EDITORIAL

Opening Editorial - The Importance of the Humanities in Medical Education [version 1]

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Introduction

“Physicians are poised at the interface between the scientific and lay cultures” (Kleinman, 1988)

The world of healthcare is changing. As we look through the lens of a bio-psycho-social approach to healthcare we are frequently amazed at the speed of growth of the science behind the subject and the new innovations that occur in technological support and operative procedures, almost on a daily basis. Our social approach to healthcare is rapidly undergoing such change. We see the rise of patients (the e-patient (Riggare, 2018)) coming into healthcare, already equipped with the information about possible diagnoses and their treatment and looking for confirmatory evidence of what they feel should be next steps in their management. Whilst we are still in control, sometimes we feel that only happens when we can justify our actions from evidence-based research.

At the same time the number of people with complex, chronic or multiple conditions is increasing, many of who remain in and place increasing demands upon their social community. We are seeing an ageing population, and the total number of years people can expect to live in poorer health continues to rise.

Just as healthcare is changing, then the world of healthcare education must change in response. Changes are occurring in curricula; new teaching, learning and assessment methodologies are presented with rapidity in the increasing number of educational journals. New simulation technologies abound to bring student learning closer to reality whilst recognising patient safety.

Frenk and colleagues, however, in a seminal Lancet report, spoke of how “Professional education has not kept pace with these challenges [in healthcare delivery] largely because of fragmented, out-dated, and static curricula that produce ill-equipped graduates” (Frenk et al., 2010)

But what about the social side of healthcare education?

In 2016, the Behavioural & Social Sciences Teaching in Medicine (BeSST) Sociology Steering Group produced a Core Curriculum for Sociology in UK Undergraduate Medical Education (BeSST, 2018).

In an opening forward from that report Ronald Harden (Professor of Medical Education at the University of Dundee, UK) was quoted as saying

“We see now a renewed emphasis on an ‘authentic’ curriculum in medicine with a move from the ivory tower of the university to the real world of medical practice…… this report from BeSST illustrates how sociology can ensure that as teachers, practitioners and students we can have a better understanding of the human being”.

One of the elements of the sociology core curriculum is Topic 3 -Experiences of Health, Illness, Disability and Healthcare, and suggests that the students’ learning outcomes are:

To be able to:

- Discuss factors influencing patients’ experiences of health care
- Demonstrate an understanding of the experience and the role of carers
- Explain the ways in which health and illness and disability shape identity
- Identify the social, physical and emotional impact of living with illness
- Apply an understanding of the patient experience to medical practice

Whilst the BeSST document spoke of the outcomes rather than the teaching methods, we believe as co-editors of this MedEdPublish theme that some of the opportunities for teaching these learning outcomes lie in the Humanities—looking backwards to look forward. Although not given to thinking that all the answers lie with the Humanities, we do believe this approach, that casts a reflective look at various art forms, can inspire in addressing the BeSST learning outcomes.
Discussion

This special issue of MedEdPublish will concentrate on the Humanities in Medical Education. The Medical Humanities is not a new discipline, with the term first being used by George Sarton in the 1940’s in the pages of a journal ominously called ISIS (Hurwitz and Dakin, 2009). However, we believe that its relevance now is stronger than ever. There are many definitions, but this seems as good and appropriate as any; “an interdisciplinary field concerned with understanding the human condition of health and illness in order to create knowledgeable and sensitive health care providers, patients, and family caregivers” (Klugman, 2017). In most instances this insight into people (patients) can be gained through looking at art, seeing through the eyes of the subject or the artist, reading stories, poems and novels that describe the human form, physical and psychological, listening to music and reflecting on why the composer wrote that piece of music, in that way and at that time.

And why are the humanities so necessary for 21st century medical education, what can they add, and how can students benefit? Critical but difficult questions with a diversity of responses; perhaps they can help students and all levels of practitioners develop their own values and their communication skills; to better understand the patient point of view and their approach to illness: to think and reflect on theirs and others experiences: to cope better under stress: to see things more critically and probably much more. But, of course, this maybe the tip of the iceberg, and we want to hear your particular suggestion(s).

