

Medicine and the Humanities

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Résumé de l'article

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TÉMOIGNAGE / PERSPECTIVE

Medicine and the Humanities

Michael Gordon^{a,b}

Résumé

Dans les premiers récits écrits, les médecins et les maladies jouaient souvent un rôle important. Certains érudits renommés de la tradition juive, comme Moïse Maïmonide était un philosophe, un écrivain prolifique et un médecin. Parmi les auteurs mondialement connus, on peut citer : François Rabelais (1483-1553), Anton Tchekhov (1860-1904), Arthur Conan Doyle (1859-1930), Oliver Sacks (1933-2015) et le contemporain Abraham Verghese (1955-), pour n'en citer que quelques-uns. Le lien entre la médecine et les sciences humaines semble avoir diminué dans certains domaines, en partie à cause de l'accent mis sur les avancées scientifiques en médecine et de la diminution de l'intérêt pour les sciences humaines, en particulier dans l'enseignement supérieur. À mon avis, c'est un problème pour la médecine.

Mots-clés

sciences humaines médicales, éducation, étudiants en médecine

Abstract

In the earliest writing of stories, physicians and illnesses often played an important role. Some of the renowned scholars in the Jewish tradition, like Moses Maimonides was a philosopher, a prolific writer, and a physician. A few of the world-famous authors include: François Rabelais (1483-1553), Anton Chekhov (1860-1904), Arthur Conan Doyle (1859-1930), Oliver Sacks (1933-2015) and the contemporary Abraham Verghese (1955-), to name just a few. The connection between medicine and the humanities appears to have diminished in some domains due partially to the focus on the scientific advances in medicine and the diminished focus on the humanities, especially in higher education. This I suggest, is a problem for medicine.

Keywords

medical humanities, education, medical students

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I recall a clinical seminar in the mid-1980's with a number of medical students from the University of Toronto. I made a reference to Plato in my explanation of some historical point. I could see a look of puzzlement on the students' faces. I asked if they knew what I was referring to? One ventured, "playdough, the stuff that kids play with". The others nodded in agreement with the answer.

I enquired if they had ever heard or read anything of the works of Plato or Socrates and only one nodded yes. I explained why I referred to Plato and Socrates in my medical seminar and described how the so-called Socratic Method involves a shared dialogue between teacher and the students. I explained that the Socratic Method was in fact the basis of interactive teaching (1). Perhaps like the newly extolled evidence-based-medicine, the students might have understood that this current standard method, like the Socratic method, involves a shared dialogue between teacher and students.

Out of interest, I asked these students what they had studied in their undergraduate degrees. All had done a bachelor's degree in either health sciences or kinesiology; one had done psychology. When I asked why they had not thought of English literature, for example, they indicated that they thought that would not help them get into medical school. I thought to myself, "what a shame, the struggles and conflicts and joys, expressed in novels, is a most wonderful preparation for medicine, which after all is focused on people, with all their own conundrums, beyond their clinical concerns".

Fortunately for me, I had attended the liberal arts Brooklyn College, where without tuition, students could benefit from high quality higher education. Even though I was enrolled as a pre-med student, like all other students I had to complete the requisite introductory 101 courses: English, History, Philosophy, Classics and Social Studies. Of course, I did the science requirement for pre-med, but these courses did not inspire me as much as the liberal arts courses. I chose to do some extra humanities courses such as Art History, Shakespeare's tragedies and then as a summer course, existentialism through literature. The course was taught by a marvelous professor, who after he got to know the students better, revealed that he was about to be inducted into the Jesuit order – a "Roman Catholic order of religious men founded by St. Ignatius of Loyola, noted for its educational, missionary, and charitable works" (2) – when at the last minute he changed his mind. When asked by a student why, he said, "I realized that I would be celibate for the rest of my life, and I loved women". The final statement was, "I married a wonderful woman and have five daughters". Talk about divine justice.

Years before, while living overseas and working at an Israeli university medical centre, a discussion came up about the studying of humanities as good preparation for medical school. A very senior member of the Medicine Faculty stated unequivocally that the proper pre-medical training should focus on scientific studies. If desired, humanities should be left to students' leisure time.

I was astounded. When I returned to Canada, I was happy to learn that many medical schools were incorporating humanities into the core training goals of medical school.

