

## **The Medical Humanities: Disciplinary and Integrative Pedagogies - The Case of Literature**

I'd like to start with a brief anecdote. Fourteen years ago, I was at a crisis point in my career and considering quitting academic medicine. My husband asked me if there was anything I'd like to do before I left. I replied I'd like to teach a class on literature and medicine, and he encouraged me to do so. A year later, I was sitting before the university's Committee on Education and Curriculum Policy. I had barely uttered the words, literature and medicine, when I was overwhelmed by excited responses from all sides. "Great idea!" "This is so needed!" I felt delighted, but somewhat surprised, as I hadn't realized that my med school colleagues were so enthusiastic about poetry and stories. It all made sense when my colleagues explained that what they thought I was proposing was a course to analyze and interpret the evidence-based professional literature. So in the interests of clarity, I'm here to talk about the poetry stuff. And by the way, it turned out to be such an inspiring and nourishing direction that 14 years later, I'm still at it!

### **Quotations**

First a couple of quotes.

I like the Nietzsche quote because medicine, doctoring is up to its elbows in reality. Perhaps above all others, I believe doctors *need* art of all kinds to survive, both as doctors and as human beings.

Secondly, the wonderful quote by Barry Lopez, one of our country's leading nature writers, reminds us that stories are all about connection. Patients desperately need connection with their doctors; doctors are equally in need of connection with their patients. And stories are the only way they can forge these links.

Now I will address myself to the questions David asked us to consider, namely:

- 1) The pedagogical goals of literature
  - a) as a discipline
  - b) within medical education
- 2) The integration of the various branches of humanities
  - a) literature, the arts, history, and ethics  
with each other
- 3) The integration of the humanities into medical education

### **Pedagogical goals of literature**

As I indicated in one of my emails, my professional training is as a psychologist, not a professor of literature, so it is presumptuous for me to hold forth on the pedagogical goals of literature as it is pursued in the academy. Nevertheless, I will essay a few thoughts that I've picked up along my own journey in the medical humanities.

- *As a discipline*, some contend that the study of literature should promote
  - Critical thinking
    - Appreciation for multiple perspectives
    - Tolerance for ambiguity and uncertainty

- Capacity to identify and interpret meaning
- Others go further, introducing the concept of
- Cognitive disequilibrium
    - Interrogating one’s own assumptions/values
    - Tolerance for emotional/intellectual discomfort
- Still others assert, perhaps even more radically, that there is
- No specific “goal” – appreciation of literature is end in itself

But what about in medical education? Here, having reflected on this question and concretely explored through the teaching of medical students and residents some possible answers, I feel more confident

- ***In medical education***

One of the most controversial questions (not among physicians so much, but among humanities scholars) is whether the study of literature in the medical education context should in some sense be a...

- Means to an end?

At its most extreme, this assertion has been interpreted, somewhat unfairly in my view, as a call for the widget-like “production” of interchangeable, behaviorally programmed robot humanists, who emit certain designated empathetic phrases and actions in appropriate clinical situations. But from a less reductive perspective, the question, I believe, is well worth asking. In other words, in some non-mechanistic sense, can literature play a role in...

- Promoting and developing:
  - Professionalism
  - Communication
  - Cultural sensitivity

Can the study of literature facilitate, encourage...

- Cultivating/enhancing values/attitudes
  - Humanism
    - Empathy, Compassion
    - Altruism/service

And finally, can it help us in...

- Identifying/working skillfully with emotions, both those of
  - Patients’
  - Doctors’

- Now I’m going to make an intentionally controversial statement: “***There must be an endpoint***” when we are talking about the inclusion of literature in medical education. And in my view, this endpoint must include the exploration of values and emotions, as well as cognitive skills of critical thinking.
- In medical education, the endpoint of the incorporation of literature is more humanistic physicians who
  - Understand their patients’ stories (narrative medicine)
  - Understand their own stories

- Learn to establish emotional resonance and emotional equilibrium in patient care
- ***The ultimate endpoint is***, again in my view
- ***Improved patient care*** in the sense of patients who experience...
  - More attention: greater presence, respect, and witnessing of their existential plight
  - More affiliation: greater humanism, empathy, and caring
  - Improved communication not merely in a behavioral sense, but in a deeply patient-centered sense. The ultimate endpoint also includes
- ***Improved physician self care*** in the sense of
  - Addressing stress and burn-out – the restorative, enlivening, and uplifting function of reading – and writing - literature
  - Happier, more fulfilled physicians

