Humanities in Medical Education: A Perspective

Pratibha Singh[1], Kuldeep Singh[2]

How to cite this article:
Pratibha Singh, Kuldeep Singh. Humanities in Medical Education: A Perspective. Journal of Global Medical Education and Research. 2024;1(1):29–32.

Abstract

Medical students are educated ininnumerable aspects of basic medicine, such as anatomy, physiology, biochemistry, haematology, immunology, genetics etc. However humanistic aspects of medicine have attracted attention in recent years and is recognised as a important aspect in medicine now. The cultivation of humanities courses, such as medical ethics, medical history, psychology, sociology, and medical history helps to prepare students for their transformation from medical students to skilful medical professionals. It's importance is being increasingly recognised now all across the globe. Both Western and Indian medical colleges include a variety of medical humanistic classes for undergraduate students. Although education in medical humanistic has undergone many changes, it still requires improvement and educators also need to learn. Humanities will help young minds to become better human being and hence a better doctor. Medical humanity is increasingly being recognised as the soul of health education

Keywords: Medical education; Humanities, Undergraduate students, Ethics.

Introduction

It is often said that words of a doctor heals half the ailment; even in medical history, the healing power of the humanistic approach has assured that many patients have been at leastto some extent healed, despite receiving in effective treatment based on incorrect theories of disease or incorrect diagnosis. Modern medicine has seen significant improvement in knowledge and facilities; and treatment is based on sound knowledge, critical analysis and scientific approach to treatment of disease. However, the art of healing requires more than these facts and evidences. This has been well recognised in medical literature and attempt is now being made to train doctors of future in these aspects of compassion, empathy and moral reasoning. Cassell EJ has said that humanity-oriented professional courses can provide substantive education, particularly when they focus on patients rather than disease.[1] Hence it is important to cultivate a humanistic approach from the very beginning of medical education courses.

Graduation [MBBS] courses in India

Medical teaching in India is composed of three stages: basic medical education [pre-clinical and para clinical], clinical education, and then internship. Basic medical education introduces students to the medical world, and now early clinical exposure exposes them to the real patients. This initial stage is crucial, and should provide young minds with

Author's Affiliation: [1]Professor and Head, Department of Obstetrics & Gynecology, [2]Additional Professor and Head, Department of Pediatrics, All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan 342005, India.

Correspondence and Reprint Requests: Pratibha Singh, Professor and Head, Department of Obstetrics & Gynecology, All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan 342005, India.

E-mail: drpratibha69@hotmail.com

Received on. 27.02.2024; **Accepted on** 15.04.2024

a foundation in a wide-ranging understanding of humanistic ideas. Basic medical education is a necessity for prospective medical professionals of today. Students should be taught various aspects of basic medicine such as anatomy, biochemistry, physiology, genetics, and immunology along with medical humanities.

Humanities education into traditional medical courses

Medical education is vast and often imparted in a fixed format by conventional teacher and teaching styles; changes to the existing traditional system if often resisted. The need for changes has been recognised by the Medical council of India and many medical colleges are now introducing these courses in their medical curriculum. Teaching in humanities can be carried out under the guidance by the humanities professionals or medical teachers with special interest in humanities. Teaching in these courses can be integrated into the existing system and can be experimental too.

Teaching in Anatomy requires dissection of human body and many individuals donate dead body of their loved ones and family members for the advancement of medicine. At many places across the world, in human Anatomy courses, students are asked to observe a moment a silence to express gratitude to the persons who have donated their body at the start of course. After Regional anatomy courses, students in western countries are asked or asked to write their experiences about the personal reflections and feedback.[2,3,4]

In Physiology courses, many animal experiments in different part of world requires the animal to be sacrificed; similar gratitude is shown by teachers and students by observing silence or sometimes a gravestone is erected/laid to pay homage at some places. However, in Indian medical system it has largely been replaced by lab experiments and animals are not used for these experiments and teaching. History of medicine not only arouses curiosity but often brings mixed feelings of joy, fear, astonishment by the achievements and hardships of the scientists. The discovery of Helicobacter pylori profoundlyamazesmedical students, when they know that Dr. Marshall risked his own life by drinking contaminated water to prove that Helicobacter pylori causes gastritis. Marshall's persistence won the Nobel Prize in Physiology or Medicine and made a global contribution to medicine. Foundation courses plays a very important role in imparting these aspects of humanistic approaches over the past decades.

