

# Exploring the role of Humanities in Medical Training

Asuman Banywana

Faculty of Education Kampala International University Uganda

Email: [asuman.banywana@studmc.kiu.ac.ug](mailto:asuman.banywana@studmc.kiu.ac.ug)

## ABSTRACT

This paper examines the role of the humanities in medical training, focusing on how the integration of fields such as literature, philosophy, and the arts can enhance medical education and practice. By examining the historical context, the evolution of humanities in medical curricula, and the ongoing debates, the study highlights the importance of these disciplines in fostering empathy, communication, and critical thinking among medical professionals. The benefits include improved patient care and physician well-being, although challenges remain regarding curriculum overload and resistance from the medical community. Recommendations for future directions emphasize the need for interdisciplinary research and a continued push for reform in medical education.

**Keywords:** Humanities, Medical Education, Health Humanities, Empathy, Communication Skills, Physician Training.

## INTRODUCTION

The relationship between medical training and the humanities is every bit as complex as it is perennial. For this reason, it may be helpful to outline, at the outset, some of the basic desires of this brief study. First, we hope to outline the central movements of this conversation as they have unfolded in recent decades. We will do this by focusing on three pioneering works which, in our estimation, have served as key reference points for subsequent discussions of the medical humanities, an area of scholarly pursuit and the role of the humanities in medical education. Second, we hope to illustrate how, in a practical sense, certain modes of humanities that intersect with the practice of medicine are worth holding in pedagogical conversation. Third, from these guiding statements, our insistent claim throughout will be that, in some indispensable sense and from a variety of perspectives, the humanities transform people [1, 2]. The title of this essay announces a double agenda. "Humanities in Medicine" names a locus of activity and study, a sub-discipline situated within the broader field of health humanities—a scholarship that ranges from film studies and creative writing to the more philosophically and historically inflected work announced by its operative moniker. Conversely, the equivocation in our title is intentional. It suggests both an overlap with the organized field of health humanities and a set of broader reflections on the role of the humanities more generally in the training of medically skilled professionals. Are the two univocal? The term 'medicine', after all, refers not simply to the practice or the professional delivery of modern healthcare but more capaciously to the art of healing when understood in a global perspective. The gerund "training" signals a discipleship that is more than technical. In the case of healthcare, it aims not merely at right action and efficient delivery, still less at an industrial compliance to a protocol, but it must include a praxis shaped by an ethos based on humanity's global traditions of wisdom [3, 4].

### **Historical Perspective**

The practice of using arts and humanities as a part of medical training has waxed and waned for over two and a half millennia. The ancient Greeks associated gods of creativity and rational thought with both medicine and the arts. The Hippocratic corpus contains literary references and is permeated with ideas taken from Greek drama, epic, and philosophy. The classical and Hellenistic eras are rich with medical practitioners who sought inspiration in or made contributions to philosophy, drama, and the arts. Beginning in the second century BCE, art began to inform pedagogical philosophy in the Hellenistic Mediterranean Basin, and the Ottomans carried on its traditions into the Middle Ages [5, 6]. From ancient times through the 1500s, 'humanistic' education – emphasizing arts, literature, and philosophy – was assumed to have a pivotal role in providing good medical practice and facilitated the shift from medicine as a trade to medicine as a calling. In the 17th and 18th centuries, the 'Renaissance men' and the ascendant bourgeoisie undertook to bond their interests in good health, enjoyable lifetime, and economic wealth upon the new base of modern science. It was in this period that textbooks drawing on arts, literature, philosophy, and history could be found alongside books based on anatomy and physiology. This historical interrelationship is quite fascinating and has continued to flow through pedagogy as different events and social phenomena took place in states and territories [7, 8].

