

Epistemic Role of Medical Humanities for Making a Good Doctor: Implementation and Challenges

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The highly technological practice of modern medicine promotes self-aggrandizing, cynical behavior patterns in medical professionals. The virtues of empathy, altruism and self-discipline, and good communication skills are important qualities of good doctors. Extending medical education beyond the biomedical sciences and clinical skills is a core strategy in the development of professional values and behaviors, including professional identity formation.¹ The current focus on medical humanities aims to bring the much-needed paradigm shift in the practice of medicine. Medical humanities is a multidisciplinary field, consisting of humanities (theory of literature and arts, philosophy, ethics, history, and theology), social sciences (anthropology, psychology, and sociology), and arts (literature, theater, cinema, music, and visual arts), integrated into the undergraduate curriculum of medical schools.² Understanding these disciplines brings a “human” approach to patients rather than biological machines requiring fixing. This helps in the optimization of patient care and trains medical students to provide empathetic and holistic care.

In this context, the soft skills that medical humanities invoke look like a “cap” under which to collect skills of communication and empathy, problem-solving, the ability to analyze and understand ethical dilemmas related to professional practice, the capacity to collaborate with other professionals (not only, therefore, those of care) and of delegating. Therefore, those are diversified competencies, which have emotional and cognitive components.³ The aim of integrating medical humanities into the medical curriculum is to create a cultural and global training context in which the medical humanities are conceived as essential activities to understand the human experience of illness.⁴

This paradigm shift needed to improve medical teaching to train better medical professionals for the changing times has been recognized by the National Medical Commission, [erstwhile Medical Council of India, the (MCI)]. In order to ensure that training is in alignment with the goals and competencies of the revised Graduate Medical Education Regulations–2017, Medical Council of India has proposed new teaching-learning approaches including a structured longitudinal program on attitude, ethics, and communication. This program, being implemented from the 2019 batch, consists of a module, the attitude, ethics and communication (AETCOM) book which has specified competencies and outcomes which are taught from phase I onwards including explicit teaching of cognitive base and stage-appropriate opportunities for experiential learning and reflection throughout the curriculum.^{5,6}

The implementation of this approach requires sensitization of faculty regarding various aspects of medical humanities that

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need to be incorporated into the teaching. Some of the aspects are covered in the AETCOM module while many are interspersed in curricula of various specialties.

The various commonly used tools for the teaching of medical humanities are:

- **Reflections and writing:** Reflection is a deliberate and conscious activity allowing the individual to contemplate his/her/others' behavior and events, and responses to them. It is about cogitating one's own lived experience of thinking, which includes not only thoughts but also ideas, representations, prejudices, emotions, and values.² The learners can write their experiences from their own and/or patient's point of view and develop critical thinking by a better understanding of the circumstances. This may help them to think of alternative ways to handle similar situations in the future.
- **Literature:** From medical books to books for medicine: Medical sciences are frequently the topic of literature across various genres in both western and Indian literature; from the journey of the making of a doctor (Doctors by Erich Segal; The Intern Rules by Robert Marion) to the background of illnesses/pandemics/epidemics (Pahighar by Kamalkant Tripathi; Company of Liars by Karen Maitland), when the doctors become patients (When Breath Becomes Air by Paul Kalanithi), description of disease (The Emperor of all maladies by Siddhartha Mukherjee) or medical fiction written by doctors (Robin Cook). Literature can develop critical thinking, bring better focus to the doctor-patient relationship, and develop emotional intelligence. It may also make them aware of social stigmas, prejudices, and contexts related to certain illnesses like mental disorders. Literature also improves the linguistic skills of doctors for the facilitation of their own learning and improvement in communication skills.

- Movies and television: Visualizing medical practice: Cinema and television utilize sight and sound, which enhance learners' ability to watch and listen. Moreover, movies stimulate discussions and reflections, which is a part of an active learning process.⁴ These mediums can be used to describe and represent the medical profession and the everyday situations encountered by them as part of fictionalized stories (Grays Anatomy, ER, Dr House) or during some specific situations (Mumbai Diaries 26/11) describe the emotional and social journey of patients with diseases like HIV/AIDS (Phir Milenge, 2004; My Brother Nikhil, 2005). They can also be used to teach ethical behaviors, professionalism, and the doctor-patient relationship in clinical practice and research (Anand 1971; Dallas Buyers Club, 2013). For public health practice, there are documentaries and fictional/fictionalized versions of real disease outbreaks that can teach about outbreak investigations (Contagion, 2011; Virus, 2019). Entire movies or more conveniently short clips can be used to teach medical, social, and humanistic aspects of medicine.
- From artwork to the art of observation: Paintings, sculptures, and drawings may be used (IRL or virtually) to enhance the observational skills of medical students. Historical paintings have also been utilized to teach the history of the practice of medicine, description of diseases, or visual thinking training through museums with positive results.^{7,8} Traditional perspective of practicing the "art and science of medicine" is being lost in the era of innumerable diagnostic tests. But the huge potential of arts as a medium for medical humanities remains unexplored.

The introduction of AETCOM module is a very welcome step in incorporating some aspects of medical humanities into the medical curriculum as it is now a compulsory and integral part of undergraduate medical teaching. There is a much greater emphasis on the behavioral and social sciences ranging from initiating holistic student development during the foundation course, emphasis on

medical ethics, communication skills, reflective writing, teamwork, professionalism, and early clinical exposure among others.⁶ Since it is also an assessable component, it is more likely to be taken seriously by both the faculty and the students. But incorporating newer concepts into the already vast medical syllabus may not be very easy. Behavioral sciences, arts, and literature remain unexplored and under-utilized territories. Also, the implementation challenges remain in the form of sensitization of faculty, an adaptation of medical humanities instruction in local languages, and standardization of assessment.

REFERENCES

1. Leedham-Green K, Knight A, Iedema R. Developing professional identity in health professional students. In: Nestel D, Reedy G, McKenna L, Gough S, editors. *Clinical Education for the Health Professions*. Singapore: Springer; 2020. p. 1–21. DOI: 10.1007/978-981-13-6106-7_46-1
2. Batistatou A, Doulis EA, Tiniakos D, et al. The introduction of medical humanities in the undergraduate curriculum of Greek medical schools: challenge and necessity. *Hippokratia* 2010;14(4):241–243.
3. Rey B. *Ripensare le competenze trasversali* Milano Franco Angeli 2012.
4. Josep-E. Baños and Elena Guardiola. The role of humanities in the teaching of medical students © 2018 Dr. Antoni Esteve Foundation.
5. Book AETCOM, Medical Council of India 2018. Available at https://www.nmc.org.in/wp-content/uploads/2020/01/AETCOM_book.pdf
6. Shankar PR. Medical humanities in medical colleges in India: travellers and speed breakers. *Arch Med Health Sci* 2020;8(1):112–119. DOI: 10.4103/amhs.amhs_70_20
7. Abedi F, Charkhi R, Fakhr F, et al. Comparison of the effectiveness of visual thinking strategy between persian miniature and classical painting in learning medical humanities from the perspective of medical students. *Mod Care J* 2022;19(2):e128081. DOI: 10.5812/modernc-128081
8. Miller A, Grohe M, Khoshbin S, et al. From the galleries to the clinic: applying art museum lessons to patient care. *J Med Humanit* 2013;34(4):433–438. DOI: 10.1007/s10912-013-9250-8