Final open discussion

Pierpaolo Limone: Art is socially and culturally constructed, so it is important to teach the meaning of art, but it is also important to teach how to look at it. In this context, what kind of feedback do you receive from your students when you use art images and ask them questions about them?

Rosemarie Heyn: The important thing is not to imagine something, but to look and read only what a picture says. In my classes I try to make students read clearly what the picture portrays.
I project a high resolution image and then I try to dialogue with the students. Although with 200 students in class it is challenging, I ask them what they see in the picture, what the picture represents to them, and what signs they see according to what they have just learned. After a few minutes, I draw an arrow or a circle to mark the detail in the picture that I want them to look at and read again. I ask them again what they see in the picture, and then their answers are clearer and more spot on.

Lorenza Garrino: I suggest using Frida Kahlo's pictures and paintings. They would be very interesting examples of how she faced her illness and her suffering, and what signs the students read about her illness from her portraits and paintings.

Rosemarie Heyn: I agree with you, but perhaps for other courses and students. In my case, I have young students, from the 2nd and 3rd years, so maybe they are not mature enough to read them in this manner. There are plenty of alternatives to infer along the medical curricula, the same picture could be analysed from the point of view of different subjects.

Amàlia Lafuente: Albert, do you think that it is critical to have the History of Medicine course during the first year of medicine? Would it be different if it were taught during the last year of medical school?

Albert Presas i Puig: At our university, the course in the history of medicine is required during the first general educational cycle, and it has a double aim. On the one hand, to illustrate through historical reflection about a few key moments in the study and development of medicine, and on the other hand, to develop a series of

fundamental abilities for future physicians, such as reading and writing. Our students have very well developed abilities for working with audiovisual materials, but they are not used to reading calmly, to reflecting on what they have read, or to writing thoughtfully about the questions we ask them. This course aims to revert this situation, and we are obtaining very good results.

Antonio Federico: The experiences that you presented today can be described as a way of using a cultural artefact in medical education. But I am wondering if you could think of a way of using the scientific methods in humanities, the very paradigm behind humanities, to teach doctors. Could portraits, conversational analysis, and critical reading be applied to other disciplines, like cinema? Could these approaches be relevant? And what is your experience in that?

Rosemarie Heyn: Of course, they are relevant. Even if these non-traditional methods were used in traditional lectures, even in small doses (one or two slides), they would be beneficial for the class and the lectures.

Albert Presas i Puig: Unlike in medicine, in physics and mathematics courses, the history of the discipline is taught by physicists and mathematicians. In our medical school at the Pompeu Fabra University, the course in the history of medicine is taught by professionals from other disciplines. My question is: should historians be incorporated into medical schools to teach the history of medicine or should medical doctors be in charge of teaching this subject?

Amàlia Lafuente: I explained some complementary teaching methods. In my opinion, there is no rule about who should teach what, there is no specific match in this particular case. As you know, although it is very difficult to introduce changes in academic teaching procedures, now we are starting to see a shift. To answer your question, nowadays not all teachers have enough knowledge to be able to teach medical humanities. But we are working on teaching humanities to medical students in order to train them to be able to teach humanities to other students in the future.

Pierpaolo Limone: Of course, it is difficult for medical professionals to be trained to explain medical humanities, but what I imagined was to combine expertise during these sessions. It could be interesting to have two experts from different disciplines in the same classroom analysing the same cultural object from their different points of views.

Josep-E. Baños: Every university has a different culture, and at the Universitat de Barcelona it would probably be difficult to include teachers from non-scientific disciplines to teach scientific disciplines; in general, universities tend to have conservative points of view. By contrast, although the Universitat Pompeu Fabra also ends up having conservative ideas, the Biology teaching staff is trying to change this perspective and promoting more innovative teaching tools at the Faculty of Health and Life Sciences, and I'm optimistic about the future of our Faculty. The study plan in medical school is very similar everywhere in different countries. Most of them have separate subjects like History of Medicine or History of Science. But there are exceptions, like in France, where universities are trying to introduce history lessons, not as a separate subject, but integrated into many subjects. Now this approach is open to discussion.

I have a question for Valentina Cappi related to the interest in finding tools to measure educational strategies. There is a saying that states that if you cannot measure a thing, that thing doesn't exist. When we talk about new educational strategies, it's difficult to evaluate their usefulness if we cannot measure them. When we are talking about empathy, you mentioned a tool to measure it, a study by the Jefferson Medical School. Could you talk a little bit about it?