### **Origins of Humanities in Medical Education**

Proponents of the humanities in medicine seem to possess a tenuous grasp on an ideology that is both ancient and enduring. Indeed, the concern that doctors should be adequately trained to understand the human condition and care for suffering is as venerable as medicine itself. A number of systems of education from around the globe cover material that scholars and practitioners today would identify as relevant to the practice of medicine. The first medical texts we possess from ancient civilizations as diverse as Egypt, India, and China give considerable attention to such fields of study. These works focused on a blend of what we now consider philosophy, ethics, anthropology, sociology, psychology, medical history, and the creative arts [9, 10]. It is only since the seventeenth century that the content changed so thoroughly that what it now takes to become a practitioner of medicine in the first world does not consist of studying any humanities. Far from being well-respected and central in the ancient traditions of healing, the twentieth century argued for the re-inclusion of the humanities in medical education. While these programs had roots at institutions, the New Jersey College of Medicine and Dentistry pioneered an entire curriculum based on learning and practicing the likes of literature, art history, and music as a medical student from 1966 to 1976. The introduction of the humanities into current medical training over the past several decades has been met with its own share of resistance. Proponents argue that the humanities, broadly defined, provide particular insight into matters such as the human experience of health and illness and the origin of suffering, and that conducting education in this way will benefit medics and subsequent patients alike [11, 12].

### **Benefits of Integrating Humanities in Medical Training**

Importance of Humanities in Medical Education. It is no doubt that a person who is well-considered and able to feel like himself will provide a better healthcare experience than one who has no interest in his patients on an emotional level. Through exposure to not only literature and philosophy but the arts as well, medical students are effectively training their minds to work outside conventional parameters. By having students read and engage in discussions incorporating ideas such as "being" versus "non-being" and questions of "how do you know?" the students are learning to think abstractly. However, this skill is not only beneficial during diagnosis and patient interaction but also in understanding other facets of the answer—like those who dismiss art. Students will be able to criticize and fuel their need to understand what other professions have to offer [13, 14]. We learned that since our accredited investigations, other medical schools and council members have chosen to review some of our methodologies and try a guided program with senior medical students. Although it is impossible to prove, we strongly believe that the increase in compassion can lead to better clinical outcomes. Well-documented evidence shows that long-term exposure to the traumas related to clinical care can result in burnout—it might be considered unethical to ignore the helplessness that is created by those memories, properties of humans that have been around for thousands of years. Either way, the ethics and regulations associated with patient care are strongly rooted in an understanding of, and guidance by, humanities, literature, and/or art [15, 16].

### **Enhanced Communication Skills**

The first benefit of the humanities in developing future physicians is enhancing their communication skills, which can, in turn, help provide patient-centered care that is essential in achieving optimal health

outcomes. If future doctors can write and articulate complex, intertwined clinical and emotional narratives and can translate this into teaching, they will have developed competencies that can loosely be summarized as communication skills. The ability to write well – including, and perhaps especially in professional documents such as case analyses, grants, ethics protocols, curricula vitae, and referral letters – is also of direct professional value for doctors. Although many trainee physicians already have experience as undergraduates in the study of English and perhaps have undertaken a critical and reflective study of fiction, further training in this area can only be beneficial. English, for example, is a prime discipline where an exploration of the humanities and education of the intellect is profound. At the Alberta Faculty of Medicine, students can take courses that manage to intersect literature, art, and clinical practicum [17, 18]. Communication is a social interaction that has as its purpose understanding another. The role of the humanities in helping future health-care practitioners understand their patients is essential to optimizing practice and creating contentment. Literature – and in particular the methodology of the seminar and classroom discussion of the interpretation of the multiple meanings of a complex narrative – helps initiate that practice: it puts students in the positions of narrator and narrated, role plays just as the standard and respected medical humanities methods of drama and theatrical performance, or the introduction of reflection and eliciting emotion through narrative or memoir. For at least 15 years, practitioners in year 1 of a nationally developed curriculum that returned to and developed curricular ideas about and for education in humanism and professionalism commented on the rapidity with which colleagues were comfortable exposing their authentic feelings to one another; often more quickly compared to their peers in almost exclusively literature-inclusive non-US universities. This “confession” is a practice in having students speak of that which matters most to them, “narratorial practice,” a practice not unlike the work in this undergraduate literature classroom [19, 20].

