

'Medical humanities'—what's in a name?

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The identity and the role of a new academic Association for Medical Humanities are examined

What's in a name? The question has preoccupied both ancient philosophers and modern corporations, albeit for conspicuously different reasons. Standing between them both historically and culturally, Jane Austen drily considered the question through Miss Caroline Bingley's suggested improvement to the ball which her brother proposed to host: "...there is something insufferably tedious in the usual process of such a meeting. It would surely be much more rational if conversation instead of dancing were made the order of the day'.

"Much more rational, my dear Caroline, I dare say, but it would not be near so much like a ball'."

The inaugural meeting of the Association of Medical Humanities was held in Birmingham in February 2002, and a good deal of discussion on that enjoyable and productive day was in time-honoured tradition devoted to the association's proposed name. Notwithstanding the discouraging precedent of Miss Bingley's attempt at redefinition, the question arose as to how "medical humanities" would be—and *should* be—understood. The most contentious issue concerned the word "medical" which can be interpreted in two ways, either inclusively, covering all those matters relating to health, illness, disability, and health care, or exclusively, relating only to what doctors do. Although the former is what is intended—as all present at the inaugural meeting clearly agreed—those who are not closely involved frequently take the expression "medical humanities" to have the latter, exclusive, meaning; thus they view medical humanities as being of interest primarily, or even only, to doctors. The fact that no nurses were in attendance at the inaugural meeting seemed to confirm this.

Though clearly recognised as a serious difficulty, even this consideration did not count decisively against retaining the use of "medical humanities" in the new association's name. This was because "medical humanities" has already gained international recognition, a fact reflected in this journal's title. The vital importance of including all health care

professionals, however, as well as non-medical academics and lay people who are interested in the area, was acknowledged. Participants agreed on the need to find an appropriate way of making this clear. The "integrated conception" of the medical humanities, which places special emphasis on interdisciplinary and interprofessional approaches,² is consciously antithetical to any narrow or reductionist focus, even when these are joined together in an "additive conception", as might be implied by an alternative title such as "Humanities in Health Care".

A further question was whether the association should mainly emphasise the role of education in medical humanities, or relate to practice more generally. Part of the concern was how far it should encompass the therapeutic arts movement and the involvement of arts in developing healthy communities, and it was concluded that these were strands which, although related to medical humanities, were not its central concern. A second issue was whether education should be concerned principally with formal courses within higher education. Although many of those likely to join the association would come from higher education and would have an important role to play in its development, this was considered to be only part of a broader and more informal understanding of education. In countering the convergent tendencies of much education in health care, medical humanities aims to open up the whole of medicine and health care to different educational opportunities, and so cannot be restricted to particular formal settings. It is an approach which when encouraged and cultivated is available to anyone who is interested in both humanity and the imaginative creativity fostered by the humanities.

With due allowance for such diversity, medical humanities seems naturally to involve some emphasis on *education* in this broader sense. But then it may be helpful to recognise that education offers both intrinsic and instrumental benefits. The intrinsic benefits, which are by no means so easy to discern nor so fashionable to proclaim now as they were in the

past, concern taking forward serious intellectual inquiries for their own sake—for the sake of gaining insight and understanding from them, and of stepping across the threshold of doors into (as it were) larger rooms than those in which we have previously stood. This is learning for the sheer joy of learning, enquiry motivated by sheer curiosity. It concerns plunging into the literary, anthropological, historical, or philosophical engagements (among others) with medicine, and moreover doing so with no other object in view than understanding more deeply what this tells us about embodied human nature, or about what it is that "healing" is, or attempts—or a hundred comparable questions, pursued because one is hungry to understand.

(It is remarkable that academic inquiry increasingly has to be almost apologised for, in this sense. Many years ago Bertrand Russell observed that reflective inquiry should not be evaluated solely for its contribution to economic production: for such inquiry is one of the very things which we aim to engage in when we are economically secure, one of the intrinsic "goods of the mind" whose importance persists even when the practical provision of the "goods of the body" has been accomplished.³)

At the same time, we obviously must also pursue education's more instrumental benefits; in the case of medical humanities—as in the case of the distinguishable pursuit of the relation between the arts and health—these benefits ought to embody practical resources for the improvement of patient care and clinical practice. And these practical resources must be demonstrated. Yet beyond this, how does the search for such practical resources interact with the more fundamental intellectual inquiries into medicine's interpretation of the human condition?

