

Medical Humanities in Transition

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The foundations for this special issue were laid during the early days of the pandemic, when the editors co-organised an online seminar series to address the theme of borders in the Medical Humanities.¹ At the time of our virtual exchanges, national borders were closed, various travel requirements were introduced, and COVID-vaccination passports issued. The pandemic confronted us with many uncomfortable questions, such as: What measures, as societies, are we willing to take in order to protect vulnerable, ageing and marginalised groups and to fight systemic racism? How will we mourn the many dead? By spotlighting these issues, the pandemic would, we hoped at its onset, constitute a moment of reckoning that would help us reshuffle our priorities. What has become clear in the aftermath of the pandemic and its socioeconomic and cultural impact is that the Medical Humanities have a key role to play when it comes to scrutinising and reflecting on COVID-19-related transitions and transformations across societies and cultures.

Although, as we are writing, the memory of the pandemic appears to be fading fast, the crisis has highlighted the intricate relationship between health and politics; it has demonstrated that public interventions are possible if there is trust in authorities, medicine and, above all, scientific expertise. It has also reminded us that, since such seismic events take place in specific cultural, social and linguistic environments, they are shaped by complex rhetorical and visual strategies, materialise in particular everyday practices and objects and are guided by specific understandings of ethical concepts, such as trust, responsibility or solidarity. In response to these considerations, this special issue situates the pandemic as a transitional phase as well as an opportunity for transformations within the field of the Medical Humanities. It asks, on the one hand, what is the role of the Medical Humanities in (post-) COVID-19 times and how has COVID-19 transformed discourses within and the practice of the Medical Humanities, on the other. With this collection of articles, we invite our

readers to pause and reflect on the challenges the pandemic has generated for the Medical Humanities, to assess how the field has responded to these and to imagine what the most urgent future developments are.

Historian Molly Worthen noted that the COVID-19 pandemic was a ‘moment for champions of the medical humanities to strike’ (Worthen 2021) because conceptually, the crisis has made one thing clear, namely, that disciplinary boundaries are blurry and that, as researchers, we ‘cannot afford to stay in highly specialised lanes’. Ostherr (2020) has, likewise, called for the formation of ‘translational humanities’, highlighting that we need a more advanced collaborative research culture that ‘transcends disciplinary boundaries’ and ‘can contribute to the front-line response’. By doing so, she has urged us to consider COVID-19’s implications and ramifications for humanist thinking more broadly. Calling for ‘linguistic sensitivity’, Steven Wilson’s ‘Manifesto for a Multilingual Medical Humanities’ posits that ‘responses to the COVID-19 pandemic have drawn renewed attention to an issue that remains endemic in the medical humanities’, namely, that ‘anglophone-based sources and scholarship remain dominant, even though the native language of over three quarters of the world’s population is not English’ (Wilson 2023). Finally, Lewis (2021) stressed the necessity of establishing ‘planetary health humanities’ as a response to the pandemic. Together, these scholars have called for a broadening of what we understand the field to be, not only in disciplinary but also in methodological and linguistic terms. While the pandemic has highlighted the need to cross disciplinary boundaries and to expand the field beyond established boundaries, it has also shown the limits of such approaches by cementing and creating all kinds of binaries and actual borderlines. These ranged from geo-political borders that suddenly became salient despite advanced globalisation, to medically, ideologically and politically motivated restrictions (of movement, access to information and/or resources), to novel everyday practices (digital/analogue) that contributed to the exacerbation of extant inequalities (access to knowledge or health services), to, finally but not unimportantly, discursive and disciplinary binaries in scientific and public discussions about the virus and the pandemic.

Aware of these developments and weary of their possible outcomes, many institutions,

groups and individuals across the world have called for actions that would counteract the processes of binarisation, legitimisation of the ‘either-or’ rhetoric and blame-allocation that have had othering and marginalisation at their core. From the WHO’s ‘Health for All’ to *Médecins Sans Frontières* and the European Commission’s Policy ‘Care Across Borders’, public health initiatives have long sought to overcome the very borders that COVID-19 has brought to our renewed attention. As the editors of *The Languages of COVID-19* remind us, ‘at the etymological root of the term *pandemic* lies a fundamental tension: *pan*—underscoring that the virus does not respect national borders and must therefore be coordinated centrally by the World Health Organization; and *demos*—a reminder that disease affects people, or peoples, in all their cultural, ethnic, religious, linguistic and political diversity’ (Blumczynski and Wilson 2023, 3). This tension between what we share and what divides us is one of the core interests of the field of the Medical Humanities and, in particular, its turn towards a more ‘critical medical humanities’ (Whitehead, Woods, and Atkinson 2016). It is for that reason that a translational approach, as Marta Araldi and Charles Forsdick have recently claimed, has always constituted the very ‘core’ of the field (Araldi and Fordick 2023). ‘Translation’ in their reading includes ‘the transfer of meaning between languages and cultures’ but stretches much further, in as much as it is guided by ‘a philosophy and an epistemology based on, and serving, an Other-oriented agenda’ (Araldi and Fordick 2023). It is in this vein that we understand Booker Prize Winner Arundhati Roy’s call to think of the COVID-19 pandemic as a ‘portal’ that could help us redefine the future: ‘Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next’ (Roy 2020). If we conceive of the pandemic as such a portal, this special issue allows us to explore how the Medical Humanities can help us rethink the pandemic in such a way as to offer solutions to the problems it has created and exacerbated.