### **Integration of the various humanities disciplines with each other**

- ***Medicine should be by definition an interdisciplinary practice***
  - Medicine confronts the complexity, ambiguity, and uncertainty of being human (in both drs and pts)
  - No single discipline is adequate to wholly explain, understand, and empathize with the human condition

For this reason, in medical education

- ***Cross-disciplinary collaboration should be the model***
  - Between basic sciences and humanities (anatomy)
  - Between clinical sciences and humanities (FM, geriatrics, peds, IM)
  - Among the various humanities fields (literature, arts, ethics, history)...
    - Because, within the context of medicine, they share common goals

### **Integration of humanities (literature) into medical education**

- Goals of integration of literature into med ed are both philosophical and pragmatic
- ***Philosophical:***
  - Permeation of new ways of thinking, ways of being throughout medical school culture
  - Development of moral imagination
- ***Pragmatic/Structural***
  - Elective vs. required
  - Collaborative integration
  - Clinical Translation

### **Philosophical: New ways of being**

From a philosophical perspective, the study of literature within the context of medicine can stimulate a conversation about

- New ways of being for both doctors and patients
- Without going into great detail, I'm suggesting that literature can help us envision new roles for both doctors and patients

- So this is a modest proposal to shift the underlying attitudes and values of medicine
- Medicine is all about the ways in which some people (doctors) *are with* other people (patients)
  - Yet how one *is* as a physician (vs. what one *does*) is rarely considered
- Literature excels at offering different models/possibilities for being in the world

### **Philosophical: Moral imagination**

I would also content that the study of literature is an ideal way to cultivate moral imagination. And physicians as a group are much in need of this quality, although they may not often realize it.

Robert Coles, the internationally renowned child psychiatrist, used this term to assert that

- Coles: The most lasting moral lessons we learn are from stories
- Stories remind us of
  - what is important in life,
  - admonish us,
  - point us in new directions,
  - engage us in self- reflection
  - sometimes inspire us to lead lives of moral integrity.
- In particular, stories are a way of helping us connect moral ideals to everyday life
  - help us to consider what is right, what is meaningful

Stories can help physicians...

- Disengage from and become aware of their values, beliefs, assumptions and how these are shaped by the dominant culture, system of influence in which they find themselves
- Imagine new possibilities based on others' values, perspectives, and priorities, especially those of disempowered and marginalized individuals
- Evaluate from a moral point of view both their own original assumptions and those of dominating models, as well as the new possibilities they have envisioned by listening to their patients

### **Pragmatic: Elective vs. required**

Personally, I much prefer teaching elective classes because everybody in that room wants to be there and I don't have to waste time convincing somebody of the value of what I teach. But philosophically, what is required from a curricular perspective is a...

- Metric of what matters and what doesn't
  - What is nice but unnecessary
  - What is tangential; or irrelevant
- Baseline should be required
  - Just as there is baseline information for basic sciences, clinical medicine
- In-depth can be elective

### **Pragmatic: Collaborative integration**

- Integration of literature with basic sciences, clinical training, other humanities disciplines is essential

- Compartmentalized teaching discourages care of the whole person
  - Leaves it up to the student to put all the pieces together
- Interdisciplinary teaching acknowledges the intellectual and moral complexity of clinical medicine
- ***Ideal vision:***
  - Stories, poems, first person narratives would be assigned on clinical clerkships
  - Regular reflective writing:
    - Critical incident reports (in the sense Branch uses this term)
    - Patient point-of-view poems, stories
    - Personal essays
  - Regular reflective discussion sessions co-facilitated by physician/humanities scholar

**Pragmatic: Clinical translation**

- Humanities exposure in and of itself will not achieve the humanistic goals envisioned
  - Nazis loved art
- Must develop ways of teaching that encourage self-awareness, critical reflection, and emotional authenticity
  - Some of these already exist
  - Some remain to be discovered
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**The Program in Medical Humanities & Arts, UCI-SOM**

- Twelve years in existence
- Elective and required classes/course components
- Cross-disciplinary/specialty collaboration
- Student research, medically-related artistic activities (Plexus)
- <http://www.meded.uci.edu/Medhum/index.html>