As reported Danielle G. Rabinowitz in her 2021 article “On the arts and humanities in medical education” (3)

In 1971, Edmund Pellegrino, one of the founding figures of modern medical ethics, who gained international renown for his deeply reflective scholarship spoke of the role of “medical progress ... in open[ing] up difficult questions about the relationships of medicine and technology to human values – [matters of the utmost concern to the humanist]. In doing so, he urged those present to consider the importance of “the application of the humanistic disciplines – like literature, history, philosophy – to the matter of medicine.” (3)

The article continues with reference to a study of the American Association of Medical Colleges (AAMC),

In July, 2017, a conference was held to strategically “build a case to medical educators that [studying the arts and Humanities] is integral to what we do [as physicians]”. This came on the heels of results identified through an AAMC-lead curriculum inventory that highlighted that in the 2015–2016 academic year, only 119 American medical schools had a mandatory Medical Humanities course versus 103 offering electives (AAMC Curriculum Report on Medical Humanities). This underscored the lack of a “deep, sustained, foundational, across-the-board incorporation into all [American] medical schools” (4)

More than a decade later, an article from the March 6 2023 issue of the *New Yorker* magazine highlighted plummeting enrollment in the humanities,

The [COVID-19] crisis, when it came, arrived so quickly that its scale was hard to recognize at first. From 2012 to the start of the pandemic, the number of English majors on campus at Arizona State University fell from nine hundred and fifty-three to five hundred and seventy-eight. Records indicate that the number of graduated language and literature majors decreased by roughly half, as did the number of history majors. Women’s studies lost eighty per cent. “It’s hard for students like me, who are pursuing an English major, to find joy in what they’re doing,” Meg Macias, a junior, said one afternoon as the edges of the sky over the campus went soft. It was late autumn, and the sunsets came in like flame on thin paper on the way to dusk. “They always know there’s someone who wishes that they were doing something else” (5).

For anyone who has attended any of my teaching sessions or lectures, they will become aware very quickly that I often refer to elements of the humanities to make a certain point: it could be from literature, history (such as international, sports or scientific). I sometimes do this with patients, depending on their backgrounds. One older female patient that I was seeing, who was an avid reader, gave me a copy of *The Professor and the Madman* by Simon Winchester: as per the write up describing the book, it “is researched and eloquently written, is an extraordinary tale of madness, genius, and the incredible obsessions of two remarkable men that led to the making of the Oxford English Dictionary – and literary history.” (6)

Probably the most frequently literary work I refer to is Shakespeare’s *King Lear*. It has many of the common elements of family strife that I often see within patient dynamics that I have become witness to as a geriatrician. Greed, perfidy, foolish decisions on the part of angry parents, and expressed love rather than that which is spoken. Pain, death and grief all occur as if often the case within families – I have heard all the stories from patients and their families.

After I retired from the Baycrest Geriatric Centre in Toronto, where I had worked for forty-four years, I was asked if I would be willing to do Zoom-based seminars with family practice residents. The format would be *reflections* on their clinical experience. It was a change from my usual seminars which had traditionally focused on a combination of the wonderful history of medicine and medical ethics. Thus far I have done three sessions and the students appear to have caught on to the change of focus from clinical issues to the “story” of the patient’s life. One resident said he was amazed that when he saw an older woman, she wasn’t that interested in talking about her many medical problems, but rather the issues occurring with her grandchildren – some good, others worrisome. He recognized that in his training, no one had ever emphasized the importance of the “story” that the patient focused on, beyond their medical concerns. He admitted that her talking about her grandchildren brought smiles and laughter as well as tears as she related each one’s successes and trials.

I often recommend books that deal with a broad spectrum of human experience. The coming-of-age novels like James Joyce’s *Portrait of the Artist as a Young Man* (7), or George Elliot’s *Middlemarch* (8), an historical perspective on the development of Medicine and the complexities of love and other human relationships. It also highlights an important notion, which is the so-called *Hand from the Grave* whereby someone can wreck a surviving supposedly love-one’s dreams by doing as was done in *Middlemarch*: Dorothea discovers that the will of her deceased husband, Edward Casaubon, contains a provision that calls for her to be disinherited if she marries her beloved Ladislaw.

The challenge for educators in the medical sciences is to encourage rather than be neutral or disparage their students’ focus on the humanities during their undergraduate years. Also, when advising aspiring physicians what they should study during their undergraduate years, rather than suggesting health sciences of subjects like kinesiology (both majors are very popular for aspirants to medical education), the should encourage a focus on one of the humanities (my preference is literature) with

the sciences as minor subjects, sufficient to qualify for medical admission. I am aware that many counselors might not concur with my recommendations. I have yet to find a medical trainee or physician who bemoans their undergraduate studies in the humanities. But I have heard many others admit that they missed out on a robust exposure to literature, the arts, and the social sciences.

Doctors deal with stories: of their patients, their families, their colleagues, and the whole medical community. The best preparation for being able to receive and understand these stories is exposure to and internalization of the world of stories. The protagonist in A.J. Cronin's *The Citadel* decides to denounce a colleague who he witnessed practicing medicine in an unprofessional manner, and who will then face potential punishment by the licensing authority. His exoneration is a wonderful experience for any reader who plans on a medical career: medical ethics has become one of the newer frontiers to be combined with clinical practice (7).

A wide-ranging, eclectic exposure to literature, philosophy, classics, the visual arts, and history is in my opinion the best preparation to produce physicians who are not just excellent in their clinical skills, but are also understanding, empathetic and can relate to their patients and their families in humane manner.

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