Subscribing to the belief that the recent pandemic constitutes a historical schism, we are particularly interested in how we can use it to rethink the make-up and the role of the Medical Humanities in the future: what methodological, conceptual, disciplinary and theoretical-practical boundaries do we have to overcome in order to learn from it? In doing this, we subscribe to the goals defined both by Viney, Callard, and Woods (2015) and Schillace (2018). In particular, we consider how the Medical Humanities can expand the ‘sites and scales of the “medical”’

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(Viney, Callard, and Woods 2015, 2) in order to offer multilevel interventions that go beyond the 'rectifying' function of the Medical Humanities within medical education and practice.

Cross-disciplinary at heart, this issue is situated at the intersection of social and political studies, philosophy and bioethics, literary, cultural and media studies, the history of medicine and public health. While offering particular perspectives from which to examine transformative forces within the field of the Medical Humanities, the articles gathered here also reflect on interdisciplinary and transdisciplinary engagements, fields of scrutiny and methods that may be helpful in the future. In 'Does medical humanities matter', Jane Macnaughton (2023) introduces the discussion by considering the ways in which the pandemic highlighted particular types of expertise, often leaving Medical Humanities scholars out of crucial debates. At the same time, she notes, in the long run, it has again accentuated the entanglements of social, cultural and political forces with the biomedical. While Medical Humanities scholars are well equipped to analyse and reflect upon these transformations, they need to strategically engage with other stakeholders to have a say in policymaking and larger political debates. As though following this advice, Katharina Kieslich *et al.* (2023) provide an overview of actual, cross-national solidarity actions that mushroomed as a result of the pandemic and as a way of overcoming extant injustices. They argue for the advancement of Medical Humanities research by way of inspecting collective experiences of health and illness and propose three practical ways of doing so, which include engagement in the practice of policy making and the pursuit of cross-national collaborations.

While emerging from interdisciplinary (collaborative) work, the remaining papers add to the plethora of suggestions for possible directions the field may take. Building on their work in medical history, artistic practice and materiality studies, address the ways in which the pandemic has altered social spaces and sensory modes of perception and reflect on the meaning of transparent boundaries for social inter-relations. They, thus, demonstrate the value of historical examples and artistic interventions in the process of sense-making in times of crisis. In 'Forensic rhetoric', David Houston Jones (2023) examines the issue of healthcare evidence in public presentations during the early stages of the pandemic. He scrutinises the rhetoric of such presentations in order to evaluate their politics and ethics. Saffran and Doobay-Persaud (2023) concentrate on healthcare-provider-focused news

narratives and the various roles that clinicians played in these. They read these as sites for the negotiation of larger sociopolitical debates. By integrating a public humanities perspective in their readings, they call for an urgent shift towards more population-centred work within the field. Expanding these debates to the digital realm, Monika Pietrzak-Franger (2023) conceptualises what she terms 'postdigital health practices' as a possible field of inquiry within the Medical Humanities, especially when it comes to knowledge production. By attending to the serialisation, multimodality and transmediality of online environments, she offers a novel methodological approach as a way of going beyond the field's long-standing preoccupation with narrative and overcoming some of its biases and blind spots. In a similar vein, Kirsten concluding paper provides a consideration of the ways in which the Medical Humanities can combine their extant narratological expertise with big data. By spotlighting the narrative/data divide, she calls for translational collaborative methodologies that could bridge it.

The articles in this special issue bring together a diverse set of approaches that enquire into how the Medical Humanities can shed light on the multiple transformations the COVID-19 pandemic has brought to our attention, and ask what they might mean for the future of the Medical Humanities as an academic field and a translational practice. Not only do they reflect on such transformations but they also provide practical solutions and critical methodologies that can take the field in novel directions; directions that also promise to strengthen the field's impact on social and political matters and policy-making developments.

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- <https://anglistik.univie.ac.at/research/conferences/covid-19-rethinking-medical-humanities/>.

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