Medical education seemingly can appear to concentrate on one perspective; how to train medical practitioners to look after their patients better, which, without doubt, is critical in today’s healthcare arena. Medicine is now firmly set and triangulated between the patient, the practitioner and the carer; all are equally vulnerable. To quote Liao “the reality is that the practice of Medicine is a human one. Medicine is about people at their most intimate frontiers. It is also practised by people.” (Liao, 2017).

Along these lines, a recent study has investigated how the humanities can help medical students combat stress, and burnout. The results were positive, and the study confirmed the association between exposure to the humanities and a higher level of positive qualities (e.g. wisdom, empathy, spatial skills) in the students. The authors state, “The humanities might actually provide an indispensable language for exploring that strange, nuanced, and often nonsensical land called the human condition”. (Mangione et al., 2018) This is why the humanities need to play a part in medical education; we are dealing with human beings, and their nonsensical ideas and emotions. The human condition cannot be fully understood by scientists; indeed “Most clinicians are not scientists; they have a different responsibility – to attempt to relieve distress and suffering ….” (Heath, 2016) We feel that by introducing the Humanities back into medical education we help to provide more tools for medical practitioners to deal with their patients and their problems.

The rapid advancement in medical technology has led to great leaps in terms of diagnosis and treatment, and doctors and healthcare practitioners are far better equipped than fifty or even twenty years ago. The question now is, can they give the patients what they really need? Are they being taught to do so? In a recent article, (Ofri, 2018) says, “In moments of medical crisis, you need a doctor who can help you navigate uncertainty. When your body threatens mutiny and you are peering into the abyss, you want a doctor who has contemplated mortality in a deep way. You want a doctor who is unafraid to wrestle with ambiguity and nuance”.

Conclusion

We understand that there is a great deal of debate surrounding the medical humanities, and that one of the main issues is how to introduce it into medical education. Should it be fully integrated into the medical curriculum; should it be an elective; is it a “soft skill”, as compared to the hard currency of scientific knowledge?

Through this MedEdPublish Themed Edition, we are looking for your ideas, your thoughts and your practical applications, about the Humanities and whether they have a place within modern medial education and if they have, how can they be used and developed. Although the topic is very broad, our outcomes can be easily as broad but with our aim being to open this debate across the disciplines, across the ages and across the countries.

There are many initiatives around the world working on introducing the humanities into the medical curriculum, more and more symposia and more associations developing. The world we live in is not unidimensional, and precisely for this reason “we need more breadth, more balance, and more doubt”. (Heath, 2016) You may believe, like us, in the importance of the Humanities in medical education or you may not….but please let your voice be heard.

One hundred years ago, Osler stated, “[Science and Humanities are] twin berries on one stem, grievous damage has been done to both in regarding {them}….in any other light than complemental”. (Osler, 1919)
We look forward to reading your thoughts on this subject and we accept all forms of publications: research and descriptive papers, opinion pieces and personal views.

Notes On Contributors

Mr. Jonathan McFarland is the Head of Academic Writing at Sechenov First State Medical University in Moscow, and a member of their international faculty. He currently holds the position of President of The Doctor as a Humanist Association, a new Association, which held its first international symposium in October 2017, and which aims to promote and develop internationally the concept of the humanities within undergraduate and postgraduate healthcare education.

Professor Irina Markovina is Director of Institute of Linguistics and Intercultural Communication at Sechenov University (Sechenov First Moscow State Medical University). Her interests lie in Psycholinguistics, and she is a representative of the Russian School of Psycholinguistics as well as an Editorial Board member of the peer-reviewed Russian journal “Problems of Psycholinguistics”. She is also committed to developing the English language environment at Sechenov and in other medical universities.

Professor Trevor Gibbs is an Independent Consultant in Medical Education and Primary Care development. He is also AMEE International Development Officer and Associate Editor of MedEdPublish. His interests lie in curriculum transformation and development, the Social Accountability of medical schools and teaching, learning and assessment methodologies.

Declarations

The author has declared the conflicts of interest below.

Mr. Jonathan McFarland, Professor Irina Markovina and Professor Trevor Gibbs are all guest Theme Editors for the AMEE MedEdPublish themed issue for Humanities in Medical Education. Trevor Gibbs is Associate Editor of MedEdPublish.

