

First open discussion

Tamara Djermanovic: I would like to comment that the incorporation of humanities such as philosophy and art into the curriculum of the sciences was already being defended in antiquity. Aristotle was a great scientist, as well as a philosopher. Plato advocated the study of music, philosophy, and gymnastics in his *Academia*, where everyone shall study social and natural sciences. In this line, I think that students of medicine should have a universal view of patients and disease. For this reason, apart from subjects that are specific to medicine, philosophy and art should be taught as complementary disciplines. Doing so would be crucial in aspects that sciences do not deal with, for example, pain, disease, and death. Furthermore, I propose that a basic canon of literary and philosophy texts should be incorporated into studies of medicine and of science in general as a complementary subject. Texts from Plato, Aristotle, and Spinoza are clear examples of how this approach can help students understand life.

Loretta Fabbri: Other contributions of incorporating the humanities into

scientific studies that deserve mention include their capacity to foment a multidisciplinary perspective and critical spirit in future professionals. In medical studies, this would help produce physicians who are sensitive enough to understand and deal with the special situation and environment of oncology patients, for example. For this reason, our university defends this kind of education, which we consider fundamental together with the technical training that all professionals need.

Josep-E. Baños: Both of you have mentioned two different strategies to introduce humanities in medical studies. The old strategy is to introduce humanistic subjects in the medical curricula. The second one is to introduce elements from humanities in every medical discipline. For instance, using literary texts on oncology to understand the feelings of a patient with cancer. We are using this kind of approach in our degree programs at *Universitat Pompeu Fabra*, through films and TV series. I am also very much in favour of the second option, introducing humanistic elements in all

the subjects, mainly because the curriculum of medicine is cramped.

Albert Presas i Puig: I think that it would be a mistake to try to incorporate classes in humanities subjects in firmly established medical schools. I would be in favour of trying to redefine what medicine is and promoting the use of different academic strategies. The idea should be to create a need to tap these sources of knowledge that have historically been excluded. On the other hand, this approach should also be applied in the humanities. I believe the humanities themselves should also serve other fields of knowledge; to this end, there is a need to foment utilitarianism in the humanities.

Valentina Cappi: The use of TV series, films, and literature are part of an alternative approach to learning that is very useful in the field of medicine. They can help students to see how people act in situations that they have not yet experienced, but that are possible situations in their future career. Students can then ask themselves how they could react to that situation. They are also useful for understanding the patient's perspective.

Pierpaolo Limone: I am a passionate supporter of including the humanities in any kind of training. Nevertheless, one of the main issues on that is to find enough evidence to support that traditional training can be improved by including elements of the humanities in the curriculum. In the University of Foggia, we train teachers from all departments to introduce this kind of strategies. And they always ask about the evidence of using humanities compared to traditional methods. I think there is a real need for research about the actual outcome of these new strategies, and all of us should contribute to meeting this need.

Josep-E. Baños: I am very happy to hear there is a need for evidence to improve our learning strategies in the future. I would like to make a loose analogy with clinical trials. Not everybody learns in the same way, not everything will work for everybody, and there is no evidence of the effect of the new methods. And it would probably be useful to apply the same question to the old methods of teaching.

Lorenza Garrino: I totally agree with the need to redefine what medicine is

today. I understand that this is an umbrella term, because it does not only refer to training physicians, but rather to all healthcare professionals. In Italy, the curriculum for nursing schools includes subjects like anthropology, pedagogy, psychology, and sociology. This leads us to wonder why nurses should be the only ones to benefit from this background in human sciences. It forces us to reflect on how we define a physician, on the role of other healthcare professionals, and how healthcare professionals should collaborate with each other. We should understand medical training as a model of interprofessionalism, with transversal competencies in all the specialties, not just in physicians.

Therefore, we need to question the current reality of the medical curriculum.

Jordi Planes Bassas: Most of us are thinking about helping people when we decide to study medicine. Nevertheless, as soon as we start medical school, we focus only on the final evaluation exam, called MIR in Spain. So, the rest of the training seems unimportant. When a doctor is dealing with a patient, the patient expects the doctor to understand what is happening, and patients don't care whether this understanding comes from a medical book or from a humanistic book. We, as doctors, should know the disease, but also what having that disease means to the patient.