## PRESENTATION: PROGRAM IN MEDICAL HUMANITIES & ARTS

About 15 years ago, I experienced a major medical event.

Like any good academic, I jumped on pubmed, and learned a great deal about my condition.

However, the more I learned, the worse I felt. I learned about my diagnosis, survival statistics, treatment options. But I didn't really understand what was happening to me, I could not grasp what it meant.

Then a friend gave me a collection of poems by Emily Dickinson. When I read them, although of course all my medical problems remained exactly the same, somehow I felt better. Her words spoke to my suffering, her insights about the human condition helped me struggle toward meaning in my own situation. Nothing had changed, but I felt less powerless and more consoled.

This experience led me to believe that the education of medical students could be greatly enhanced by incorporating medically-themed literature and the arts into their curriculum. Such exposure could help draw them closer to the patient's experience of illness; and enable them to examine the nuances and complexity of the patient-doctor relationship. I started off by offering an elective to first year medical students, Patient Stories/Doctor Stories, which enrolled precisely 3 students. Fifteen years later, it is still going strong; in fact the 10 students who participated this year liked the class so much that they kept it going on an informal basis after the formal class had ended.

## So what is the Program in Medical Humanities?

It is medical students reading a poem written by a physician about her dying patient, then discussing what they learned – about the patient, the doctor, and themselves. The focus on narrative, language, imagery and metaphor improves learners' communication skills as well as their ability to embrace the ambiguities and complexities that come with the practice of medicine.

It is students contemplating Van Gogh's Pieta to both train skills in clinical observation and to consider how compassion is appropriately manifest in patient care.

It is students going to the Bowers Museum to view the ancient hominid exhibit Lucy's Legacy, and talking about the special challenges Lucy and her baby would pose if they showed up as clinic patients one day.

It is students participating in a geriatrics medicine skit about Alzheimer's and different ways of understanding the impact of this terrible disease on patients and families.

Here is a more formal description of Program in Medical Humanities & Arts at UCI: From humble beginnings, we now have curriculum in all 4 years of medical school. We collaborate with the Departments of Family Medicine, Medicine, Pediatrics, and the Program in Geriatrics to develop interdisciplinary coursework; and are forging relationships with the UCI School of the Arts and School of Humanities.

The program sponsors independent humanities research and scholarship for 4<sup>th</sup> year students, who have done such interesting projects as "Superimposing Shakespeare on Modern Medicine: How Physicians Continually Find Meaning and Inspiration in Their Work."; "Comics, Death, and Dying,"; and "Pain Narratives: A Qualitative Investigation on Chronic Pain in the Geriatric Population."

In addition to formal academic study, students might also be involved with Plexus, a student-run magazine of original art, photography, and writing by medical students, residents, faculty, staff, and patients. The Program sponsors special events such as one-person theatrical performances related to medicine; lectures; and museum visits. We also award graduation with distinction to 4<sup>th</sup> year students who have distinguished themselves through developing a portfolio of original creative work related to the practice of medicine over the course of their four years of training.

Goals of integrating the humanities and arts in medical education include the following:

1) Increased empathy and understanding of patients' and families' experiences of illness

2) Critical thinking about medicine and healthcare institutions

3) Awareness of self and others in terms of emotions, attitudes, values, behavior, communication, and interaction

4) Renewed commitment to and inspiration for medicine; reduced burn-out and compassion fatigue