Why are we here? Rethinking medical humanities through the paradigm of complexity

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Abstract

In recent years—with increasing insistence—healthcare training began to feel the need to overcome (without wanting to counterbalance them) educational models that derived from the rigidly biological approach to the disease, to get to design and analyse training courses in a more “educational” way: this meant, for operators, not just acquiring knowledge and skills, but also to allow the development of “complex” professional identities.

In this perspective, the workgroup here presented questions different conceptions of medical humanities in order to provide a clearer understanding of what they are and why they matter. The proposers defend a conception of medical humanities as a humanistic problem-based approach to medicine aiming at influencing its nature and practice. From this point of view, medical humanities not only help us to understand the real nature of medicine and health, but also allow caregivers to treat their patients with respect and dignity, and to provide more holistic and empathetic care. From this pedagogical perspective, the exploration of such wide range of issues within the medical humanities irrevocably recalls the “complex dimension” of care, as well as the need to systematically explore the dynamics through the paradigm of complexity.

Keywords: medical education, medical humanities, paradigm of complexity, soft skills.
**Introduction**

These synthetic reflections do not address theoretical research on medical humanities, nor do they deal with the effort of analysing in detail the various possible approaches to which they refer. My goal is to motivate why this meeting entitled *Soft skills in medical education: the role of medical humanities in the 21st century* was organised. These reasons can be summarized through some initial questions that can be the framework of the discussion held at the University of Siena:

- **Can we bring back the human being at the centre of the eyes of the doctors and of the formation of future health professionals, and not only his disease?**
- **How, and under which conditions, medicine can strengthen its relationships with the social and behavioural sciences, and can enter into dialog with the moral philosophy and with the contributions of expressive arts?**
- **What are the tools and the soft skills necessary for a proper exercise of clinical practice?**

Such questions do not appear rhetorical: to govern the various settings of knowledge and the decision-making processes of care, a professional requires complex and reflexive training, which respects the dialectic of knowledge, the working and social ideals of professionals, as well as the evolutionary transformations of the same medical thought.

Each of us knows, not only for disciplinary membership, how the different diagnostic, therapeutic and care practices, put into act in the healthcare, are characterized by different shades, intentionality, attitudes and methodologies, so strongly to be considered sometimes —wrongly— conflicting or even incompatible.¹ So addressing the theme of “health” and “care”, in its broadest sense, implies a comparison according to a paradigm of network and in the perspective of a job methodologically “intertwined” (meticciato), between different disciplines and the respective theoretical guidelines, cognitive premises and experimental procedures. That’s why, at the meeting, took part professionals coming from academic...
and medical professionals communities from Italy and Spain, experts of practices of educational innovation, and patients who are living particular experiences of disease.

As I have discussed with the various colleagues in organizing that meeting, one of the “data” of greater interest, in my opinion, concerning the relationship between medical humanities and training of health professionals, and doctors in particular, is that this question has important consequences not only (it’s more than obvious) on the way to “make theory”; but has a weight—not always recognized—on the deep destiny of professions related to the educational field: on the way, i.e., in which the education, in the different locations in which takes shape, is being conceptualized and acted; on the role of educational professions; on the deep sense that education has in our culture, in a historic moment particularly complex and dense of contradictions such as the current one, where the excessive overspecialization of medicine is running the risk to form exclusively competent technicians and not professionals mindful to the needs of people and of communities that they will serve. The reasons are therefore multiple, and are related to epistemological, theoretical, educational and organizational issues.²

Not just “evidence”: towards a convergence of knowledge

The present historical time can be called, rightly, as the time of relationships and interweaving-interconnections that sustain and give meaning to human lives.³ Such connections characterize, in a positive or negative form, all living systems: biological, natural, cultural, scientific, linguistic, technological and media information. For pedagogical science, such relations are declined in the educational and training sense, and are articulated in every area of life and experience, including those affecting the health and disease of individuals. Therefore, pedagogically speaking, outside the dimension of the relationship, the care loses strength, leaving space for the classification, standardization and depersonalization of the existences. So, it is necessary to think about the care, and the
relationships to which it refers, in its complexity sense; but also to review it critically in relation to the other sciences of education (biology, anthropology, psychology, sociology, etc.) and in relation to the many (formal and informal) scenarios in which it manifests itself.

In the meeting I highlighted the need—along with other colleagues—that pedagogical research broaden the scope of its relations and disciplinary collaborations, thus overcoming limitations and self-referential closures. This need for disciplines in recognizing them “in relation” to each other is an indispensable challenge for contemporary research, whatever is the scope from which it draws out. Without losing the specificity of their viewpoints, the meeting was, in my opinion, worthy of starting a reflection (which we hope to repeat) through which the various disciplines involved began to de-construct and re-construct the process of knowledge through which they interpret the concepts of health, disease and care. This awareness in a sense forced the various participants to answer the questions they asked for the meeting, trying to clarify what the medical humanities are, what is the nature of their field of action and what is their contribution to medical practice.

