

## **PRESENTATION TO HIMALAYAN INSTITUTE OF MEDICINE**

**My thanks to Dr. Kalra and the Himalayan Institute of Medical Sciences for inviting me to speak with you today. My goal this morning is to help you consider the important role that the humanities and arts can play in the education of physicians (and other health professionals).**

### **WHAT IS MEDICAL/HEALTH HUMANITIES?:**

**I want to begin by saying something about this term – medical (or as it is increasingly known) - health humanities. Health humanities is a big umbrella that includes literature (poetry, personal essays, stories), visual arts (including painting, sculpture, comics) and performing arts (such as theater, music, dance), bioethics, history of medicine, and even some social sciences (such as medical anthropology, medical sociology and health psychology).**

**Health humanities draws on these disciplines in order to study health and illness from many different perspectives: to learn more about the patient’s experience, the nature of the doctor-patient relationship, the importance of physician self-care, and importantly how social justice and equity are implicated in healthcare.**

**To illustrate the value of the humanities, I’ll make a somewhat simplistic analysis. Let’s say that, broadly speaking, there are two ways of knowing things about the world: logico-scientific and narrative.**

**Logico-scientific knowing relies on facts, scientific evidence, replicable procedures, generalizability and universality. Its method of discovering what it knows is empirical research. Logico-scientific knowing leads to a biophysical understanding of disease. Skeletons: This is what logico-scientific knowing looks like. And it is a very, very important mode of knowing.**

**Narrative knowing – assumes that our realities are socially constructed; and that in any situation, multiple valid perspectives exist; narrative knowing is how we explore questions of suffering and meaning. Its “method” is the study of literature and the arts; and it leads to a more complex biopsychosocial/cultural/structural understanding of illness. But if you think**

about it, this complex understanding is often more closely aligned with our lived and felt experience.

Poem Anatomy Lesson: This is what narrative knowing looks like.

When I move your body  
from its storage drawer,  
I brush my knuckles,  
Ernest, on your three-days  
growth of beard. Cheeks,  
wet with formaldehyde,  
prickle with cactus.  
My eyes burn and blink  
as if a wind of sand  
blew through the room.

Bless me, Ernest,  
for I cut your skin  
to learn positions  
and connections  
of your parts--caves,  
canyons, fissures, faults,  
all of you. Show me.  
Show me your flowers,  
your minerals, the oil  
of your spleen.

Do not mistake these tears.  
These tears are not  
for your bad luck  
nor my indenture here,  
but for all offenses  
to the heart--yours, mine--  
for the violence  
of abomination.  
Think of my tears as rain

**staining your canyon walls,  
filling your stream.**

**They touch the blossoms.**

**Narrative knowledge explores this paradoxical question: What is truer than the truth – a question that cannot even be asked from a logico-scientific perspective. But narrative knowing is fascinated by such questions. And in this case, it provides the answer, what is truer than the truth can be**

### **A GOOD STORY.**

#### **WHY DOES HEALTH HUMANITIES MATTER?:**

**Some of the deeper truths we can learn through the study of health humanities are how to:**

- **Demonstrate critical habits of mind:**
  - **Use critical thinking strategies to challenge and calibrate our thinking patterns about patients, health professionals, doctors, ourselves and the society in which we all exist**
  - **Practice narrative competence or the ability to pay close, sustained, and critical attention to patients' and families' stories**
  - **Use visual thinking skills in clinical observation and interpretation – training the clinical gaze to closely observe not only the physical symptoms but the emotional and structural dimensions of the clinical encounter**
  
- **Demonstrate cultural humility:**
  - **Develop knowledge about the historical and cultural communities in which patients are embedded; and how these intersect with racial and class privilege, social inequity and discrimination to influence healthcare**
  - **Demonstrate awareness of implicit biases in ourselves and others and mechanisms to address such bias**
  
- **Develop curiosity and empathy about multiple perspectives in clinical encounters**

- Be interested in how different parties understand the same clinical situation – what are their priorities, what are their values – what matters to them
- Not always easy to instantly feel empathy for all patients; but we can usually be curious rather than judgmental about situations we don't understand
- Curiosity leads to empathy and compassion for everyone involved
- Communicate effectively in interpersonal encounters:
  - Use situational awareness and emotional intelligence in all clinical encounters, especially ones involving sensitive topics, such as taking a sexual history, probing for domestic violence, breaking bad news, and dealing with end of life
  - Understand and apply knowledge about psychosocial approaches to illness, health, and treatment, including how to elicit and respond to the stories of others, including patients, families, and healthcare workers
  - Acknowledge clinical complexity and tolerate and learn from clinical uncertainty
- Develop a humanistic and humane professional identity
  - Recognize and critically evaluate the culture of medicine so that we can question the water we all swim in
  - Engage in a purposeful and ever-evolving process of professional identity formation so that we are always challenging ourselves as professionals
  - Continuously evaluate, negotiate, and balance the demands of work and school with home, family, and other interests
  - Understand factors contributing to resilience and know how to respond to warning signs of burnout
  - Utilize creative expression to understand the self and others – know not only how to synthesize and analyze findings from the physical exam and history; but also how to write a poem about or create a sketch of a patient to deepen full-person understanding