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Bibliography/References

BeSST (2018) A Core Curriculum for Sociology in Undergraduate Medical Education. Available at: Reference Source

Frenk, J., Chen, L., Bhutta, Z., Cohen, J., et al. (2010) Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. The Lancet. 376(9766), pp. 1923–1958. Reference Source

Heath, I. (2016) How medicine has exploited rationality at the expense of humanity: An essay by Iona Heath. BMJ. (Online), 353, p. i5705. Reference Source

Hurwitz, B. and Dakin, P. (2009) Welcome developments in UK medical humanities. Journal of the Royal Society of Medicine. 102(3), pp. 84–85. Reference Source

Kleinman, A. (1988) The illness narratives: suffering, healing and the human condition. New York: Basic Books, USA. Reference Source

Klugman, C. M. (2017) Medical Humanities Teaching in North American Allopathic and Osteopathic Medical Schools. Journal of Medical Humanities. [Epub AoP]. Reference Source

Liao, L. (2017) Opening our eyes to a critical approach to medicine: The humanities in medical education. Medical Teacher. 39(2), pp. 220–221. Reference Source

Mangione, S., Chakraborti, C., Staltari, G., Harrison, R., et al. (2018) Medical Students’ Exposure to the Humanities Correlates with Positive Personal Qualities and Reduced Burnout: A Multi-Institutional U.S. Survey. Journal of General Internal Medicine. 33(5), pp. 628–634. Reference Source

Ofri, D. (2018) Yes, Studying the Humanities Might Make You a Better Doctor, SLATE. Available at: Reference Source (Accessed: 4 July 2018).

Osler, W. (1919) The old humanities and the new science: The presidential address delivered before the Classical Association at Oxford, May, 1919. Journal of the British Medical Association. 2(3053), pp. 1–7. Reference Source

Riggare, S. (2018) E-patients hold key to the future of healthcare. BMJ. 360, p. k846. Reference Source
Open Peer Review

Migrated Content

**Alice Fornari**
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

This review has been migrated. The reviewer awarded 5 stars out of 5

I am so pleased this organization i value is taking this topic seriously with a devoted theme issue-the editorial is reassuring that internationally this is important and valued-now we can only hope role modeling to medical students and trainees will be supported and transpired in educational efforts. May we continue a world-wide interest and future collaborations.

**Competing Interests:** No conflicts of interest were disclosed.

**David Taylor**
Gulf Medical University, Ajman, UAE

This review has been migrated. The reviewer awarded 5 stars out of 5

The issue of humanities in medicine has always been important but has often been neglected in the training of healthcare professionals. In these days of rapid change and increasing knowledge it is important to take a step back and look at whether we are spending an appropriate amount of time and energy on the topic. This is a concise and clear editorial introducing a series of articles on this theme.
which develop the ideas published by Behavioural & Social Sciences Teaching in Medicine (BeSST), and link them in to a consideration of the literature. The editors of the theme have done a valuable job in gathering the papers together and administering the themed issue, and especially in writing this lucid and informative introduction. In response to the call for advice and support in this area AMEE Guide 122 (Kathleen Kendall and colleagues) will be published in the near future.

**Competing Interests:** No conflicts of interest were disclosed.

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**Reviewer Report 27 July 2018**

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**Sateesh Babu Arja**

Avalon University School of Medicine

This review has been migrated. The reviewer awarded 5 stars out of 5

I thoroughly enjoyed reading this commentary. I would like to thank authors for taking up an important issue in the current medical field where humanely relationships are going down with the arrival of many technological tools and the changing trends of political, economic, and social contexts. This puts physician-patient relationship at risk. I have some teaching experience in behavioral sciences and Medical Ethics. I believe that we should encourage and incorporate humanism leaning theory in our educational strategies. Leaners should be able to realize oneself and able to understand ones feelings. I also have a strong sense of socio-cultural theory and humanities are inseparable and also as authors quoted regarding the practice of medicine from the ivory tower of the university to communities. For the trainees to understand the emotions, they need to understand the societal factors and cultural context which can influence the health and illness. I did remember that we used to involve in community services and community-based education in our medical school as part of the Social and Preventive Medicine course. We also involved in community services and service learning in other courses and modules longitudinally. These activities can make the learners to understand the societal factors influenceing the health and illness which in turn can help them to understand the emotions that people are going through during the illness. This could be economic effects or effects on the family or family members during the periods of illness. Thank you for such a wonderful commentary.

