

The Humanity of Medicine: A Case for Literature and Subjectivity in Medical Education

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Abstract

Many schools are incorporating the study of humanities into medical education. This growing and diverse field offers opportunities for students to strengthen their capacity for meaningful doctor–patient relationships. In particular, fiction provides students with a unique opportunity to read cross–culturally and internalize disparate, subjective experiences resulting in a greater capacity for empathetic communication.

Empathetic capacity and the ability to interact meaningfully across differences of culture and lived experience are foundational skills for positive doctor–patient relationships. They also affect how practitioners understand aspects of medical research such as patient drug compliance and risk behaviour, and influence public perceptions of the profession as a whole.^{1,2} The empathetic ability and cultural sensitivity of medical students and residents can be strengthened through the guided study of fiction.

Many medical schools have adopted aspects of literary study into their programs under the heading Medical Humanities.² The University of Alberta “Arts and Humanities in Health and Medicine” program brings together medical students and faculty and “uses arts and artists to support medical students in learning to better relate to patients, understand patient stories, and translate science in relation to human experience.”³ One of their courses, “Shadowing Artists on the Ward,” pairs students with artists, including poets and writers, who then work with patients to translate their anxiety, pain, and hopes into art.⁴ The University of Toronto MD Program includes Health Humanities as a focal area in all four years of study and evaluates the narrative competence of students: their “capacity to appreciate, interpret and work empathically with the stories of others.”⁵

A recent randomized controlled trial of 180 nurses measured scores on the Jefferson Scale of Empathy before and after zero, four, and eight months of narrative reading education.⁶ The intervention included reading and discussing literature around common themes such as “empathy,” “holistic care,” and “company,” followed by relating patient narratives to these themes and assessing psychological and social needs. The authors observed a statistically significant six–fold greater increase in Jefferson Scale of Empathy by the group with the most narrative education. The study was limited to a cohort that was primarily female (90%) and young (mean age 18) but showed potential for the rigorous investigation of reading as a method to expand empathy.

A recent meta–analysis of arts–based interventions in healthcare education found widespread enthusiasm for the practice, but cited two key issues: “the first is a lack of clarity over the criteria for the success of these interventions; the second is the low proportion of studies involving artists in design and delivery.”⁷ There was also very little homogeneity in the type of intervention, with only 16% classified as literary interventions based on the reading of fiction.

Many physicians have documented how fiction has helped them cope with difficult circumstances and/or patient trauma.⁸ Fiction can help physicians “shape the language of mourning, of suffering, of death entering the ill person’s condition, and looking at it from all sides”⁹ and is “a means of rekindling and deepening those human experiences of imagination and commitment essential for caregiving.”¹⁰ Fiction

situates the reader within the subjective experience of a character or set of characters: we do not read of the disparate experiences of others but are asked to place ourselves inside the point of view of the main character(s).

While the impact of fiction on empathy is beginning to be evaluated, the mechanism of this impact is less clear. Two potential mechanisms underscore the value of fictional art: it encourages the exercise of empathetic imagination, and it facilitates cross–cultural knowledge acquisition of underrepresented communities or communities that face unique burdens in the access and quality of health care.

Reading works written in the distant past can allow students a relatively safe space to explore their emotions, including grief, judgement, or apathy, without feeling the need to conform to contemporary expectations of how they should feel. A qualitative study of 250 fourth year medical students found that the novella “The Death of Ivan Illych,” written over a hundred years ago by Russian author Leo Tolstoy, was an effective tool “to introduce new ethical concepts to less experienced medical trainees.”¹¹ At this level, the goal is not to shape the responses of the students but rather to expand them: “The most fundamental of insights about literature [is that] it isn’t supposed to have a single meaning.”¹²

A related approach is to read contemporary works from medically relevant, underrepresented, at risk, or otherwise marginalized communities. In Canada, such communities include First Nations authors, women of colour, immigrants, members of the LGBTQ community, as well as those suffering from drug addiction or mental health issues.^{13,14} Here fiction is not intended to minimize the proven value of firsthand, non–fiction accounts from these communities.¹⁵ Instead, it serves as a different and undervalued resource by asking the reader to imagine themselves in the place of the marginalized person. Fiction has the unique ability to enable the reader to inhabit the subjective space(s) of the protagonist(s). To see as they see, hear as they hear, and feel as they feel. It is a safe space for a physician or medical student to take the leap of faith into the subjective reality of their patient and better understand their illness and emotional needs.

Unlike in non–fiction, or ethnographic accounts, those having read a work of fictional literature can more easily attempt to imagine themselves in the shoes of the main character. They can then proceed to share, discuss, and debate the subjective experience of the lives of the main characters without the limitation of it being tied to a real person. Ways of being become not right and wrong, but multiple and proliferative, and the act of imagination helps to bridge the distance between doctor and patient. Ruth Charon, a physician and literary scholar believes that “together with medicine, literature looks forward to a future when illness calls forth... recognition instead of anonymity, communion instead of isolation, and shared meanings instead of insignificance.”¹⁶

It is unfortunate that many medical students find their exposure to fiction declines once they enter medical school. One study reported

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that 75% read fewer non-curricular books during their medical education.¹⁷ The value of fictional literature in medicine needs to be further specified and measured if it is to make a lasting and meaningful foray into the overburdened curriculum of medical education. Specific teaching approaches need to be formulated and evaluated so that it can be recognized as a powerful process for the expansion of empathetic consciousness and a way to connect with marginalized communities.

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