Early clinical exposure

All over the world, it has been accepted that early clinical exposure to the budding medical graduates is important and MCI is also recommending early clinical exposure for the medical students in India. Many studies have revealed the positive impact of early clinical exposure; students too have expressed their gratitude for the hands on experience in the real world patients with greater understanding, and effectiveness.[5,6]

Many colleges have 1–2 weeks' foundation courses to prepare them for actual world patients. The general aim of such courses is to offer students a positive professional perception, to reinforce their desire to study medicine and to serve as an introduction to actual medical practice.[7]

Potential of medical humanity courses

Walsh et al. in a study done at Harvard University showed that students attending medical humanities courses are also involved in physical training and sports. Potential of art and recreational activities eg-reading, singing, arts, sports etc can have a positive effects on development of medical humanity in students.[8] Yoga improving students attendance in Anatomy classes has also been studied.[6] All these activities help students cope with different situations in medical career. However not many studies have been done on these aspects of humanities. Many medical colleges in India are gradually introducing and promoting different aspects of personality in their students.

Medical humanities courses

The aim of these courses is to help students in gradual transformation from students to a responsible, caring, empathetic, courageous and qualified medical professional. Successful practice of medicine requires not only a good understanding of medical knowledge but also self-discipline, self-awareness, insight, calmness, patience. Many of these qualities are observed by them in their clinical postings too. Medical humanities courses make students aware about the importance all these virtues and motivates them to inculcate these qualities in them, which will benefit them and their

patients too.[9,10]

In USA upmost medical colleges offer elective medical humanities courses to students of all grades, or facilities for the teaching of humanities. Medical ethics, medical psychology and social medicine are the most commonly taught courses there. Harvard University, provides the most extensive humanities teaching. University of California, San Francisco, offers students a greater choice of teaching methods; they can join a medical humanities interest group or humanities book club. Additionally, multiple peer-group seminars for independent or supervised study are also offered. Problem-based learning (PBL) and web-based learning for medical humanities courses are also options for these humanities courses in some medical schools. Medical humanities courses are open to all medical students, giving them flexibility to choose according to their choice and convenience.[10,11,16]

Indian medical colleges/universally are gradually accepting and adapting medical humanities courses but teaching content, style, and methodology is lagging behind as compared to the western countries. In terms of methodology, lectures are the most popular form of delivery of these courses, but some modifications and experimentations are being done at some places, eg in AIIMS Jodhpur at the time of foundation courses humanities concepts are delivered through the integrated teaching sessions, panel discussions, role plays and videos. These changes are not only meeting the basic needs for important social medicine, ethics, humanistic education, medical history and psychology and are well received.

The commonly taught medical humanities concepts are-

Patient-Doctor relationships or Medical sociology: This is taught in many medical schools across the world. It helps and inspires students to value relationships with their patients, treat them with respect and communicate well with their patients. Harvard Dental school collected data on patient-doctor interactions courses and found significant relations with these scores and their clinical performances.[11–13] Doctor-patient relationship is also linked to medical health reforms. Misunderstandings between doctors and patients has led to violence or crime against doctor and highlighted by media. At this time, it is apt to say there is greater need for medical sociology education

Medical ethics: Medical ethics is another important part of medical humanities teaching. It empowers doctors in medical decision making with focus on knowledge, abilities, and attitudes. It can be taught by problem based learning or role plays. University of Texas uses PBL [Problem-based learning] to impart teachings on medical ethics. Medical ethical reasoning is of great importance in further professional training and often includes problem identification and collection of information, decision making, management and observing the clinical behaviour. Individual and social factors, conflicts, family support, resources and accessibility often effect the final results.[14–16] All these aspects need to be considered while coming to ethical reasoning and decision making. Despite great importance of medical ethics and reasoning its practical teaching to students needs to be improved upon and matched to the current changing world.

