Humanity and the medical humanities

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"Medicine is still sometimes described as a ‘learned profession’.

"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, or a vicarious experience, each encouraging empathy, understanding, and insight. Humphrey elegantly combined the approach with sociobiology, arguing that the humanities produced a selective genetic advantage:

"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, "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, as part of a long tradition of medical humanism. 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 to advance almost any medical ideology. Nevertheless, there is a continual groundswell for more teaching of the humanities, not least from ideology. Nevertheless, there is a continual groundswell for more teaching of the humanities, not least from teaching doctors. There have been many attempts to teach the humanities in medical school, and such teaching has been growing over the past two decades. Sometimes this is simply the reading of ‘great books’ (Oster recommended the Bible, Shakespeare, Montaigne, Pharrach, Marcus Aurelius, Epicurus, Religio Medici, Don Quixote, Emerson, and Oliver Wendell Holmes) or perhaps excerpts from literary classics on medical topics. Other times there is a medical theme based around topics such as death, dying, and dissection, and sometimes the humanities basic to medicine are woven into a problem-based curriculum, are part of a combined-degree programme, or are taught during residency.

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Additionally, as Zachary Cope said, there is "the general cultural development of the mind" that occurs in extra-curricular activities, and that some schools have emphasised. Courses can broadly be divided into the affective and the cognitive. The affective emphasises emotional, empathetic awareness of different experiences, thereby helping "to cultivate individual, social and cultural self-understanding," 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". The cognitive have the goal of "broadening . . . perspectives, fighting dogmatism, and developing critical thought and judgement", facilitating "a tolerance for ambiguity . . . and an aversion to oversimplification and reductionism", 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".

A recent and interesting example is the University of Sydney's innovative course Doctor! Look behind you, 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". 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.

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The ancient ideal of the humane physician rooted in the humanities, 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", because, as Jonathan Miller put it, "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".

References
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