**Competing Interests:** No conflicts of interest were disclosed.

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**Reviewer Report 12 July 2018**
This review has been migrated. The reviewer awarded 5 stars out of 5.

Thank you for a stimulating editorial for this theme issue. There is most definitely an unmet need to bring the humanities to a more central position within medical education. It may be a soft topic compared to others but it needs to be “hardened” by incorporating it into the core curriculum. There are many fine programmes out there but too often they languish on the periphery in elective or special study modules. (Hats off to Univ Western Australia for reversing this!) Perhaps we could use this publishing opportunity to develop a “how to” exercise aimed at mainstreaming medical humanities? Dr Muiris Houston

Adjunct Prof Narrative Medicine
Trinity College Dublin

Competing Interests: No conflicts of interest were disclosed.

Yingzi Huang
The First Affiliated Hospital, Sun Yat-sen University

This review has been migrated. The reviewer awarded 5 stars out of 5.

Thanks for such an inspiring and interesting theme in a timely manner. Technology nowadays overwhelms people in medicine more and more with fashionable words like AI, big data etc, while humanities in medical education is in danger of being ignored. China is no exception as the second biggest economy with rocketing development since decades ago. A disruptive system without effective primary care has worsen the situation, a case in point is the tension between doctors and patients in China, where people start to reflect on our system and hopefully a consensus is reached that one of the fundamental solutions must be humanities. As an insider, I clearly see both sides of the story. What patients want in China might not necessarily equal what they need. But based on the consideration of information asymmetries, doctors can never avoid the responsibility to readjust their patients’
expectation and ‘educate’ them into rational decision and judgement of their own health, since who else can ever get the job done? To tackle the question of ‘how exactly’, one of the weapons for both doctors and patients is humanities, which fully embrace the definition of uncertainties in medicine and diversity in human being, which is why we have to develop humanities in medical education before it's too late. It's bound to be difficult but worth the commitment in this field, where eventually trust can be built and our future doctors won't be any more afraid to ‘wrestle with ambiguity and nuance’ for our patients. It's a very important theme and I look forward to enjoying reading more thought provoking articles.

**Competing Interests:** No conflicts of interest were disclosed.

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**Sandra Carr**  
The University of Western Australia

This review has been migrated. The reviewer awarded 4 stars out of 5

Thank you for this well written and thoughtful piece. The humanities have be utilised in the education of health professions for as long as we have been educating health professionals! It is important for us all to reflect on that periodically and this special issue will assist in this. As well as increasing understanding of personal values and beliefs, the humanities can be the vehicle to generate valuable learning and insight for both undergraduates and practitioners into our own unconscious bias and how these biases influence our health care provision. I also agree that the humanities can assist us to balance the sometimes competing tensions between the need to be clinically competent and the need to be caring and sensitive and sensible health professionals. It will be valuable to see what submissions are received in relation to these specific topic areas. With the shift to a graduate entry medical program, the University of Western Australia has developed an undergraduate major in Humanities for Health and Medicine in its Biomedical Science that will commence from 2019. It will be the first such undergraduate major in Australia and may well be the beginning of a new appreciation of the value of the humanities in ALL undergraduate health professions education.

**Competing Interests:** No conflicts of interest were disclosed.
I look forward with great interest to this edition of MedEdPublish on the Medical Humanities. I read the opening editorial with great interest. The editors succinctly sum up the importance of the humanities in medical education. Even today, medicine still deals with uncertainty and medical students and doctors should learn about dealing with uncertainty. The science of medicine is rapidly advancing and science is increasingly dominating modern medicine. There is an increasing awareness of the importance of the humanities in medical education throughout the world. Initiatives are ongoing in various developing countries to use art in the education of doctors. Literature, art, music, painting and other arts contributes significantly to the development of the future physician. I have been involved with the medical humanities since 2007 first in Nepal and then in the Caribbean and look forward to this issue. I eagerly look forward to contributions especially by authors and educators from the developing world.

**Competing Interests:** No conflicts of interest were disclosed.