Medical humanities in undergraduate medical education—moving on

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A national association would help to promote the value of medical humanities in medical education

In his description of the development of the history of medicine's role in the undergraduate curriculum at the University of Birmingham Medical School,¹ Arnott tells an encouraging story. Arnott's experience reflects that of other reported medical humanities developments in the undergraduate curriculum in that they are well received by medical students but with the exception of medical ethics they are virtually all non-core courses.²⁻⁵ Both Evans and Macnaughton have made coherent arguments for the introduction of integrative medical humanities courses into the core curriculum.⁶ Arnott's disappointment at the slowness of medical humanities' integration into the medical curriculum will be shared, however, by many medical educators in the field. When our colleagues in medical schools are confronted by this, we are often told initially, that the curriculum is already overloaded or that there are problems funding this sort of development. The subsequent *coup de grace*, however, is either the criticism that medicine is a science and therefore the humanities have no place in medical education; or it is the related criticism that there is no evidence for the effectiveness of the humanities in medical education; or both. If we are to counter the initial two objections then it is the last two criticisms that need rebuttal.

The first criticism seems to arise from a misunderstanding of the nature of scientific practice. That is that scientific practice is based solely on what science tells us about the world. The discovery of nuclear fission did not in itself tell the scientist how to use this information. It is the values of the scientist and society that determine this. The personal, interpersonal, and societal aspects of the practice of medicine often mean that the

practical use of medical-scientific knowledge poses complex problems in this area. Since the introduction of modern scientific medical education in the late nineteenth and early twentieth centuries, however, these valuable aspects of medicine have rarely been taught systematically. Alongside this the arts and humanities, though practised to a high standard by many doctors, have been considered a recreational activity related to the interests and talents of the doctor rather than to their practice of medicine. Further, the name "medical humanities" in itself causes some confusion among our medical colleagues and is often associated with ideas such as teaching students to be "nice" to patients. I am sure we would hope that medical humanities would indeed help to achieve this laudable aim, but if that is all it means to our colleagues then again it is hardly surprising that there is scepticism about the need for the humanities in medicine.

If we are to answer the second criticism of the place of medical humanities in medical education then we need to move beyond descriptive research to outcomes-based educational research.⁷ This needs, however, clearly defined, measurable, educational outcomes. These will include the achievement of well defined educational *aims* and *objectives*, but will also include the impact of medical humanities on the rest of the curriculum and the resources available for medical education. In order to take forward a research programme in such an interdisciplinary field a combination of methodological approaches will be necessary, calling for collaboration between researchers.

In this context it is important that there be clarity among those of us who

are suggesting a role for the humanities in medical education. The nature of medical humanities needs to be clearly defined, its educational aims and objectives in undergraduate medical education clarified, and the educational research agenda determined. A national academic association⁸ would appear to provide a forum where this can take place and the role of medical humanities can be championed. Let us learn, however, from the history of medical humanities in the USA, where until the formation of the American Society for Bioethics and Humanities in 1998 three different academic associations represented the medical humanities,⁹ and move forward as a united interdisciplinary movement.

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