Education and debate

Editorial: a library of "non-medical" books for medical students: a foot in the door or an obstacle to progress?

In their paper describing the reading habits of Italian medical students and their views about the place of the humanities in the medical curriculum, Piccoli and her colleagues suggest that medical schools from Mediterranean Europe have been slow in developing the role of medical humanities in educating their students.¹ Their students, however, report levels of "non-medical" reading similar to those reported elsewhere² and display an enthusiasm for inclusion of medical humanities in their medical education similar to that exhibited by their peers from elsewhere when given the opportunity.³⁻⁷ In order to respond to their students' enthusiasm and wishing to introduce medical humanities into the medical school, they suggest establishing a collection of "non-medical" books within the medical school library. This may seem an attractive first step in such circumstances but needs closer scrutiny before being adopted.

Piccoli and her colleagues suggest that the slow uptake of medical humanities in the Mediterranean region, as compared to Anglo-Saxon medical education, may be related to differences in the cultural milieu, and to medical humanities' being seen as "challenging" to Mediterranean medical schools. Most of us working in medical humanities will have experienced the challenge that the development of medical humanities has posed to medical schools. But some of us working in Anglo-Saxon medical schools have benefited from local factors, which have facilitated their introduction. For example—the publication of *Tomorrow's Doctors*⁸ in the UK provided new opportunities for the introduction of the humanities into British medical schools such as the Special Study Modules (SSMs). The elective nature of these SSMs avoided the debate about whether the humanities should be part of the core curriculum as well as avoiding adding to curriculum overload. It may be these facilitating factors which have contributed to this difference in the development of medical humanities.

In the absence of local facilitating factors, to develop a collection of "non-medical" books in the library is an attractive strategy for introducing humanities into the medical school. The strategy does not add to the students' workload nor require time to be found in the curriculum for new material and appears to involve only a modest cost in terms of library budgets. Library funding bodies may, however, see this, albeit small, expense as an inappropriate use of their funds, placing greater importance on addressing the quality and breadth of the medical texts in the library. As three of Piccoli's students commented, public libraries already provide many of these books; and as her own evidence shows, the majority of students already read such books.

The provision of non-medical books may not be the best way to introduce medical humanities to medical students

In addition, this approach to introducing medical humanities into medical schools has the limitation of providing an educational resource without providing educational objectives for the students. If this is to be seen as an educational intervention by our colleagues then students will need to be provided with at least an annotated reading list, which relates to the medical curriculum as well as providing the texts in the library. Even this, however, has the weakness that the students will not benefit from the opportunities for discussion of, and reflection on, the texts in the context of their medical training, which would be provided by a formalised course.

In the light of these practical difficulties with this approach, the question arises: is something better than nothing? Clearly those of us working to develop medical humanities in medical education are convinced of the benefits this approach can provide for our students and many would see this as a "foot in the

door" despite its limitations. As a strategy for introducing medical humanities into a sceptical medical school establishment, however, it suffers from a more fundamental problem. It does not address the objection that humanities are inappropriate in the education of members of a scientific discipline, especially when there is little evidence for the effectiveness of such an approach.⁹ It is this objection that needs to be tackled if medical humanities is to become an established part of the medical curriculum; simply providing a collection of "non-medical" books for students in the medical school library cannot address either their appropriateness or their effectiveness in medical education.

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