

The humanities in medical education – what is the future?

Dear Editor,

Fieschi *et al.* present a fascinating picture of the present status of the humanities in medical education [1]. It is interesting that they discovered a lack of a multidisciplinary approach and closely related to this are the questions that they ask about the future of humanities medical education in Italy.

Firstly the authors ask whether medical humanities should become a compulsory part of the curriculum. If this is to happen, then we will need to ask ourselves what will need to be removed from the curriculum in order to fit the humanities in. Here is what Ian Richardson wrote about the subject in 1981: “In my own academic career I have heard it argued that there should be included in the curriculum: English literature, logic, moral philosophy, economics, history, mathematics, computer science, and jurisprudence – and, of course, anthropology. Surely an enlightened clinical teacher must be encouraged to draw his understanding and expression from a variety of subjects without feeling that specialists have always to be imported to do a demarcated job” [2]. This begs the question whether we need medical humanities departments at all, or whether we might be better encouraging our existing medical educators to draw on their own experiences to engender an interest in humanities in their students. Medicine has always been a blend of art and science and those who are in clinical practice will understand more than most that patients cannot be diagnosed or managed from a purely scientific construct, but rather must be managed in the human environment in which they live.

Secondly the authors ask when education in the medical humanities should be delivered – during pre-clinical undergraduate education, clinical undergraduate education, postgraduate training or continuing professional development? In ideal circumstances, medical humanities would be delivered at all stages of medical education – as humane and compassionate care needs to be delivered by all doctors at all stages of their careers. However there may be resistance amongst older practitioners who want more traditional knowledge based education as part of their continuing professional development. For this reason it may be wiser to start with undergraduate students and continue as students work their way through their career path.

Thirdly and lastly they ask which professional figures should undertake teaching in the medical humanities. Subject matter experts in the humanities may have the best knowledge of their topic, but this may not be sustainable or affordable in all cases. Once again, it would likely be best to integrate humanities teaching with other aspects of medical education.

Yours Sincerely,

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Key words

- medical education
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- clinical teaching