Although many of us in the general field of medical humanities are driven by a conviction that the interaction between medicine and the humanities facilitates the human side of medicine, this is a conviction which needs to be put on a surer footing. We believe that the medical humanities are effective in improving the preparation of health carers, including doctors, for clinical professional life; but we should be seeking to support this belief by evidence. If we wish to persuade those whose funding decisions underpin the current pattern of medical education that the curriculum should evolve in the direction of the medical humanities, then we must be able to articulate a demonstrable problem whose solution lies in that direction—and to support our claims with evidence, albeit evidence conceived more widely and imaginatively than hitherto.

This is not the place to assemble the evidence. We can, however, articulate

some of the areas in which practical resources and intellectual inquiries interpenetrate—areas, therefore, in which the evidence must be sought. Understanding the human body not only in medicine's conventional biological terms but also in sociological, philosophical, psychological and cultural terms requires us to take seriously what Merleau-Ponty called the body's "inter-twining of the natural and the existential".⁴ An understanding of this sort might enable us more concertedly to address the unhappiness and dissatisfactions of so many patients, which persist (increasingly so) despite unprecedented levels of health care spending, and which seem to disclose the "somatisation" of problems experienced elsewhere in people's lives. Similarly, if the notion of "healthy societies" and of the "therapeutic arts" are viable ideas, they should of course be acted upon—but we still need to *understand* and explore them intellectually in order to achieve their fullest potential and widest acceptance.

These are valuable intellectual inquiries, *both* instrumentally and intrinsically. But if medical humanities has this intellectual, academic dimension, is "medical humanities" therefore the name of a *discipline*? This journal's editors strongly believe that it is not. Rather it is a field bringing together interdisciplinary approaches to fundamental inquiries.

As many noted at the association's inaugural meeting, if those promoting the medical humanities' incorporation within formal curricula attempt to distinguish a further subsidiary discipline—replete with its own examination or other assessment requirements—they will find themselves in real danger of further fracturing the already fractured educational approach to medicine. Such an approach too easily degenerates from education into simply vocational training; as was famously lamented in *Tomorrow's Doctors*,⁵ medical education has travelled too far down that road already.

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- 3 **Russell B.** *The problems of philosophy*. Oxford: Oxford University Press, 1959: ch 15.
- 4 **Merleau-Ponty M.** *The visible and the invisible* [translated by A Lingus]; Evanston, IL: Northwestern University Press, 1968: 130–55.
- 5 **General Medical Council.** *Tomorrow's doctors*. London: General Medical Council, 1993.

Association for Medical humanities: inaugural meeting

The Association for Medical Humanities (AMH) held its inaugural meeting on 9th February 2002 at the University of Birmingham Medical School. Its aims are, within the United Kingdom and the Republic of Ireland, to promote the medical humanities in education, health care, and research.

Officers of the Association were elected as follows. President: Dr Richard Meakin, Co-Director, Centre for Medical Humanities, University College London (one year). Secretary: Dr Jane Macnaughton, Director, Centre for the Arts and Humanities in Health and Medicine, University of Durham (three years). Treasurer: Mr Robert Arnott, Director, Centre for the History of Medicine, University of Birmingham Medical School (three years). Eight members of council were elected to serve for one, two or three years: Dr Gillie Bolton; the Revd Dr Kenneth Boyd; Dr Martyn Evans; Baroness Finlay of Llandaff; Professor Brian Hurwitz; Dr Robert Marshall; Dr Felicity Rosslyn, and Dr Kieran Sweeney. They will be joined on the council by the representative editor of *Medical Humanities* (*ex officio*), Dr David Greaves. Professor Soren Holm of the University of Manchester and Mr Peter Meredith of the University of Birmingham Medical School were appointed lay auditors.

The association plans to hold its first annual conference early in 2003. It is likely to take place in Durham. Members held a fruitful discussion about the AMH's programme of work and about exchanges of information among members and with other organisations. They thanked the Nuffield Trust for the support it had given to a steering group, whose members prepared the inaugural meeting, and for the two conferences on Humanities in Medicine held in 1998 and 1999 at Windsor. Those attending the meeting stressed that their aims and objectives were inclusive of all health care professionals. They emphasised the reciprocal benefits—with advantages for patient care—of collaboration between the humanities and medicine.

Sir William Reid, Edinburgh