#### **Challenges and Criticisms**

Critics argue that in a curriculum already packed with clinical and science coursework, there may not be enough time and resources for lectures, texts, and faculty to be dedicated to incorporating humanities throughout the four years of training, which could potentially jeopardize time for scientific training. Critics also argue that data is lacking to show the effects of medical humanities training on clinical competencies. Intuition seems to be the driving force behind many humanities-based curricular innovations, and others are skeptical that the time and expense of reforming large parts of the curriculum would likely generate animosity from faculty and major gatekeepers who have not been convinced of its benefits [21, 22]. To be sure, there are many examples of thoughtful efforts aimed at including biomedical humanities in medicine that failed. For example, a curriculum reform at a medical school that was developed to reintroduce humanism into clinical teaching and restore balance in the educational mission of the university failed to produce positive change due to faculty resistance and inadequate leadership. These structural failures indicate cultural barriers that make certain curricular efforts untenable in the larger context of the socialization of physicians. Because not all efforts have been wildly successful or sustainable, a valuable ongoing critique saturates the scholarly literature, serving to enhance dialogue about pedagogy, and can ensure longevity of the interest in, and need for, medical humanities in the modern educational environment [23, 24].

#### **Future Directions and Recommendations**

Any serious discussion of the humanistic part of medical training must also look to the future. We offer the following analyses and suggestions because we perceive that there is a great movement afoot among humanists, patients, health care professionals, and their professional organizations that are calling for a re-emphasis of the role of humanities in medical education. Just as we have offered an analysis that critiques and interrogates curricular reforms over the last fifty years, we also insist anew that the fundamental ethos of medicine and medical education must be humanistic. We invite humanists to join us in this endeavor and work with medical educators on these new challenges [25, 26]. It is clear that we need to consider changes to medical education curricula to reflect societal values and to help students and practitioners navigate those issues. Some of the barriers, such as standardized tests, a few preeminent faculty from multiple disciplines, and a few innovative experimental courses, were the same in 1956 as they are today. But it is also clear that the effort to include the humanities in medicine has marched forward and that the integration of the humanities into medical education has never been a straightforward discussion. That being said, we understand that some disagree and advocate for leaving the practice of medicine out of the purview of humanism, but they are not going to make the case to add humanities to medical curricula. Instead, the case for humanities could be made based on medicine's

already recognized humanistic claims and on its likely inability, pursued with and without an emphasis on humanities, to amend these wrongs. We could also use discussions in the humanities to restructure the cases for humanities at large and to shore up the weaknesses of medical education that our discussions reveal. We would need to conduct this research in interdisciplinary ways to recognize not just how humanism has occurred in medical training, but to research the historical development of our health care system, of the patients who have interacted with that system, and of the juridical and financial regimes with which the health care system is compatible or incompatible. In addition, future research might include attempts to expand the scope of analysis to disciplines and commodities outside human, medical, and other health care humanities in order to reel in those powerful stakeholders. We have explained how it is difficult to convince bureaucracy, humanists, and patients that the humanities are good for training doctors. But if we expand this work across all of the disciplines, funding might be an interesting possibility, and certainly would be if funding came from medical education sources, even if it would be difficult to guarantee the completeness of our humanistic aims. A final way future research might extend this discussion is to consider both the relative successes and absolute failures of the inclusion of humanities in medical training in other countries and systems [27, 28].

### CONCLUSION

The integration of humanities in medical training enriches the development of medical professionals by enhancing their understanding of the human condition and improving their communication and empathy toward patients. While challenges such as curriculum overload and skepticism remain, the benefits of incorporating arts and humanities in medicine are evident in improved patient outcomes and the personal growth of medical practitioners. Future efforts should focus on expanding interdisciplinary research and addressing structural barriers within medical institutions to foster a more holistic approach to medical education.

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**CITE AS: Asuman Banywana. (2024). Exploring the role of Humanities in Medical Training. RESEARCH INVENTION JOURNAL OF RESEARCH IN EDUCATION 4(3):15-19. <https://doi.org/10.59298/RIJRE/2024/431519>**