

## GUEST EDITORIAL PREFACE

# Special Issue

## Using the Medicine in Humanities to bring Humanity in Medicine

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*Some people think only intellect counts: knowing how to solve problems, knowing how to get by, knowing how to identify an advantage and seize it. But the functions of intellect are insufficient without courage, love, friendship, compassion, and empathy.— Dean Koontz*

Before being initiated to the exciting world of medical education I had believed that training doctors merely involved the acquisition of knowledge and skills. There were good doctors and the not so good doctors ---this had nothing to do with their medical school but rather depended on their own moral values, their upbringing and communication skills. To be honest, during the medical school I had never been sensitised to the most important domain of learning for a doctor--- the domain of attitude and soft skills. Why was it so? Why had nobody ever made a conscious effort to help me learn or assessed me for these most important qualities required for practising medicine. Over the years I learnt the meaning of clichés like: *the knowledge of medicine is a science but the*

*practice of medicine is an art.* --- And realised the profoundness of the statement!

What are the domains of learning for a doctor and which of these is most important for a doctor to master. Is it enough that a student memorises all causes of hypertension and is able to classify the drugs or remembers the minutest details of their pharmaco-kinetics? Is it enough that he develops the skill to measure the patient's BP correct to the nearest millimetre of mercury, according to the impressive and detailed guidelines of the American Heart Association? What, if in spite of all this knowledge and skills he fails to keep his office appointments, does not explain the side effects, has no idea about the importance of communication in healing and fails to satisfy his patients?

If we trace the history of medicine we find that doctors have always been placed on a very high pedestal in society. They have always meant more to their patients than mere scientists studying the diseased body and treating the cause of its dysfunction.

If we trace the history of medical science we find that the earliest doctors were the priest/

monk- doctors in ancient Egypt. It was a crude form of medical science related to the use of herbs, witchcraft and religion. There is evidence that physicians adopted an ethical code of conduct for themselves even at that time. One such inscription reads ‘Never did I do evil towards any person’ on the tomb of Nenk-Sekhmet, Chief of the Physicians during the 5th Dynasty.

From Egypt medical science travelled to the Arabs and the Greeks. It was around the 12<sup>th</sup> century that it was transformed from a mixture of witchcraft and religion to a science looking for treatment of diseases. However in spite of separating it from religion, medicine was not isolated from the humanities. Professionalism, ethics and empathy continued as essential qualities in a doctor. Physicians continued to enjoy a very high position in society, but at the same time were expected to be of high moral character indulging only in ethical practice-- a heritage carried over from ancient Egyptian and Greek physician-priests. The Hippocratic Oath written during this period documented these societal expectations from doctors as they pledged to ‘Do No Harm’ (PACS, n.d.).

In recent times, especially the last few decades we have been witness to the most exciting developments in medical science. We have been able to annihilate some deadly diseases, conquer others, control most and prevent many others. At the same time the training of medical students has undergone dramatic changes. We have researched and re-researched educational methods, educational philosophies, questioned prevailing training methods and evolved new teaching- learning methods. Medical curriculum equipped with Bloom’s taxonomy, Kirkpatrick’s evaluation methods, use of technology and the concept of humanistic training using state of the art manikins and virtual patients has come a long way in improving the knowledge and skills of our trainees. But at the same time the art of medicine has declined and our profession has lost much of the grace and nobility associated with it. If we try to analyse the reasons for this we find that the study of medicine today emphasises only on the science of medicine-- isolated from the humanities. As a result we have become no

more than glorified health technicians devoid of human touch. We focus on the disease and not on the patient as a whole failing to introduce our students to the humanistic side of medicine. How many of us equip our students to communicate with patients, sit by their side, listen and help them understand their illness and have a dialogue about pain or suffering?

However our quest to develop a method for training more humanistic future doctors adept at taking life and death decisions continues and as a result we have learned to reflect, evaluate and reinvent our training programs. This has led to the development of new, interdisciplinary branches in medicine. Medical humanities is one such branch.

What is MH? Most people equate MH with bioethics and medico- legal medicine. Wikipedia defines it as an interdisciplinary endeavour that draws on the creative and intellectual strengths of diverse disciplines including literature, art, creative writing, drama, film, music, philosophy, ethics, anthropology, and history *in pursuit of medical educational goals*—specially our goal of having more humanistic doctors (Wikipedia, n.d.).

According to the Cleveland Clinic MH website the field of study traces its beginnings to the early 1960s through the work of the group--- Ministers in Medical Education (Cleveland Clinic, n.d.; Duncombe & Spilman, 1971). The members of the group were derived from the clergy and worked in medical institutions. Their work primarily involved working with patients but later it extended to medical students, ethics and health issues at the community level—with the primary aim of humanising healthcare and ensuring its delivery in a social and cultural perspective. In 1967 the Ministers in Medical Education, in collaboration with the Society for Health and Human Values founded the first Medical Humanities program at Penn State, Hershey (Penn State, n.d.; University of Texas, n.d.). In the next two decades almost all medical colleges included a MH program in their curriculum.

How does a MH program help in developing doctors with more empathy? Some of the

tools used in MH modules are reflective writing, philosophy, theology, anthropology, ethics, history, religion, social sciences, psychology, sociology, and the arts including literature, theatre, film, and visual arts. The study of sociology and anthropology equips them with skills to practice medicine with social and cultural sensitivity. Ethics, theology and religion may be used to develop moral and spiritual perspectives about illness, thus helping their patients to cope better with their illness. Reflective writing and illness narratives help to give an insight into subjective experience about illness, pain and disability. Literature, performing and visual arts and history improve the skills of observation, attentive listening and communication equipping them to cope with bad news, treatment failures, patient suffering, and life and death decisions. They help doctors in understanding the patient, the doctor-patient relationship and their own confused selves when faced with stress, failures, guilt, pain and suffering.

Thus MH is bio-ethics, professionalism, empathy and much beyond these. It's a new and exciting branch waiting to be explored and validated as a tool for developing the most important domain of learning in medicine.

There is much medicine in the humanities which can be used to bring back the humanity in medicine.

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