

To Be or Not to Be: The Role of Humanities in Medical Education

Ser ou Não Ser: O Papel das Humanidades na Educação Médica

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Medicine is frequently considered one of the noblest professions and defining the optimal medical curriculum is a challenge for medical schools world-wide. The ideal physician must practice patient-centred care, rapidly preventing, diagnosing and treating all illnesses, while working long hours, frequently fraught with moral and ethical issues, swamped in pointless bureaucracy and hoping to escape burnout at all costs. This ideal physician should also possess certain behavioural attributes such as being “confident, empathetic, humane, personal, forthright, respectful and thorough”.¹ Atul Gawande questions even further the notion of the ideal physician, “We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive. Those reasons matter not just at the end of life, or when debility comes, but all along the way.”² Ideally practicing physicians who yearn to offer adequate care, must not only know the scientific basis of disease, but also the personal aspects of illness deliberately engaging with their patients and appreciating their experiences holistically.

Medical education has the difficult, if not almost impossible task, of producing the ideal physician. In the last century the main focus was to provide medical students with scientific

information and skills required of a physician to best treat their patients. However, the extraordinary advances in science and technology slowly managed to push the humanities out of the curriculum. In 1969, the creation of the Society for Health and Human Values, under the orientation of Edmund Pellegrino, emerged as one of the dynamic forces for reintegrating the humanities back into medical education.³ It was clearly time to return to the valuable teachings of the father of modern medicine, Sir William Osler. Osler claimed that the physician-patient relationship could thrive if the physician had a proper background in the humanities. For Sir William Osler, educating medical students required the combination of medical knowledge and the humanities. Osler brilliantly stated that, “The humanities are the hormones which do for society at large what the thyroid gland does for the individual.”⁴

Various studies have supported the benefits of including art and humanities as a part of the curriculum for future physicians, producing positive outcomes in terms of cognitive, affective, and creative functioning. The incorporation of the humanities in medical education is based on the premise that the practice of medicine is not only technical and scientific, but also humanistic and moral.³ Art, literature, music and drama, in their multiple forms, are products of human creativity and they can

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reflect various human emotions, joy, sadness, fear and anger. According to Jane Macnaughton in her paper, "The humanities in medical education: context, outcomes and structures", "Part of what is to be a complete human being is to participate in some form of artistic activity, either as a spectator, reader or viewer. Understanding this will help doctors to remember the purpose of their own art: to enable people to participate fully in life unhampered as far as is possible by illness or disability."⁵

Medical humanities can be defined as "an interdisciplinary, and increasingly international endeavour that draws on the creative and intellectual strengths of diverse disciplines, including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology, and history, in pursuit of medical educational goals."⁶ The inclusion of the humanities in medical education and clinical practice can be beneficial on two levels. Firstly, physicians exposed to and invested in humanistic studies become better clinicians. Studying the humanities enables physicians to better comprehend their patients within the context of their lives, fostering a more complete approach and critical thinking. Secondly, humanities can provide a supportive background to physicians as well as their patients, promoting resilience and comprehensive life balance. Various renowned medical professors and scholars propose "that humanistic interests such as literature, art and music are potent restorative resources for physicians that can help them to maintain their humanity and perspective through the stresses of medical training and practice."³

By exposing physicians to training in the humanities, they can better "see" and value their patients as whole persons, comprehend their life stories and circumstances, and sharpen their skills in listening and interpreting their patient's narrative. The term "Narrative Medicine" was coined in 2000 by Rita Charon, a general internist and literary scholar at Columbia University, when it became clear that literary and narrative work in clinical settings could be beneficial for both physicians and patients. Simple acts of reading and analysing literature have proven to promote the learning of narrative skills, beneficial to medical practice and fostering critical thinking. Rita Charon and her colleague Peter Williams support that the inclusion of humanities in clinical care provides physicians with the ability "to reach to the heart of human learning about meaning, life and death."⁷ When defining the various objectives of an ideal medical education, a physician should not only have the scientific capacity to treat the patient but also the ability to listen to the patient's story, to grasp and honour its meaning, and to then act on the patient's behalf. "Narrative Competence", according to Rita Charon, allows the physician to "practice medicine with empathy, reflection, professionalism and trustworthiness."⁸

Lessons learned from the humanities and narrative knowledge allow the physician to recognize details about a patient's life

that may seem irrelevant or tangential to their medical problems and treatment but are core to what they value about themselves. An appreciation of literature and stories affords basic skills of imagining and responding to worlds and realities vastly different from our own. Disciplined reading and cultural exposure can lead to a greater attentiveness to human behaviour. Relevantly, Rita Charon proposes that, "training in the humanities lets one see the suffering."⁹

Medical practice cannot be dissociated from narrative. Any narrative or story requires an interaction between people, the storyteller and the listener, as well as the disposition to hear and to understand that story. Rita Charon uses the expression "Shock of Attention"⁸ to describe true engagement between physician and patient. In those circumstances, the level of attention is comparable to a reader's experience while reading a text. As Charon reinforces, "Like narrative, medical practice requires the engagement of one person with another and realizes that authentic engagement is transformative for all participants."¹⁰ Illness creates a state of chaos in the patient's life and the basic act of the patient narrating their story is considered to be therapeutic, forcing them to put into words, their complaints and worries. Expressing the disease process through stories helps the patient and the physician to come to terms with the various dimensions of the illness. More importantly, it helps the patient better manage the impact of the illness on their life.

A high-standard in medical education is key to provide future physicians with the tools required to practice their art in an increasingly complex world. Medical education must have a fresh approach, notwithstanding the importance of specific medical training, but also embracing the broader perspective provided by the humanities. The existential question posed by Hamlet in the famous Shakespearean play of the same name, "to be or not to be" is no longer an issue when addressing the value of the humanities in medical education. Future physicians must strive to be curious and yearn to be educated. As the educational theorist RS Peters said, "to be educated is not to have arrived; it is to travel with a different view."¹¹

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