Medical Humanities at the University of Wales Swansea

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Abstract

The UK's first taught master's degree in medical humanities involves a field of inquiry that is frequently philosophical, pursuing interests and questions traditionally arising in medical philosophy and ethics, but on a larger interdisciplinary canvas, drawing upon literature and the visual arts, sociology and anthropology, social history and politics, and theological and religious perspectives.

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One of the questions at issue in determining the scope and identity of the medical humanities concerns its position in relation to both medical ethics and philosophy of medicine. At the University of Wales Swansea our postgraduate and, more recently, undergraduate, teaching in medical humanities has developed organically out of our postgraduate teaching in ethics and philosophy of health care. By implication therefore our conception of the medical humanities—for the purposes of both teaching and research—is of a field of inquiry that is frequently philosophical in flavour, and that carries forward many of the interests and questions traditionally arising in medical ethics, but on a larger canvas.

For us, the ethical questions in health care practice have always seemed to be penetrated by “conceptual”, epistemic or philosophical questions to do with the central ideas in medical practice and theory—how one should understand the ideas of health, illness, disease, normality, abnormality, human needs and interests, the boundaries of human life and death, and so forth.¹ These ideas are central, too, to the medical humanities—how it is that a rehumanised conception of medicine can and should be distinguished and explored, including those critical areas of medical theory and practice which the natural sciences cannot reach unaided.

Equally, ethics and philosophy of medicine not only supply part of the content of the medical humanities but also contribute to its “methods”, belonging as they do centrally among those humanities perspectives whose rightful place is at the core of clinical medicine, alongside the natural sciences and integrated with them.

For these reasons then it was perhaps inevitable that in developing the UK's first postgraduate degree in medical humanities in the mid-1990s we should build upon our experience in, and our understanding of, ethics and philosophy of health care, and embody this in developing what we have called the “integrated” conception of the medical humanities.² We set out to harness the characteristic insights and perspectives of a number of humanities disciplines (“humanities” here including representation from the social sciences) as these bear upon clinical medicine—but to harness them in a way which could lead to a sustained and integrated view of medicine's nature and goals.

To achieve this we considered the “contributory” humanities perspectives themselves from a further, overarching perspective, that of philosophical inquiry and reflection. We did this in terms of both conceiving and delivering the teaching of the degree. In a sense, our medical humanities teaching involves “philosophy looking at humanities disciplines looking at medicine”. The idea is to consider from a philosophical standpoint what it is that drives these disciplines' interest in medicine, and how their perspectives characteristically illuminate our understanding of clinical medicine.

The general disciplinary areas which we fastened upon as embodying central humanities perspectives on medicine were history, medical anthropology and sociology, literature, the visual arts, politics and social policy, and theology. (In each case the suffix “and medicine” could usefully be applied to specify their scope.) This is necessarily a selection from a wider range of potential areas (obvious omissions include law, psychology and music); regrettable though this is, it is clearly necessary, given the constraints of a master's degree, if we are to have a meaningful yet still practicable syllabus. Having said this, the choice of disciplinary areas is as much a matter for continual review as is the precise selection of topics within those areas in year-on-year teaching.

In each general disciplinary area we attempt to distinguish and explore a group of characteristic ideas or questions which that particular perspective's gaze upon medicine may embody. For instance, one might consider the ideas of plot and character in the way that literature engages with medicine, or the ideas of role and group identity in sociology or anthropology, or the evolution and development of styles of thought in historical perspectives, or the notions of suffering and

salvation in theological accounts—always with the aim of considering how such ideas might illuminate the patient's (and the clinician's) experience of illness, suffering, disability, and the search for structured explanations and responses in professional health care. The syllabus that was developed reflects these aims at the level of the degree as a whole and in individual modules; from a broadly philosophical perspective it embraces topics as diverse as the distinction between biological and biographical life; the history and politics of the National Health Service (NHS); the relationship between religion and psychiatry; visual images, medicine and the body, and ethnography and qualitative method.