**HOW TO MAKE HEALTH HUMANITIES HAPPEN (AND WHAT TO DO WHEN YOU RUN INTO DIFFICULTY):**

**It's sometimes unproductive to talk in too much detail about developing a health humanities program because every institution has its own opportunities and constraints, its own structure that favors certain approaches and discourages others. Therefore, I'm going to highlight the three main areas that, regardless of your particular circumstances, lend themselves to program development. The three legs of this stool are curriculum, research, and community engagement.**

- **Curriculum**

**Curriculum is an essential aspect of any educational institution. Therefore it is essential to work toward making health humanities an integral part of the curriculum, rather than just a nice add-on or frill, a pretty adornment. To do so requires both**

- **Required courses and course components**
- **For those wanting more in-depth exposure... Elective coursework and experiences (museum/gallery visits, theater, movie nights, spoken word events, art-making)**

- **Research**

**Of course, research is always a key mission in an academic institution. In medical schools, administrators and faculty tend to think of research as quantitative, double-blind studies or basic science investigation. It is important for faculty to conduct both quantitative and qualitative health humanities research and scholarship; and to provide opportunities for students.**

- **Community Engagement**

**Finally, the third leg of this stool is community engagement. Faculty and students can reach out into the community through various cooperative projects to foster an understanding of how the arts can help express multiple perspectives of health, illness, aging and death. For example, students can collect narrative oral histories from aging individuals in the community to share with their families. They can participate in the creation of murals and other artwork in community hospitals and outpatient clinics. They can implement photojournalism projects to more deeply understand the communities in which**

they are training and the people who live in and are shaped by these communities.

## **CHALLENGES TO IMPLEMENTATION AND SOLUTIONS –**

I'm going to spend my last remaining minutes discussing problems with building a health humanities program because, regardless of the structure of your institution, you are likely to encounter difficulties. I will also make suggestions for addressing these problems based on my own experience. These suggestions are obvious and commonsensical, but I mention them to say that you are not alone in encountering these difficulties and there are always ways forward.

### **INSTITUTIONAL OBSTACLES**

- **Lack of leadership/administration understanding of HH – educate, engage these leaders; develop prestige programs that bring positive recognition to the institution**
- **Resistance to providing curricular time – recruit powerful allies who can advocate for your cause (deans, clerkship directors); pay special attention to training opportunities in the clinical years, where the benefits of humanities thinking and feeling can be applied to patient care**
- **Demand for empirical research to justify support – empirical research does exist- e.g., perceived empathy in physicians leads to better clinical and surgical outcomes; and empathy can be linked to study of humanities; also educate about qualitative research, student portfolios;**
- **Lack of funding – find funding; cultivate donors who have interest in the arts and might be attracted to unusual programs**

### **OBSTACLES COLLEAGUES**

- **Lack of understanding – educate, faculty development; enlist as allies**
- **MD/PhD misunderstandings – understandable because their different scholarly training creates very different lenses through which to understand and prioritize the world; I've learned a valuable way to surmount this problem is to pursue radical understanding of other's discipline and the points of view it leads to; collaborate on joint research and community engagement projects; co-teach**

## **OBSTACLES STUDENTS**

- **Waste of time – not why I came to medical school; acknowledge; connect with core values (why *did* you come? – show how humanities can get them back there)**
- **No immediate value, material not on exams – acknowledge, empathize (working so hard, why spend time that has no immediate payoff?); suggest humanities can have some immediate benefits in terms of handling difficult interactions, better connecting to patients, enhancing their own wellbeing through participation in artmaking**
- **When students are invited to participate in artmaking directly... I'm not a poet, artist, actor – normalize; none of us is; we're not here to create great literature or great art but to better understand our patients and ourselves**
- **I feel vulnerable – reading a poem or making a drawing can be intensely personal acts, different from memorizing the anatomy of the leg; thoughts and feelings can arise that make students feel very vulnerable; in this case, respond with support; consider reframing – sometimes there's value in taking risks; offer alternatives – engagement with the arts in ways that are less personal**

## **OBSTACLES SELF**

- **Loss of professional identity – This is something a lot of humanists in medicine worry about; stay connected to your roots through involvement with professional organizations; but working in a nontraditional setting offers the opportunity to expand your horizons, learn new ways of thinking; make your own hybrid identity**
- **Imposter syndrome – am I really doing any good? Making a difference?; reaffirm the worth of your work through professional validation such as publication, professional presentations; don't overlook positive feedback from students and colleagues; ultimately trust yourself**
- **Discouragement – humanities in medicine can be a lonely road; seek support from health humanities colleagues both in and outside of your institution; find healing by seeking refuge in – the arts and literature!**

## **QUOTE FROM STANFORD PRESIDENT**

***“The arts give us comfort in times of hardship, connection in isolation and new insights into our own experience. The arts can also help us imagine a better future for our world.”***

**I believe all of us in the healing professions hope that in some way we are working to overcome isolation, hardship, and suffering. As President Tessier-Lavigne suggests, engaging with the arts and humanities provides an excellent path toward becoming better healers and toward shaping a better world.**