



Editorial

Medical Humanities – Towards A Critical Appraisal

A. A. Mamun Hussain¹

‘Medical Humanities’ today has appeared on the academic scene of medical faculties as the friendly embrace of Humanities scholarship by the powerful sector of the biomedical sciences.

The domain of medical humanities^{1,2} comprises disciplines as diverse as literature, the visual and performing arts, the history of medicine, and bioethics. In recent decades, medical humanities has appeared as a field that has steadily gained a foothold in medical curricula leading to discussion globally. The term, medical humanities, can briefly be defined as an inter- and multi-disciplinary field of humanities, social sciences and the arts and their application to medical education and practice³. So, it claims a wide range of philosophical and political agendas, goals, and purposes, including the education of medical students in areas of clinical empathy, critical thinking, ethical awareness, gender and race issues, and cross cultural medicine. The field of medical humanities, as history reveals, has been pioneered in American medical schools since the 1970s⁴, becoming increasingly popular in the UK as well internationally over the last 15-20 years⁵. The high impact journals such as, The New England Journal of Medicine, The British medical journal, Academia medicine and Medical education, published an array of articles emphasizing the issue of medical humanities. Although the countries like Nepal, Korea, India and other South East Asian countries, meanwhile are holding the program of medical humanities^{6,7} nothing introductory is practiced in our country

until today. The General medical council (GMC)⁸ of UK selected components to the undergraduate curriculum, which provided opportunity for student choice and for educators to begin to engage small groups of students in exploratory ways with the arts. Recent studies^{9,10,11}, carried out in Germany and different part of the UK, show that medical humanities provide opportunities to reflect on the relationship between doctors, patients, environment and society with the complexities that entails. Broadly the medical humanities offer four contested and fragmented fields¹².

The humanities studying medicine: such as history of medicine or the critical evaluation of medicine in literature.

- Arts and humanities intersecting with medicine in medical education: ‘medicine as art’.
- Arts for health : e.g. art in hospital and arts activities with patients – often called ‘arts’ as medicine’.
- Art therapies : Sometimes linked with arts for health but usually associated with mental health interventions using art media within a psychotherapeutic framework.

On further exploration one would find that there have been calls for a broadened medical curriculum incorporating ‘medical humanities’ since early twentieth century. The comment made by Andrew Macphail (1933:395) appear relevant even after more than eighty years, considering our

¹ Professor, Department of Psychiatry, Rajshahi Medical College, Rajshahi- 6204.

existing curriculum¹³ ‘When a student must be converted into a physiologist, a physicist, a chemist, a biologist, a pharmacologist, and an electrician, there is no time to make a physician of him. That consummation can only come after he has gone out in the world of sickness and suffering, unless indeed his mind is so bemused, his instinct so dulled, his sympathy so blunted by the long process of education in those science, that he is forever excluded from the art of medicine. Again on keen observation, there has also been parallel concern from sceptics that the value of medical humanities educational interventions should be open to scrutiny and evidence. Just what is the impact of medical humanities provisions upon the education of medical students? In era of limited resources, is such provision worth the investment? Future direction, even after such debate, implies collaboration between patients, artists, humanist scholars, doctors and other health professional in developing medical student’s sensibility and sensitivity. In particular, medical educators, today are emphasizing to focus medical humanities into the future curriculum so that it can help to shape the identities of medical students as future doctors who are humane, caring, expressive and creative— whose work will be technically sound but considerably enhanced by their abilities to communicate well with patients and colleagues, to empathize to be adaptive and innovative, and to act as ‘medical citizens’ in shaping a future medical culture as a model democracy where social justice is a key aspect of medicine.

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All corresponds to
Prof. A. A. Mamun Hussain
Dept. Of Psychiatry,
Rajshahi Medical College.
E-mail: mamun.hussain.bd@gmail.com