Thus the MA (Wales) in Medical Humanities was launched in Spring 1997. It was from the outset available primarily as a part-time taught course (part one) lasting two years, with up to a further two years available to complete the master's dissertation (part two). The first cohort of part-time students are therefore completing their dissertations in the Spring of 2001.

Both parts of the scheme are separately examined and must be passed in order to obtain the degree. Part one is examined by means of five written assignments, one related to each of the five modules of the taught course. Whilst a restricted choice of titles is given for each assignment in order to obtain a reasonable comparison of students' attainments, the scope for individual students' choice is greatly increased at the dissertation stage. Dissertations are currently being completed on topics ranging from the role of narrative and myth in healing to an exploration of cultural shifts in the rising incidence of caesarean section.

One member of the first cohort pursued the degree full-time (the only full-time candidate so far admitted), and he successfully completed his dissertation prior to being awarded the MA in December 1998. It is interesting to note that what was therefore the very first UK postgraduate degree awarded in medical humanities is held by an overseas student; Dr Shinik Kang is a university teacher and practitioner in dentistry in South Korea, who brought his family with him to live in Swansea for the period of his studies. We have been delighted to welcome both Dr Kang and other overseas students from, so far, Finland, Portugal and Israel.

Students otherwise come from a wide variety of UK locations, and from an interesting array of professional clinical disciplines. Perhaps unsurprisingly, medical general practitioners are the most strongly represented group, coming as they do from what might be called one of medicine's most "narrative" specialisms—that is, specialisms in which the patients' wider life stories are of clearest clinical relevance. (Of eighteen current part one students, nine are GPs.) The second most strongly represented specialism is midwifery—again having a strongly "narrative" flavour albeit over a shorter timescale for most patients than is the case with general practice. Other clinical backgrounds include public health, chronic pain management,

intensive therapy anaesthesia, palliative nursing, hospital chaplaincy, chiropractic and health services management.

It is too early to judge the impact of medical humanities study upon the professional practice of our students in general terms, although we have been gratified by individual reports. At some stage, with sufficient numbers of successful medical humanities graduates, a suitably designed and conducted evaluation of such impact will be desirable, for the benefit of all those involved in teaching or studying on existing and planned postgraduate schemes in medical humanities.

Alongside the question of impact upon qualified professionals, the question also arises of the value of medical humanities study for those undertaking or preparing for medical education as such. At the University of Wales Swansea we have more recently (1999/2000) introduced another novel scheme of study, the BSc in medical sciences and humanities. In this scheme, prospective graduate entrants to medical school undertake a preparative degree which differs from a number of existing combined medical sciences degrees available in the UK in that it incorporates an equal measure of humanities studies (50% of the scheme's assessed content).

A substantial proportion of the humanities study, specifically concerning the bringing to bear upon medicine of sociology, philosophy, literature and history, is strongly influenced by our experience in exploring these perspectives at postgraduate level, as we have described. Necessarily the corresponding undergraduate teaching is pitched at an appropriately less ambitious academic level than the postgraduate, but it does benefit from the long term student-teacher contact over the compass of three years' full-time study. This degree, which has been developed in collaboration with the University of Wales College of Medicine in Cardiff, is intended to provide intending medical students with a rounded preparative education which will serve them well through their experience of medical training and education, and contribute to their readiness to become sensitive and engaged clinicians upon qualifying. We hope to be able to report in more depth on this undergraduate teaching in a future issue of *Medical Humanities*. In the meantime, further information on both our postgraduate and undergraduate schemes of study can be obtained from the authors; the undergraduate scheme has a dedicated website at: www.swansea.ac.uk/medical-sci-hums/

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References and notes

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- 2 Evans M, Greaves D. Conceptions of medical humanities [editorial]. *Medical Humanities* 2000;26:65.