Medical psychology: Medical psychology is also incorporated into basic medical education and has clinical & health psychology, and behavioural studies. Medical students are required to familiarise themselves with patients' lives, personal histories, values, and attitudes during the learning process. Concepts of psychological are closely associated with medical ethics and overlap with the topics discussed in medical sociology, doctor–patient relationships. It also helps students develop self awareness and hobbies; though the vast course leaves them with little time for extracurricular activities.[17] This huge load of studies affects mental health too and these courses help students to take care of their mental health and seek help for any mental health problems

Medical history: Medical history is the basis of medical education, as it allows students to identify and reflect on historical medical advances and mistakes. Taught in medical colleges, medical history allows student to develop interest and relate to the glorious past and mistakes in medical history. Many colleges have medical history museums, where students can visit, and relate to the noble profession.[18]

Conclusion

Medical humanities teaching is very essential to the development of a successful medical doctor. It can expand clinical performance and increase empathy for their patients. 25 Substandard doctor–patient relationships can causedistrust and dispute. Medial humanities teaching should be imparted early and be continued during their course. It can be taught by many innovative methods of teaching. It will help the budding doctor to acquire and imbibe

these qualities early, building a compassionate, ethical and well qualified doctor who would be a great help to the society.

References

1. Cassell EJ. The place of the humanities in medicine. The Hastings Center, 360 Broadway, Hastings-on-Hudson, NY 10706. 1984:p.60. (https://eric.ed.gov/?id¼ED261606)
2. Hedy S Wald, Jonathan Mcfarland, Irina Yu Markovina. Medical humanities in medical education and practice. Medical Teacher August 2018;4(5).
3. Kluesner N, Expanding Humanities Training beyond Medical School. Virtual Mentor. 2014;16(8):631–35.
4. Walsh K. The humanities in medical education: lessons from the past Br J Gen Pract. 2015 Mar;65(632):141.
5. Caroline W, Lundin S and Troein M. Humanities for medical students? A qualitative study of a medical humanities curriculum in a medical school program. BMC Medical Education 2006;6:16.
6. McCulloch C, Marango SP, Friedman ES, et al. Living Anatomy: teaching and learning musculoskeletal anatomy through yoga and Pilates. AnatSciEduc 2010;3:279–86.
7. Martyn Evans. Reflections on the humanities in medical education Med Ed First published: 31 May 2002 https://doi.org/10.1046/j.1365-2923.2002.01225.x
8. Mullangi S. Presenting the Case for the Medical Humanities. Virtual Mentor. 2014;16(8):592–94.
9. O'Neill D, Jenkins E, Mawhinney R, et al. Rethinking the medical in the medical humanities. Med Humanit 2016;42:109–14.
10. Graham J, Benson, LM, Swanson J, et al. Medical humanities course work is associated with greater measured empathy in medical students. Am J Med 2016;129:1334–37.
11. Nelson LP, Maramaldi P, Kinnunen TH, et al. Early performance in a humanistic medicine course as a predictor of dental students' later clinical performance. J Dent Educ 2013;77:1006–12.
12. Tucker JD, Wong B, Nie JB, et al. Rebuilding patient-physician trust in China. Lancet 2016;388:755.
13. Tucker JD, Cheng Y, Wong B, et al. Patient physician mistrust and violence against physicians in Guangdong Province, China: A qualitative study. BMJ Open 2015;5:e008221.
14. Gross ML. Medical ethics education: To what ends? J EvalClinPract 2001;7:387–97.
15. Mattick K and Bligh J. Teaching and assessing medical ethics: where are we now? J Med Ethics. 2006 Mar;32(3):181–5.
16. Heidari A, Adeli SH, Taziki SA, et al. Teaching medical ethics: problem-based learning or small group discussion? J Med Ethics Hist Med. 2013 Jan 1;6:1.
17. Bryan CS and Longo LD. Perspective: teaching and mentoring the history of medicine: an Oslerian perspective. Acad Med. 2013 Jan;88(1):97-101.
18. Garrison, Fielding. H, Blocker G and TM Jr. An introduction to the history of medicine. Isis 1976;57:510. (https://archive.org/ details/3edintroductiont00garruoft)