

Chapter 8

The Role of Humanities in Medical Education

Arthur L. Frank

Drexel University, USA

ABSTRACT

This chapter considers the role and value of the study of the humanities in medical education. Most authors on this subject believe the study of the humanities results in a better physician. However, few papers document this almost universally accepted idea. This chapter cites the available literature on the subject and also considers how the study of the humanities has become more common in countries beyond the United States. The study of the humanities is thought to improve physician communication and to influence ethical behaviors, ultimately improving patient care.

INTRODUCTION

A patient presented with a complex oncologic problem, and five teams of oncologists spent considerable time deciding on the best course of treatment for this patient. When the best course was finally agreed upon, the patient was transferred to the ICU for monitoring because of the complexity of the treatment plan and the potential side effects. The ICU attending physician, a professor and anesthesiologist, while doing admission planning for this patient, immediately wrote orders dismissing the care plan, writing a “usual” set of orders and neglected the complex needs of the patient. A young physician, still in his oncologic training, then fought with the attending physician over the discontinuation of the carefully crafted treatment plan. They exchanged words, sometimes at too loud a volume in public. Eventually, the care of the patient went forward as originally planned by the oncologists. The young doctor let it be known that he had challenged the professor because the teams of oncologists had come up with the best plan for his patient, and that plan should be carried out as ordered. But due to his efforts on behalf of his patient, he became concerned that he was in jeopardy. He had gotten into an argument with the professor. Fortunately, no serious negative repercussion resulted. But a more humane and professional approach to this matter, and less grandstanding by the professor, would have made for a better situation. A doctor needs to appreciate situations from the perspectives of the patient and of one’s colleagues.

DOI: 10.4018/978-1-7998-1468-9.ch008

This episode highlights that patients now often receive complex and fragmented care and how better care might be given by including humanities training in medical education. Medical education too has become quite complex. Just as this is occurring, the use of electronic medical records often de-humanizes doctor-patient interactions and may more easily perpetuate incorrect medical information due to “cutting and pasting”. Updating medical records to reflect changes in a patient’s status may become more difficult. In addition to learning to give traditional inpatient care, physicians now learn to care for patients in out-patient settings, are often taught about the business aspects of medicine, and also included is significant training for physician-scientists, the medical researchers and educators of future generations. As time goes on, the amount of science and technical information to be mastered becomes greater and more complex. But medical education, however demanding, should still include training in the humanities. The successful practice of medicine requires far more knowledge than what students learn in courses on technology and science alone.

The premise offered by this author, and as seen through much of the literature on the subject of teaching humanities in medical education, is that there are benefits from such training in helping to create better physicians. A large amount of literature takes this view, but there is a dearth of studies that actually measure this belief. Ousager & Johannessen (2010) found 245 articles on teaching medical humanities with over 200 praising such coursework. Only ten had a “reserved” attitude, and less than ten actually measured long-term impact.

The humanities fields that may be included as part of medical education include history, literature, sociology, anthropology, philosophy, art and music. Foreign language training can even be included, to increase intercultural understanding. To some degree, this is already occurring. The American Association of Medical Colleges notes that almost all allopathic medical schools in the United States have required courses in the humanities, and a lesser number allow electives rather than requirements. New joint MD/PhD programs have included studies in such fields as anthropology, bioethics, sociology, religion, and health behavior.

The great pathologist Virchow felt that medicine as a discipline is a subset of anthropology, the study of humans. He understood that the study of humans needs to take place in its broadest sense, including the appreciation of attitudes, language, and culture, as well as science and genetics. Until a few decades ago, however, the humanities were not thought to be essential in medical training. Fortunately, this is changing. An elective course offered to medical students at the University of Pennsylvania occurs at the Philadelphia Museum of Art, where students study art in order to sharpen their observational abilities. There is other evidence that humanities training such as this help to create better physicians.

As noted by Jones (2014), literature can assist in seeing the world from a number of perspectives. Poetry, as suggested by Shapiro & Rucker (2003), with other art forms, can have medical students focus on becoming a doctor, or a patient’s experience of illness, or the interactions between doctors and patients. Music can focus attention on active listening.

Models of Medical Education

There are two primary contemporary models of medical education. The European model, used in much of Asia as well, takes individuals who have finished their secondary education and puts them through a six- or seven-year period of medical training, with almost all of the curricular activities devoted to various sciences and medical training. The American model of medical education, which has its roots in the Flexner Report, released at the beginning of the twentieth century, requires most physician trainees

6 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/the-role-of-humanities-in-medical-education/246625

Related Content

Strategic Approach towards Clinical Information Security

Sangseo Park and Jane Moon (2017). *Healthcare Ethics and Training: Concepts, Methodologies, Tools, and Applications* (pp. 1141-1171).

www.irma-international.org/chapter/strategic-approach-towards-clinical-information-security/180633

Surgical Training

(2016). *Optimizing Medicine Residency Training Programs* (pp. 134-149).

www.irma-international.org/chapter/surgical-training/137508

Legal and Ethical Considerations in the Implementation of Electronic Health Records

Karen Ervin (2017). *Healthcare Ethics and Training: Concepts, Methodologies, Tools, and Applications* (pp. 960-973).

www.irma-international.org/chapter/legal-and-ethical-considerations-in-the-implementation-of-electronic-health-records/180623

Reflecting on Race and Health Outcomes: Through the Eyes of a Pre-Health Professional Student

Savannah J. Salato and Barbara Fifield Brandt (2022). *Handbook of Research on Developing Competencies for Pre-Health Professional Students, Advisors, and Programs* (pp. 305-327).

www.irma-international.org/chapter/reflecting-on-race-and-health-outcomes/305104

Alice in Simulation-Land: Surgical Simulation in Medical Education

Vanessa Bazan, Michael D. Jax and Joseph B. Zwischenberger (2020). *Handbook of Research on the Efficacy of Training Programs and Systems in Medical Education* (pp. 449-458).

www.irma-international.org/chapter/alice-in-simulation-land/246643