These easy insights have highlighted, transversally to all the proposed interventions, that caring—before being a praxis—is a reflection on knowledge; that is, a search for multiple perspectives and a prefiguration of the broad possibilities that come into play in the minds of the caregiver and the patient: ultimately, no discipline can run out in itself all of the most important aspects of health/disease experience.

**Which soft skills for a proper exercise of clinical practice?**

The themes faced inevitably lead to transit through “border territories,” characterized as places for exchange, contamination and conflict. Setting a reflection in a multidisciplinary and shared perspective allows us to think both to the theory, to the empirical research and their interconnections (as I have just mentioned), but also to a concrete applicability in formative, communicative and organizational terms with respect to the social
community in which such reflection is cultivated and practiced. From this viewpoint the University of Siena, through the Santa Chiara Lab*, has created and is supporting a laboratory and dialogical space aimed to the acquisition of soft and digital skills, in order to support the employability of its students and graduates, and to enhance the professional profile of its faculty and technical-administrative staff. In particular, through the project of the Teaching & Learning Centre, have been aggregated within a single hub all the initiatives of this University related to the training of the “soft skills”, addressed to students and teachers, as far as to the business world workers. In this context, the soft skills to which the title of the meeting invokes looked like as a “cap” under which to collect skills of communication and empathy, problem solving, ability of analysis and understanding of ethical dilemmas related to the professional practice, capacity of collaboration with other professionals (not only therefore those of care) and of delegating. Therefore, those are diversified competences, which have emotional and cognitive components. From these assumptions, it appears evident that the place of knowledge is not to be identified either in the subject or in the object, but in the relationship between these two realities. The problem of knowledge, as the various disciplinary perspectives invoked have shown, it is not a question of marginality, since its quality and breadth orient the various interpretations on man and the various fields of its activity, including that of health care. Admit the relevance and importance of the coexistence of different approaches to reaching knowledge, means to promote points of view that retrieve the meanings of all the singular, contingent and unrepeatable aspects that are expressed in the course of health care and in the interpersonal relationship between caregiver-patient. Definitely, the dialogue between different disciplines that the workshop

* www.santachiaralab.unisi.it
promoted, has allowed to unveil—beyond the inevitable differences between the disciplines—the reciprocal epistemological connections and any common methodological guidelines, in order to indicate interesting prospects of cooperation for the production of research methods, concepts and models of reality.

Conclusions: connections and horizons of reciprocity
As briefly highlighted, drawing a path to providing educational reflections on the relationship between medical humanities and training health professionals is not the answer, but the challenge that leads us to look to the phenomena of health itself and of the disease within “complex” determinants and, therefore, to think about the difficult training of doctors and health workers in a different way: not opposite, but broader, and especially not in a simplified way. This is the true challenge of complexity, as emerged from the discussions that animated the workshop: to relate to the disease through a multidimensional thought, that accepts the general and the particular, the necessary and the accidental.7

The experiences that the different colleagues have reported from an academic, professional and personal viewpoint, in their heterogeneity, can contribute to outline the frameworks of this challenge, also in a comparative perspective from not only the point of view of the different disciplines represented, but also from the countries from which they come from. In the complex question of how, and under which conditions, to introduce the medical humanities in the training of doctors and health care workers, we believe that has to be stressed that the problem is not, therefore, as we often hear people say, to make “the medicine more lovely” or “humanize it”, but is about learning to look to the sick and to the disease in a broader perspective, creative, and at the same time uncertain (i.e. less full of certainties); at the same time, to create a cultural and global training context in which the medical humanities are conceived as essential activities to understand the human experience of illness.
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In a recent study, in course of publication,\(^8\) carried out with professor Josep-E. Baños and another colleague of Universitat Pompeu Fabra, we analysed all the internet websites of the faculty of medicine in Italy \((n = 42)\) and Spain \((n = 39)\), both public and private, to see how much and which space was given to the medical humanities in the Degree in Medicine. It comes out a framework, for both countries, quite inhomogeneous, segmented and ultimately poor; it’s the evidence in our opinion not only that the positivistic paradigm (which considers worthy of knowledge only what can be observable and measurable) still has an absolute priority in the training of health professionals, but also that (it’s a direct consequence) one of the critical aspects within the world of medical humanities is the evaluation of these special training activities\(^*\).

It is therefore a long and complex road, but already the fact of having created such a confrontation opportunity, shows us that it must be tackled.

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\(^*\) On this specific aspect, read the following contributions to this publication.
The role of humaniTies in The Teaching of medical stuDenTs

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