

Statement:

This paper is written in collaboration with medical students to evidence the value of medical humanities in the lives of individual trainee doctors and healthcare workers. It is a thought piece rather than empirical research and was published in the BMJ as a careers piece to ensure a wide reach. It forms part of my work after convening a large international conference in Medical Humanities at the University of Greenwich funded by the Wellcome Trust, which has led to editing a book, currently in press.

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Medical humanities in practice

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Medical Humanities -

There are many courses to pay for, exams to do, portfolio boxes to tick off; why would you want to add to this by going to a medical humanities conference and what might this mean for you?

What are medical humanities?

This is a group of disciplines that relate to medicine but are not the scientific core of the curriculum; an 'interdisciplinary and increasingly international endeavour that draws on the creative and intellectual strengths of diverse disciplines... in pursuit of medical education goals' (1). Its remit is wide including history, literature, arts, philosophy and ethics and their application to medical education and practice (2). The area became popular as a possible solution to the 'dehumanisation' of current medical practice. Throughout the 19th century the study of medicine became less of an 'art' and there grew a greater divide between the science of medicine and the humanities. Since then, curriculum and practice have become more focused on the technological and biomedical advances in medicine. Students report frustration and a lack of creative stimulus due to the quantity of rote learning required. The study of medical humanities allows clinicians to explore their interests and intuitions, and leads to a more nuanced and layered understanding of the craft of medicine as it is practiced, and of the patients we meet. But above all it broadens horizons and is intellectual fun, refreshingly removed from box ticking (3).

Career Implications

Alongside these reasons, there are career factors to consider. An interest in medical humanities may lead you to undertake research or further training. This offers opportunities to attend conferences and present your findings and advance in a specialist field. Often such conferences can also count towards your non-clinical CPD point quotas (Box 1). In addition, a qualification or interest in medical humanities can also help towards a career in allied areas such as health journalism and media, public health or even policy development.

How to get involved?

If you are still in undergraduate education, completing a Student Selected Component (SSC) would be a good introduction to the medical humanities. This will give you an idea of the area without committing too much of your time. If you've already completed an SSC or something similar you could consider an intercalated BSc for more in depth study. If your school does not offer any humanities courses you may be able to arrange something with one of your tutors who might well be working on project that has relevance or you may choose to start a student run society. There are websites to visit for inspiration (Box 2)

For an introduction to medical humanities practicing clinicians may consider attending a conference, such as The Association for Medical Humanities annual meeting. You could also choose to undertake a Master's degree in an area within medical humanities, either taking a year out or completing it part time around your clinical responsibilities.

At a less intensive level there are several forums where activities related to medical humanities exist. And even if you did not choose to commit yourself now, these sites are full of fascinating things to explore.

— A Medical Student's Perspective of AMH Meeting: Haris Haseeb

The Medical Humanities Conference, 'Body Talk: whose language?' marked my first encounter with medicine outside its traditional framework. The conference was a diverse academic forum attended by over 100 historians, artists, theologians, doctors and students questioning aspects of 'body' talking, listening and its translation. The complexity of what it means to be embodied was explored.

The foundations upon which Western medicine is built remain rooted in the concept of an objective (practitioner) self, and an objectifiable (patient) body. The relevance for doctors, medical students and other health professionals of challenging centuries of established perceptions of 'body-theory', should not be overlooked and goes straight to the heart of this well-established medical dichotomy.

A medical student within the walls of the dissection room, be they real or virtual, is expected to confront their own corporeality, on a stage where anterior means frontwards and so forth for other planes whilst cranial-thoracic-pelvic denote a disassembled body. An unwitting performer in the theatre of dissection, the medical student's perception of embodiment, is from its conception anatomical; the human is lost in a rich but rigid vernacular where familiar language loses its way.

Medicalisation can obscure different voices those which are embodied and alive with a story.

Though this might appear overly abstract, Body Talk represented a particular intersectional arena between the general and medical consensuses. A language scholar

spoke of ‘reading’ the body, an art historian spoke of ‘performing’ the body and a lecturer in technology spoke of ‘digitalising’ the body. Thus, within the intersectional space that was Body Talk, the doctor-patient dyad, was questioned, contextualised and re-equilibrated by clinicians of many backgrounds including general practitioners, medical educators, students, and consultants, aiming towards a co-created inter-subjective clinical and human experience. This offered perspectives on the ableist, gendered, physiological, psychological, emotional and theoretical contexts through which a lived body is given meaning in life. This will directly impact my practice as a doctor leading to more effective listening and diagnosis.

This conference opened up for me new ways of understanding through sharing narratives of bodies, it equally emphasised positions of strength and common vulnerability, offering much to reflect upon and to improve therapeutic relationships.

Association of Medical Humanities Conference: Sofia 27-29 June 2018

Shadows and Ashes

At which there will be platform presentations and incentives for student participation including prizes, student posters, and reduced rates.

[\[Link\]](#)

Resources

Association of Medical Humanities [\[Link\]](#)

BMJ Blog [\[Link\]](#)

The British Society for the History of Science [\[Link\]](#)

The British Society for Literature and Science [\[Link\]](#)

Graphic Medicine [\[Link\]](#)

Institute of Medical Ethics [\[Link\]](#)

Royal Society of Medicine—history of medicine section, and an undergraduate essay prize

Wellcome Collection—displays of cultural and historical artefacts and anthropology, permanent collection and regular exhibitions on aspects of medicine with commissioned art and talks

Competing interests: We have read and understood BMJ’s policy on declaration of interests and declare the following: we are all members of the Association of Medical Humanities and JP is its vice president. We have presented articles at their meetings.

References

(1) Kirklin D. The Centre for Medical Humanities, Royal Free and University College Medical School, London, England. *Acad Med* 2003;78:1048-53. [\[Link\]](#) [\[Link\]](#) .

(2). Blease C. In defence of utility: the medical humanities and medical education. *Med Humanit* 2016;42:103-8. [\[Link\]](#) [\[Link\]](#) .

(3). Flexner A. The usefulness of useless knowledge. *Harpers (N Y N Y)* 1939;179:544-52.

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Box or Table

[Examples of talks at Medical Humanities Conference London 2016](#)

at the University of Greenwich, “Body Talk: whose language?”
[with the main humanity topic]

Injecting realism into idealism: articulating the dilemma of surgical trainees (*poetry*)

Exploring pain with patients (*narrative and visual art*)

Obesity crisis (*visual art and critical theory*)

Aging (*film, ethics, sociology*)

The doctor’s roles (*cartoon, literature, critical theory*)

Understanding patients (*dance, narrative, visual art, literature*)

Stigma (*history, literature, politics, poetry*)