



Welcome developments in UK medical humanities

Brian Hurwitz¹ • Paul Dakin²

¹ King's College London, Centre for Health Sciences and the Humanities, Strand, London WC2R 2LS, UK

² Woodlands Medical Practice, 54 Leopold Road, London N2 8BG, UK

Correspondence to: Paul Dakin. E-mail: pdakin@nhs.net

DECLARATIONS

Competing interests

None declared

Funding

None

Ethical approval

Not applicable

Guarantor

PD

Contributorship

Both authors contributed equally

Acknowledgements

None

There is a growing perception that science alone (or science with glances towards ethics and the social sciences) provides insufficient overall foundation for holistic understandings of the interaction between health, illness and disease. A distinguished group of evidence-based researchers agrees:

'... knowing the tools of evidence-based practice is necessary but not sufficient for delivering the highest quality patient care. In addition to clinical expertise, the clinician requires compassion, sensitive listening skills, and broad perspectives from the humanities and social sciences' (emphasis added)¹

George Sarton first used the term 'medical humanities' in the 1940s in the pages of *ISIS*, a journal devoted to the history of science, medicine and civilization: two decades later the coinage resurfaced in the context of medical education. Today, the UK Association of Medical Humanities defines the area as 'a sustained interdisciplinary inquiry into aspects of medical practice, education and research expressly concerned with the human side of medicine',² a concise formulation which nevertheless spans medicine with a potentially very wide terrain of thought, human emotion, expression, feeling, imagination, knowledge, language and culture.

The humanities engage with specifically human accomplishments, all those human things (in the words of American critic, Ronald Crane) 'which are not amenable to adequate explanation in terms of general laws or natural processes, physical or biological, or in terms of collective social conditions or force',³ a vast canvas of exploration and learning which includes subjects such as literature, languages and philosophy, drama, performance, the visual and plastic arts, film, music and dance.

Such disciplines often examine subjects from many angles and, like medicine, accord special importance to human testimony and experience. They value reason, attend to meaning and subjectivity, and accommodate ambiguity, human expressiveness and emotion – aspects of life and welfare which medicine may be less good at recognizing.

The field of Medical Humanities gained institutional medical status in 1972 with the founding of the Institute of Medical Humanities at the University of Texas (Galveston). Soon afterwards, newly-founded journals in the USA began to outline the contours of humanities and medicine interface, such as the *Journal of Medical Humanities* followed by the *Journal of Medicine and Philosophy, Literature and Medicine* and the *Yale Journal for Humanities in Medicine*.

Academic recognition of the field in the UK has been slower to develop, but has emerged from an equally broad base. The BMJ Group publishes *Medical Humanities*, an imprint of the *Journal of Medical Ethics*, and several peer-review journals devoted to exploration of particular facets of humanities and medicine, such as *Medical History* and *Social History of Medicine*, predate the appearance of publications devoted to the generic area of Medical Humanities. Three professorial chairs are now established in the field: at the University of Swansea in 'Healthcare and Medical Humanities', at the University of Durham in 'Humanities in Medicine', and at King's College London in 'Medicine and the Arts'. Specialized degrees are offered by Leicester (MA in Medical Humanities), Swansea (MA and PhD programme in Medical Humanities), Bristol (BA in Medical Humanities) and by King's College London (MA in Literature and Medicine).

These developments have been accompanied by a growing interest in the relevance of Medical Humanities to undergraduate education.^{4,5} There

has been much experimentation in the area educationally,⁶ and there is some evidence that indicates core clinical skills can be taught effectively when medical students study arts and humanities courses.^{7,8} There is an increasing awareness therefore, that Medical Humanities can help students and practitioners to think, empathize, argue, evaluate and express themselves, all valuable qualities in a clinical setting.

Better understanding of this expanding interface may help to attune the technological capacities of modern healthcare to the needs and sensitivities of individuals. The Wellcome Trust recognizes this inherent potential 'to reflect upon and critically evaluate how people experience medical practice, illness and health' and has recently increased investment in order to boost its research capability in ways that promise to inform medical practice.⁹ By continuing to promote Medical Humanities, and build on the academic and educational foundations already laid, we hope to see the formation of emotionally and culturally competent scientific practitioners whose primary skills include not only the familiar triad of history, examination and investigation, but capacities for pause, reflection and integration of more subtle and ambiguous information into clinical assessment. Further exploration will challenge the prevailing image of medicine as predominantly an

applied technology with doctors as its highly qualified administering technicians and will prompt re-examination of the medical endeavour as part science, part craft and part art.

References

- 1 Guyatt GH, Haynes B, Jaeschke R, *et al.* Users' Guides to the Medical Literature: XXV. Evidence-based medicine: principles for applying the Users' Guides to patient care. Evidence-Based Medicine Working Group. *JAMA* 2000;**284**:1290–6
- 2 See <http://amh.ac.uk/index.htm>
- 3 Crane RS. *The Idea of the Humanities and Other Essays Critical and Historical*. Chicago, IL: Chicago University Press; 1968 (cited in Said EW. *Humanism and Democratic Criticism*. Basingstoke: Palgrave Macmillan; 2004. p. 15
- 4 Shapiro J. A sampling of the medical humanities. *Journal for Learning through the Arts* 2006;**2**. See <http://repositories.cdlib.org/clta/Ita/vol2/iss1/> (last checked March 2008)
- 5 *Academic Medicine* Special Issue Medical Humanities 2003;**78**. See <http://journals.lww.com/academicmedicine/pages/toc.aspx?year=2003&issue=10000> (last checked March 2008)
- 6 Bleakley A, Marshall R, Broemer R. Towards an aesthetic medicine: Developing a core medical humanities UG curriculum. *Med Humanities* 2006;**27**:197–213
- 7 Dolev JC, Krokser Friedlaender L, Braveman IM. Use of fine art to enhance visual diagnostic skills. *JAMA* 2001;**286**:1020–1
- 8 Charon R, Trautmann Banks J, Connelly JE, *et al.* Literature and medicine: contributions to clinical practice. *Ann Intern Med* 1995;**122**:500–606
- 9 See <http://www.welcome.ac.uk/News/Media-office/Press-releases/2008/WTX049941.htm> (last checked December 2008)