# Introduction. The humanities and medicine: why do they need each other?

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In recent decades, medicine has advanced immensely, improving the health of people around the world. Although it can be argued that these advances have disproportionately benefited the wealthy, developments in public health, medical technology, immunology, and pharmacology over the last 100 years have vastly improved health and prolonged life expectancy for most people in the world.

Nevertheless, gains in technology have also been accompanied by losses in other areas. Most importantly, perhaps, the human aspects of the doctor-patient relationship have suffered. Some physicians focus only on disease as a biological problem to be diagnosed and treated while neglecting its repercussions on patients' concerns, thoughts, and social lives. This attitude is exemplified in Gregory House, the physician who is the main character in the popular television series House, M.D., who states that his objective is to treat the disease, not the patient. This view is in stark contrast with that of William Osler, the "father of modern medicine", who a century ago emphasized that physicians should care more for patients than for the special features of their illness. Fortunately, House is not representative of most contemporary physicians, but it is true

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that the technological advances in medical imaging, molecular biology, surgery, and pharmacology have improved diagnosis and treatments to the point where the temptation to focus almost exclusively on the biological side of disease is practically irresistible. Although this approach may be less common in primary care and nursing homes, it seems dominant in hospitals, where the time that doctors devote to each patient is minimal and their performance is evaluated according to the number of patients they see, the number of surgeries they perform, or the number of papers they publish. Although recent decades have witnessed various professional movements that aim to correct this imbalance, the truth is that in many hospitals medical care still prioritizes the disease, not the patient. In general, the way hospitals are organized favours the treat-and-discharge approach over the careful consideration of each patient's comprehensive needs as a human being. Perpetuating this approach, the medical profession trains future doctors mostly in hospitals rather than in primary care centres or chronic care institutions where health

professionals are more interested in patients' psychological and emotional well-being.

In recent years, concern about this situation has been growing, and some strategies have been implemented to counteract patients' despair resulting from the 'biological' model of medical care. The need for medical students to learn to consider patients' personal and emotional aspects is also being increasingly recognized, and teachers committed to educating students in humanitarian values struggle to help them to better understand the consequences of disease in patients' lives and minds and to make them empathic to their psychological or physical suffering.

The humanities can help students to gain a better understanding of aspects of disease that are not easily considered in traditional medical texts.

An increasing body of medical literature advocates the use of literature, cinema, plastic arts, or music in medical curricula. However, this approach requires a degree of consensus between educators in the medical sciences and academics from the

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humanistic disciplines. The meeting whose lectures and discussions are presented here was organized to facilitate cross-talk between these two groups.

Twenty professors from Italian and Spanish universities met last September in Siena for a workshop entitled Soft skills in medical education: The role of medical humanities in the 21st century under the auspices of the Dr. Antoni Esteve Foundation, the Università di Siena, and the Universitat Pompeu Fabra, Attendees shared ten lectures and a full day of discussion on how the humanities might help to train better physicians. Various experiences were reported, and those present explored the current role of the humanities in medical students' education as well as how to optimize the contributions that the humanities can make to training better physicians.

First, we need to take a new look at what the medical humanities are. Along these lines, Carlo Orefice suggested that a strict biological approach to disease might be insufficient to understand its complexity. Rethinking the medical humanities might not only

help medical students to achieve a better understanding of disease, but it might also help them to provide more holistic and empathic care as physicians. As an educator interested in the theories and methods of education in the sciences, he suggested a critical point to start the discussion: mutual knowledge. From this point of view, the old paradigms are unable to fully explain the concept of disease. Medical sciences' insights into illness pose new challenges that moral philosophy has never considered. Likewise, the availability of new treatments questions our conception of life, its value, and how it should be tackled from the ethical viewpoint. The history of science needs to be continually rewritten as new discoveries make it necessary to reinterpret knowledge. This is why medicine and the humanities need each other

Josep E. Baños and Elena Guardiola focused on the main question that justified the workshop: how the humanities can help us to produce better physicians. They explained that this movement started in Hershey in 1972 and that a large body of empirical

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evidence supports the use of literature, bioethics, and history in training medical students. However, it is not easy to include these subjects in the crowded medical school curriculum. They discussed some strategies for overcoming this obstacle, even suggesting that non-traditional materials from the humanities like feature films might be useful tools. In their opinion, incorporating the humanities can make medical care more human and efficient.

Lucia Zannini talked about reflective writing from a pedagogical point of view. She emphasized the importance of reflection in everybody's life and the power of sharing personal feelings in writing. Writing about an experience enables sufferers to explain and analyze their experiences, and reading about others' experiences can help students to understand them better. She also commented on the importance of the students themselves engaging in reflective writing, and she recommended some ways to facilitate these activities.

Marta Torrens and colleagues explained their experience using literary texts as

an additional teaching tool in subjects that form part of the traditional medical school curriculum. This new approach integrates literary texts into other activities such as lectures, seminars, or clinical rounds. They conclude that this easily implemented strategy can obviate the need for new subjects and redesigning the curriculum.

Amàlia Lafuente, a university professor who also writes novels, showed the differences between writing scientific papers and works of fiction. She commented on physician-writers and gave several examples of how writing can help bring about both better medicine and better physicians. Her experience was very illustrative of the difficulties involved in carrying out both jobs, helping us to understand why some physicians continue to practice medicine after they started writing, while others choose to abandon medicine to devote themselves exclusively to literature.

Claudia Vinciguerra and Antonio Federico took the workshop in a different direction, as they talked about the effects of music on the brain and how the neurosciences can help us to Introduction. The humanities and medicine: why do they need each other?

understand these effects. Perhaps the most impressive data they reported concerned how music can help in the rehabilitation of patients with severe neurological diseases, like dementia, Parkinson's disease, or multiple sclerosis. This clearly opens a new role for the humanities in medicine, this time as a therapeutic agent.

Coming back to teaching medical students, Magí Farré and colleagues reported on their extensive experience in using popular movies for teaching pharmacology. They discussed the general use of feature films in medical education and then provided a detailed analysis of how this kind of materials can be used to teach pharmacological principles as well to stimulate discussion about ethical issues related to therapeutic drugs. They also gave some practical recommendations about how to ensure the best pedagogical results with this approach.

Valentina Cappi's talk introduced the topic of trust in the doctor-patient relationship from a historical point of view. To this end, she analyzed this issue through classical writings as well as through contemporary media, such as

literature and television medical dramas. She concluded that knowledge of cultural and historical processes and of power relationships might help to improve the practice of medicine.

Rosemarie Heyn presented an interesting pedagogical experience of using visual artworks to help students develop medical diagnostic skills.

Under the principle of "The more one looks, the more one sees", she used paintings during museum visits to stimulate students' observational skills and train their clinical eye. Heyn showed multiple examples of how to use this approach to help students to develop abilities that might be hard to acquire otherwise.

Finally, Albert Presas described how he teaches the history of medicine.

Although medical students traditionally do not rate this subject very high, Presas showed some strategies to help them to understand the importance of historical facts in understanding the evolution of medicine better. As he stated, the key is not only to explain the benefits of the humanities, but also to stimulate students' interest in how history can help us to interpret current theories.

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The workshop made it possible to present many new ideas, discuss different approaches, and empower those interested in the role of the humanities in medical education to move forward. We hope that the readers of this monograph will find these contributions useful for their daily activities. The editors would like to acknowledge the generous contribution of the Dr. Antoni Esteve Foundation to organizing the meeting and editing this publication. The efforts of supporting staff from Università di Siena helped to ensure the success of the workshop and are also highly appreciated.