching the diseased".[23] The cognitive have the goal of "broadening . . . perspectives, fighting dogmatism, and developing critical thought and judgement",[24] facilitating "a tolerance for ambiguity . . . and an aversion to oversimplification and reductionism",[4] and thus dispelling "the debilitating . . . myth that anything non-scientific is a sloppy free-for-all where one man's opinion is as good as another's".[9]

A recent and interesting example is the University of Sydney's innovative course *Doctor! Look behind you*,[1] which consists of lectures on medical history, anthropology, and philosophy, coupled with tutorials, and sometimes organised around artefacts in the medical museum or library. Intriguingly, the course starts with an exacting general knowledge quiz "for our lecturers' information so we can work out what level of explanation is needed for you to understand the course concepts". You may like to ask yourself whether you can place Attila the Hun, Confucius, Kublai Khan, the Great Wall of China, and the Ming dynasty in chronological order, or know which sides fought at Marathon, the Somme, Agincourt, Coral Sea, and Trafalgar. Importantly, the course is not only taught but also examined.

Behind the teaching of the humanities to medical students is the assumption that somehow the liberal arts do make people more liberal. The evidence for that notion is limited. George Steiner is especially scathing of "the axiom . . . which correlates humanism—as an educational programme, as an ideal referent—to humane social conduct"; in particular, he cites the atrocities of the Third Reich: "Nothing in the next-door world of Dachau impinged on the great winter cycle of Beethoven chamber music played in Munich. No canvases came off the museum walls as the butchers strolled reverently past, guide-book in hand".[25] But that argument is surely flawed; a defining condition of psychopathy is the absence of an empathic response to others. Within medicine there are also those who dispute the universal worth of the humanities. They argue that in their nature the humanities can only be effective when they are voluntary rather than compulsory;[26] they point out that "good will cannot be taught [and] knowledge does not entail virtue"[9] (although there may be strong reasons for doubting an argument as old almost as philosophy itself[27]); they suggest that "real medical progress has not been made by humanitarians but by doctors equipped with microscopes, scalpels, dyes, catheters, rays, test tubes, and culture plates";[28] and they question the evidence that "the physician who reads and ponders *The Death of Ivan Ilych* should be any better at guiding his or her patient through uncertainty and approach to death than one whose chief interest in death and dying is the most recent list of criteria for brain death".[29] Indeed, empirically there is merely a smidgen of evidence that the humanities are a better predictor of clinical examination results than are sciences,[30] together with a nagging suggestion that liberal attitudes may make individuals more cultured, rather than vice-versa.[31] However, resistance to the humanities may also reflect a lurking realisation that, as Robertson Davies put it, "humanism is hard work and a lot of science is just Tinkertoy".

Any serious evaluation of the humanities in medicine must surely go beyond "inspiring but vague talk about values and concern for human beings",[9] and must bite the bullet of definition and measurement, even if it does seem to be "defining the indefinable".[32] Such evaluation will need to distinguish humanistic attitudes, knowledge of humanistic subjects, and humanistic behaviours,[33] since their confusion will only impede the ultimate purpose of medical humanities—improved patient care.[33] It will also need to consider formal undergraduate and postgraduate assessment, and transcend the bizarre claim made as late as 1975 that the UK MRCP (Member of the Royal College of Physicians) examination "remains partly a test of culture, although knowledge of Latin, Greek, French and German is no longer required".[34] In 1981, the American Board of Internal Medicine, in response to concerns that it should evaluate the "humanistic qualities" of interns (junior hospital doctors) who are seeking certification, set up a task force. The task force's report, accepted by the Board, suggested that the essential humanistic qualities are integrity, respect, and compassion, each carefully defined;[35] that nothing less than high standards in these areas should be accepted; that those training residents should be responsible for emphasising their importance and for evaluating them in its candidates for certification; and that the Board should not accept candidates without such evaluation.

There might be increased awareness of the humanities in medicine if more entrants to medical school already had a background in them. A first step in that process is scotching the myths, in the USA at least, that physicians only take narrowly scientific courses[36] (although that may have changed[37]), and that students who major in the humanities find it more difficult to get into medical school[21] and do less well in medical school and National Board examinations.[38] Nevertheless, it is a worry that their attitudes do not differ substantially from other students and doctors.[39]

The ancient ideal of the humane physician rooted in the humanities,[2] is, I hope, probably as important as it has ever been, and it is surely long overdue for a proper empirical evaluation. Certainly there are strong a priori reasons for believing that humanism "is a necessary condition of a responsive and responsible profession that (seeks) an authentic social role",[40] because, as Jonathan Miller put it,[41] "Medicine spans the two ends of the [art-science] spectrum: one foot is planted in the physical world, electronic impulses and the muck of the human body; the other is planted in the subjective, experiential world of consciousness and conduct".

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