

Training or Education? A Reflection on the Role of Humanities in Medicine

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Along with an understanding of the sciences they (medical humanities) constitute what it means to be 'educated' as distinct from simply 'trained.'

—RS Downie¹

Human relationships are essential to our role as physicians; however, with the development of new technologies and time restrictions, the study and cultivation of these relationships has become progressively limited. Medical students, residents, and faculty spend more time in front of a computer, iPad, or phone while at the hospital than they dedicate to direct patient care. This was well described by Tipping in his article "Where did the day go? A time-motion study of hospitalists."²

It is noteworthy that three of the 15 core competencies endorsed by the Association of American Medical Colleges (AAMC)³ for entering medical students focus on the ability of the provider to connect with the patient. This year 30% of a hospital's score for Centers for Medicare and Medicaid^{4,5} reimbursement will be based on how patients rate the way they felt they were treated while in the hospital (i.e. whether the patient perceived that doctors and nurses communicated effectively). We obviously value the physician-patient relationship. How we maintain it in this era of change is worth consideration.

What does it mean to be a "Good Doctor"?

Jane Macnaughton, professor of medical humanities at Durham University in the United Kingdom and co-director of the University's Centre for Medical Humanities, describes a good doctor as someone

who has a strong foundation in scientific medical knowledge and an appreciation and respect for the individual patient and his/her circumstances.⁶ She sees clinical judgment as the balance of humane judgment—including interpretation and awareness and "educatedness" gained through arts and humanities—and technical judgment, which encompasses scientific understanding and evidence.

What is the role of humanities in medical education?

Humanities curricula (i.e. literature, philosophy, drama, art, music, ethics) have been attributed with fulfilling two specific and interconnected purposes. The *instrumental* role of humanities rests on the opportunity to impart knowledge to students through the experience of "moral imagination" (e.g. reading about a character with depression and hence learning about "what the character feels like"), to improve communication skills (e.g. written through literature, verbal and non-verbal through drama and visual arts), to conceptualize an argument (e.g. utilizing the constructs of philosophy), or to gain perspective from historical events.⁶

On the other hand, the *non-instrumental* function of humanities education resides in knowledge gained, personal growth, and the experience of "counter-culture." This "social" education refers to broadening students' perspective;

personal growth denotes the development of students' professional selves; and "counter-culture" provides students with the ability to understand different points of view. Altogether, the role of humanities education is to develop students' cultural competence.⁶

What is the difference between being educated and being trained?

The *Merriam-Webster Dictionary* defines *to educate* as: 1) to provide with schooling; 2) to develop mentally and morally, also to provide with information, to discipline, to instruct. The same dictionary defines *to train* as: 1) to cause to grow as desired; 2) to form by instruction, discipline, or drill; 3) to make or become prepared for a test or skill. We frequently consider these words interchangeable and have become comfortable with the term "medical training." The disparities between the verbs are important, and yet they are not exclusive. In fact, I feel that they should be complementary, as both are necessary for good medical practice.

Macnaughton provides a clarifying statement: "Education is not just concerned with what someone can do, but about what kind of people they become as a result of their education. Developing as a certain kind of person is important for the good doctor because medical practice is not just concerned with knowledge and skills but is also

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concerned with a humane and sympathetic approach to people.”⁶

How do medical students respond to the incorporation of medical humanities curricula during medical school?

We are not to expect unanimous acceptance of humanities curricula during medical school. Three kinds of responses have been identified in the literature.⁶ The first includes those students who are immediately delighted by it and will seize all opportunities for learning and personal growth. The second group of students realizes the utility of the curricula in a delayed manner, likely when confronted with a challenging case. The third set will never understand the utility of this training in a broader educational experience but may still benefit from subconscious “personal growth.” Nevertheless, providing students with the opportunity to experience humanities education during medical school has become the path to follow in the 21st century.

Summary

The routine study of the arts heightens our senses. Appreciation of graphic art is known to improve observational skills while music enhances our ability to listen. The performing arts and literature help us understand and give social context to many medical events. Enhancement of these skills may prove essential in our ability to improve our performance in bedside diagnosis and in interactions with patients and their families.

Art, in all of its forms, allows for the expression of truth and beliefs. While some works of art challenge our fundamental beliefs, others affirm our faith. Art is an important tool in prompting us to examine our own views and has the ability to transport us to a different time and place while gaining historical per-

spective and understanding. More importantly, art has the power to evoke distinct and unique emotional responses in both artists and patrons. As physicians, art has the potential to enable us to better understand and express our emotions and those of our patients.⁷⁻⁹

Several medical schools in the United States have introduced art observation courses to their curricula, and currently many US medical schools offer a “medical humanities track.”

The addition of medical humanities curricula to medical school education highlights the importance of respect for patients’ values, preferences, and expressed needs. It is hoped that such curricula will enhance the development of effective and empathetic communication and listening skills through improvement of cultural competence. Under the same premise, understanding a patient’s perspective, needs, and cultural background will engender trust and confidence, improve patient-provider interactions, highlight community concerns, and hence result in delivery of exceptional health care. This curriculum may also address professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations, which is a key Accreditation Council for Graduate Medical Education competency.¹⁰ Giving students the opportunity to develop their cultural competence may lead to optimizing the patient’s experience and foster patient-centered care (Always Events®).¹¹ As medical educators our goal should be to educate and not to solely train.

To be educated is not to have arrived; it is to travel with a different view.

—RS Peters¹²

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