Out of Hours

The humanities in medical education:

lessons from the past

There has been increasing commentary about the humanities in medical education. There have also been frequent calls for more emphasis on the humanities in medical education. The reasons for these calls will be familiar to those who read the medical education literature: broadly they include concerns at the increasingly technical nature of medicine and medical education, and the need for doctors to learn how to explore knowledge from a perspective that is different to that of the traditional scientific approach. However this increased interest and these calls are not new.

In 1947 Medvei wrote a descriptive manuscript in *St Bartholomew's Hospital Journal* outlining his experience in learning from the humanities.¹ His insightful manuscript was written from his perspective as a physician working in St Bartholomew's Hospital.

The manuscript starts with the author describing his high school and medical school education that led to his career as a doctor. However, despite satisfaction from his medical career, he describes there being something missing in his general knowledge. He felt neither rounded nor balanced in his knowledge. He eventually found balance and fulfilment through studying philosophy. He found most fulfilment by eventually discovering and sometimes rediscovering the Greek philosophers. He claims his reading was 'haphazard' and knowledge 'irregular' but with time he began to start to gain more enjoyment from both life and work as a result of his study. The author then continues by describing what he feels the role of the humanities should be in medical education and in medicine more generally.

At this stage of the manuscript, it becomes surprising at the extent to which the author begins to mention problems that seem to be remarkably modern. He feels that medicine has become too mechanised and specialised, but that the best physicians are philosophers as well as physicians. It is remarkable to reflect that this manuscript was written in

1947. Many older doctors would say the same things about the medical practice of today. And yet a doctor retiring at the age of 65 in 2015 would not even have been born when this article was written. One begins to feel that there are few new ideas relative to the role of the humanities in medical education; the ideas have been around for generations.

The author then goes on to complain that the old fashioned system of apprenticeship in medical education is lacking and that as a result there is less opportunity to learn from role models who have 'personal insight and human kindness'. Once again it is striking how modern this complaint sounds and how astonishing to hear it mooted in 1947. The author mentions how few medical students have read the classics or learned from fictional descriptions of medical illnesses: from the Pickwickian boy in the eponymous novel to Uriah Heep in *David Copperfield*.

He concludes by worrying about the increasing inroads that technology is making into medical education. He is concerned that medical students may be pampered by being shown films and photographs of medical illnesses and that progress in the scientific method could hinder their development as humanistic scholars. Today we continue to complain about technology in medical education but we also complain about its more modern manifestations such as e-learning.² It is ironic that, 68 years after the publication of this article, courses in the medical humanities commonly feature film as an art form from which students can learn.

And what lessons can the current generation of medical educators draw from the document? I would suggest that we should beware of listening too closely to those who complain that the art of medicine is being lost. According to Emanuel:

*'At the end of their careers, physicians tend to wax poetic about the art of medicine and how it is being lost. [The same art seems to be lost every generation.]'*³

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According to Platt:

*'... we profess to despise technology though we see it all around us.'*⁴

Complaints about the overuse of technology in medical education are nothing new. They have been around before our modern elder statesmen started practising and sometimes before they were born. Similarly we have been harking back too often to a system of apprenticeship that seemed not even to have existed over 70 years ago.

But there is another thing we can learn from the manuscript. There is a sense of unease in medicine and in medical education that exists today and that existed many years ago. The author writes of his anxieties, fears, and deepening depression at the state of medical education. But we have not, and we will not, find the cause of that unease by crying wolf over too much technology or not enough of a model of apprenticeship that appeared never to have existed in the first place. Nor will we dispel this sense of unease by this means. We have searched, yet not found for almost 80 years. Surely it is time to look elsewhere

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