

Second open discussion

Tamara Djervanovik: There are different authors who exemplify the contribution of doctors to literature. Chekhov is important because he introduced a new kind of literature: short, concise and a clear cross-section of normal life. Chekhov was a conventional doctor, so he talked about medicine in his novels. For example, in *Ward No. 6* he describes the experience of a doctor from a psychiatric clinic that ends up being a patient interned in the same ward. It is interesting because the character is a patient who is also a doctor, and he explains the experience of marginalization in great detail and from an inside perspective.

Josep-E. Baños: There is no doubt that the use of a literary text may help to promote a better understanding of diseases, not only in general culture, but also in the field of medicine. For example, students will have a very different perspective if they learn about addiction to opioids from a conventional pharmacology book than if they learn about it from a Mikhail Bulgakov novel.

Carlo Orefice: I would like to ask Marta Torrens if you have evidence of the usefulness of literature in fighting against the stigma of mental illness.

Marta Torrens: There is no evidence yet, and it would be important to have it. In this regard, first of all it is important to know what the goal is when you introduce a text in a subject, and it is also important to select the appropriate text. Although our goal in introducing this text in the subject of psychiatry was to decrease the stigma attached to mental illness, some literary texts can even increase stigma. On the other hand, it would also be useful to evaluate this intervention by doing a test before and after the course. In another subject we teach, "Patient-Doctor Relationship", where our goal is to increase empathy, we administer an empathic scale before and after the intervention.

Magí Farré: While in literature you normally need to read several pages to take in the description of a disease, in cinema you have the advantage of obtaining the same information in just one minute. In the case of addictions,

cinema is very useful for showing changes in behaviour, which is not easy for diseases difficult to characterize like hypertension or diabetes.

Elena Guardiola: Marta Torrens, how do you synchronize the reading of the book with the specific theoretical classes and the evaluation?

Marta Torrens: We usually advise the students to read the book at the beginning of the course, although it is not compulsory. Those who read the book get extra credit in the subject. We ask them for a brief summary –less than one and a half pages– reflecting a general idea of what they have read. In the future, I am also thinking about the possibility of statistically analyzing the contents of these summaries.

Albert Presas i Puig: I have a first question for Marta Torrens: what was the reaction of the students, was it good or bad? And a second question for Amàlia Lafuente: how did those activities affect your relationship with your colleagues?

Marta Torrens: The evaluation of the subjects by the students has been good.

Amàlia Lafuente: I was very afraid of my colleagues' possible reactions when I published my book, especially with the first one because it is very aggressive against policies. But it was surprising that a lot of people recognized everybody in the black characters of the book, but nobody recognized himself.

Alessandra Romano: One of the main issues in the professional debate is not just empathy –it is about doctors' ethical commitment in their work. The use of medical humanities in professional development is related to how patient's commitment and the doctors' commitment collaborate in the care of the patient. This collaboration is one of the key aspects in physicians' professional development.

I just want to add something to what has been said. I'm here as a university professor and also as an oncological patient. For this reason, I can say that it is necessary to improve the relationship between patients and physicians with respect to communication. It is not only a problem of empathy, but also it is a

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problem of recognising the patient's voice. It is really important to have a broad perspective of patients and illness. This is where the medical humanities can have a very important role –in widening the doctor's point of view and in adding special sensitivity to the approach to different kinds of illnesses.

Finally, I would like to ask some additional questions. Firstly, have you had any feedback from these students trained with medical humanities? Have they changed their medical practice? And, in this case, what about feedback from the patients? And secondly, do you think that patients can benefit from the advantages of bibliotherapy? I mean, the possibility of the patient and oncologist talking about their readings. Probably literature can be used by both separately and by both together as a tool for communication that can also improve the patient-doctor relationship.

Jordi Planes Bassas: From my point of view, because each patient is unique, there are no specific books or movies that would be useful for a whole

community. Maybe it cannot help me to treat the disease, but in a way you know what you are dealing with. We have recently started a bibliotherapy plan starting with patients who suffer from anxiety and mild depression. We are going to evaluate how it is developing four times in a year. We will see.

Albert Presas i Puig: Nevertheless, in the Catalan health system, doctors have just 7 minutes to attend each patient. How can you manage to talk about improving patient-doctor relationships with this very short time?

Lorenza Garrino: The sharing of patients' experiences during their diseases could be the first contribution to medical humanities; it would be one of the first possibilities to apply medical humanities in medical practice.

Marta Torrens: I just would like to add a reflection on the changing role of medical doctors due to patients' access to big data through the internet. This could be the next big challenge facing the medical profession, and we will need help in how to manage it better.