Valentina Cappi: The Jefferson Scale of Empathy does not measure the patient's trust but the empathy of health professionals and students using questionnaires and qualitative indicators, but I am not an expert in it.

Jordi Planes Bassas: Nowadays everything is accessible. In this context, we have a program called *"La meva salut"* (My Health) in Catalonia, where

patients can check the results of their medical tests. But in this scenario, it is very important to trust medical doctors. If we give evidence without guidance, patients will not trust us. This is why, we as doctors, need to create a relationship of trust with our patients.

Valentina Cappi: I agree with you. In Italy we trust the health system in general, according to statistics. But of course, trust towards medical professions can be improved with communication tools.

Lorenza Garrino: One thing that everyone should take into account is the placebo effect in studies about trust. It is important to acknowledge that the perception of trust can be affected by the patients' morale as well as the doctors' and patient's mood. It is also important to differentiate and study the trust that a patient feels toward the doctor and the trust in the health systems in general. The concept of trust is not only about doctors being kind to have better relationships with their patients, but about improving the overall health of patients by using empathy.

Marta Torrens: We need to consider empathy from a different point of view. Medicine is a 6-year programme and the subject about the relationship between physicians and patients is given during the second year and again during the first year of residency. But according to tutors of residents, resident students score low in empathy; moreover, the tutors admit that they themselves do not have the skills to teach it and that empathy is not one of their best qualities. Why do you think that empathy decreases in time in those medical students and doctors as well? Should "the empathy course" be given continuously during the 6 years of medical school to "revaccinate" students in empathy?

Tamara Djermanovic: The neurosurgeon Nolasc Acarín wrote an article about the humanities and science in the medical profession that defends the incorporation of the humanities into medical school curriculums. Citing Adolphe Gubler, Acarín says that the physician's job involves "sometimes curing, often alleviating, and always consoling". He adds that a broad understanding of medical practice provides the necessary

depth to the art of the physician's profession, and it is here where the encounter with the humanities takes place. Medicine is an applied science that draws from physics, chemistry, biology, and mathematics, but the profession of medicine must also include psychology, sociology, anthropology, and ethics, among other subjects.

He also talks about empathy, the need to palliate pain, and the experience of death. Acarín comments that the humanities can offer understanding when faced with pain and the disappointments of life. And to finish, Acarín says that after pain, death is the great portrait of medicine. Life without death is unconceivable —every living being dies and gives way to following generations. Death is the main certainty that we have in life, although it is difficult to accept. When a physician establishes the prognosis of death, a certain uneasiness hinders relations between the patient and caregivers.

He ends up saying that this is the point where literature and philosophy can help medicine. The personal capacity to accept death, the expiration of life, depends in large part on reaching a deep ideological consciousness of what life and nature are.

Nevertheless, I think that it is one thing for physicians to accept this, but quite another for patients to accept it.

To finish up, I would like to corroborate that which I have always tried to defend as a professor of the humanities, citing Plato in the *Apology of Socrates*, a reflection on death derived from the loss of his master Socrates: "There is great hope that this [death] is a good thing. Death is one of these two things: either the one who is dead is nothing or has no sense of anything, or, according to what is said, death is really a transformation, a change of dwelling for the soul of this place here for another place".

In the end, this passage transmits the uncertainty surrounding the experience of death, and on the other hand, everybody who goes through life must die. Through this reflection, I think that texts like these could become part of a small canon that can be used in the study of medicine.

Mariano Sentí: Can we promote empathy in people? Will we use

neuroenhancers to improve empathy? Will we change our capabilities by using substances like nutrients? Of course I am joking, but nowadays we have oxytocin and MDMA, but what will we do in the future? Will we change a person's personality using enhancers? I think there are a lot of possibilities in this field.

Carlo Orefice: It's been very interesting organizing and participating in this debate on medical humanities. To conclude this meeting, I think we should, firstly, follow this line of work and keeping organizing debates like this one; secondly, we have to create a network between our universities to share our points of view and knowledge and, in the third place, we need to work to create a master's degree in medical humanities at the University of Siena or the Universitat Pompeu Fabra, and collaborate with other universities. All the initiatives are focused on further developing medical humanities.

Josep-E. Baños: I agree, this is why I would like to inform all of you that Carlo and I have been working for almost a year and a half on developing an international master's degree on Medical Humanities between the University of Siena and the Universitat Pompeu Fabra.