Education and debate

Editorial: The medical humanities teaching and research agenda: a symbiotic relationship

The authors of this edition's Education and debate paper were inspired to develop an optional literature and medicine course for undergraduate medical students after hearing a talk by colleagues from Birmingham: one group of passionate educators acting as role models for another.¹ Whether through conferences, peer reviewed publications, or word of mouth, medical humanities educators are sharing with each other ideas, resources, and lessons learnt, and this generosity and enthusiasm is to be encouraged.

Equally important, however, is the need to ensure that the pedagogical principles underlying the development, delivery, and evaluation of these courses are sound, and that the theoretical, conceptual work of medical humanities research supports the choice of both the learning objectives and the teaching process. Given the proliferation of arts and humanities based courses for health care professionals in the UK it is perhaps timely to review the sorts of questions such research might entail. The ideas that follow are offered in the hope of stimulating debate about what constitutes the medical humanities research agenda; the interrelationship between the research and teaching agenda; how medical educators can actively engage with those already undertaking this research, and how this agenda can be progressed.

An important starting point is to acknowledge that many of the scholars who are actively engaged with these ideas would not consider themselves medical humanities scholars. Instead they are arts and humanities scholars

interested in these areas of academic inquiry. While acknowledging this distinction I will, for the sake of this editorial, use the term medical humanities scholars as a catch all description for those engaged with the ideas outlined below.

The medical humanities research agenda includes a concern with the ways in which the application of the arts and humanities to medicine and health can illuminate thinking and understanding in relation to: illness; health and wellbeing; medical culture; the doctor/patient relationship, and the delivery of health care. Medical humanities is concerned among other things with understanding the social, cultural, political, economic, and historical determinants of all of these factors, and with understanding how these concepts are constructed and how discourse about them is framed. Some of the possible research questions that follow from this broad definition are suggested in the box below.

When enthusiastic educators design new and exciting courses, they may consciously or subconsciously have many of these questions, and their own answers to them, in mind. They are aware, through their own professional and life experiences, of the cultural, political and historical determinants of health and wellbeing, and equally aware of how challenging it can be for students to appreciate these within the framework of a traditional medical curriculum. When, however, an opportunity arises to explore these ideas with students, medical educators may lack formal training in these areas and may feel uncertain about whether they are suitably qualified to address these issues formally.

As well as the challenge of ensuring that they do not teach beyond their expertise, medical educators who are clinicians face the additional challenge of trying to question and examine a system and culture of which they are a part. Familiar with the culture and vocabulary of medicine, they may be only partially aware of how both the culture and language of medicine, as opposed to the language and culture of the person who is ill, are dominant in the medical encounter. Medical educators do, however, usually understand,

perhaps from their own personal experiences of ill health, that patients can feel a sense of alienation and disempowerment once they come under the influence of that dominant culture.

Possible research questions

1. What are the social, cultural, political, and historical determinants of health and wellbeing?
2. To what extent are the concepts of health, wellbeing, illness, and disease constructed within and across different cultures, societies, and disciplines?
3. What impact do these cultural constructs have on individuals, societies, globally, and on the research undertaken?
4. In what ways can an analysis of the language used in medicine, and within ethical discourse about medicine, facilitate the search for human meaning in modern medicine?
5. To what extent are the different voices within illness narratives—those of patients, carers, and professionals—heard, and what are the determinants (social, cultural, and political) that affect this?
6. To what extent, and how, might collaborative interdisciplinary medical humanities research be of benefit?
7. Does medical humanities have the potential to influence the way in which practitioners conceptualise their work, and the way they “look and see”?
8. If so, what benefits might this entail in terms of clinical outcomes, service delivery, and ethical outcomes?
9. What role does popular culture have in framing debate in this area, and how might an understanding of this role enhance medical decision making?
10. Can arts and humanities based educational initiatives help health care practitioners to do a better job, and if so how?

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These insights and many more are, I suggest, available to medical educators who decide to offer arts and humanities based medical education for the first time. Developing courses in which these concerns are either implicitly or explicitly addressed through learning objectives is an important step in connecting medical humanities teaching with the scholarly work already being

undertaken by humanities researchers. The creative and questioning attitude that drives this research is shared by medical humanities educators and offers a fruitful basis for future dialogue. At its best the relationship between researchers and educators is symbiotic. Medical humanities researchers and educators will need to be proactive if that relationship is to thrive.

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