Quality medical care is more than just good science. It assesses the ways in which illness impacts patients or families on emotional, spiritual and cultural levels so that physicians can design the most effective, caring and meaningful patient management plan possible.

Such a broad view of illness and healing is the basis of “person-centered care,” yet it can be, as many a medical professional knows, an elusive goal in the rushed environment of medical care today.

So over the years, medical schools have broadened their scientifically rooted curricula, adding programs in what is broadly termed “medical humanities.”

The term is often applied to courses “exploring the ethical, legal, social and interpersonal aspects of medicine,” and may come under such headers as “medical ethics and bioethics,” according to Mark G. Kuczewski, Ph.D., professor of medical ethics and director of the Neiswanger Institute for Bioethics and Health Policy at the Stritch School of Medicine, Loyola University Chicago. Kuczewski also serves as assistant vice president for mission and identity in Loyola’s Health Sciences Division.

More recently, the medical humanities curriculum has expanded at some schools to include programs that offer content traditionally associated with the liberal arts. While curriculum content varies, the goal is to target the emotional, spiritual and cultural elements of illness, root them in a deeper understanding of what it is to be human and relate them to the practice of medicine. This emerging field can include such studies as history, philosophy, religious studies, art, literature and music.

Although the best physicians always have known that a deep appreciation for the “human condition” is an important part of being a good doctor, a sense that this appreciation must be fostered and nurtured has grown in medical education as technology becomes ever more sophisticated, setting off alarms in some quarters about the dangers of depersonalization.

At Catholic medical schools, programs vary from such traditional humanities content as art, literature and music to others that focus on what it means to be a suffering human, to a theological approach that focuses on the inherent dignity of the human person and the moral requirements of Catholic social teaching.

“Since the late 1980s, medical schools have been consciously concerned with making sure medical students leave medical school with an appreciation of the human dimension of practicing medicine,” said Kuczewski. The subject matter has evolved over the years, but, in general, he said, “It is a hallmark of our curriculum as a Catholic and Jesuit school to bring together the head and heart. We think of our task as medical educators as offering the student a formation opportunity.”

At Georgetown University’s medical school in Washington, D.C., Caroline Wellbery, MD, has developed a program based largely on content traditionally associated with the liberal arts. “Art and literature are deeply concerned with the human experience, of which illness is an important part,” said Wellbery, who is associate professor in
“From the dying grandparent to the undocumented patient with a new cancer diagnosis, only a physician well versed in the complex web of psychology, culture and ethics will be able to respond intelligently and appropriately.”

—Mark Stoltenberg

the Department of Family Medicine and creator of the university's “Interacting with the Medical Humanities” website. “There are deep emotional and spiritual components to a patient's illness experience. The arts and narrative can communicate the emotional tenor of these experiences.” For instance, literature “helps readers understand human dilemmas well beyond his or her own limited experience,” she said.

“I use poetry and stories in the classroom and have students develop creative projects to synthesize their knowledge, rather than write papers,” she said. “I also run a monthly arts and music program where students perform and read poetry and prose during noon hour, based on Dr. Jon Halberg's Hippocrates Café at the University of Minnesota.” The café showcases professional actors and musicians using music, theater and humor to explore health care topics.

“Much of literature is concerned with ethical questions,” Wellbery said. “Visual art, dance and theater often parse ethical dilemmas.” Other aspects of the humanities, such as history or ethics, address patients’ subjective experiences by providing a context for the biological processes going on in our bodies.” As an example of how she weaves the humanities into clinical training, she recently used a poem about diabetes in a seminar she led to communicate a patient's frustration with managing his disease.

At Creighton University's medical school in Omaha, Neb., a recently introduced, four-year medical humanities program focuses on various dimensions of Jesuit values and spirituality. “These values are consistent with those of other major religions to which our students belong, while being rooted firmly within the Catholic tradition,” noted Thomas J. Hansen, MD, an associate professor. “The challenge,” he said, “is how to assist a religiously diverse student body studying medicine to reflect on the transcendent values that are part of their tradition as well as the transcendent values of their future patients.”

The first year of the Creighton program, completed in 2011, was based on what it means to be a contemplative in action. In the 32nd General Congregation of the Society of Jesus, the Jesuits wrote, “If we wish to continue to be faithful to this special character of our vocation ... we must ‘contemplate’ our world as Ignatius did his, that we might hear anew the anguish and aspirations of men and women.” Students were asked to articulate and reflect on a personal mission statement and related core values in the context of the mission of Catholic health care founders, including the Jesuits and Sisters of Mercy, Hansen said.

In the second year, the program focuses on the spirit of cura personalis, Latin for care of the whole person. The phrase is used in Jesuit documents to describe the responsibility of the Jesuit superior to care for each man in the community with his unique gifts challenges, needs and possibilities, Hansen said. In the third year, the focus is magis, “the more,” a Jesuit phrase linked to the Latin ad majorem Dei gloriam, for the greater glory of God.

In Chicago, all students at Stritch School of Medicine take “doctoring,” a three-year, patient-centered care curriculum that explores bioethics, cultural awareness, cultural sensitivity, social justice and underserved medicine. It also offers courses in business, professionalism and justice.

“If future doctors are to be effective advocates for their patients and leaders for social justice, they must also understand the business and economics of medicine so they can understand the justice implications of our system,” said Kuczewski. “These courses provide the understanding they need to be medical professionals who advocate for change on behalf of the marginalized.”

“From the dying grandparent to the undocumented patient with a new cancer diagnosis, only a physician well-versed in the complex web of psychology, culture and ethics will be able to respond intelligently and appropriately,” commented Mark Stoltenberg, a fourth-year student at Stritch.

REFLECTIVE DIMENSION

Humanities study can make physicians more aware of the all-important cultural, religious and spiritual traditions and beliefs and traditions that factor into medical decision-making. Knowing how other people approach life and death is a critical part of using mind-body-spirit principles to make the best decisions in these extremely stressful situations. And it can foster deeper relation-
ships between physicians and their patients.

“Ethical considerations, moral values, religious beliefs and legal issues all must be factors” in medical decisions, said Paul Evans, DO, dean of Marian University College of Osteopathic Medicine, a new Catholic medical school in Indianapolis that will open its doors to 150 students in 2013. “Physicians must be comfortable knowing that patients may have different thoughts about their situations than the physician does.”

Daniel F. Dilling, MD, associate professor of medicine at Stritch School of Medicine’s Loyola University Medical Center in Maywood, Ill., a Chicago suburb, often faces decisions about withholding life-sustaining therapies and pursuing a palliative-measures-only approach to care. He specializes in pulmonary and critical care and frequently works with a fragile-lung transplant population.

“I pride myself in my ability to sit and face a patient or a family in such a situation and explain things in detail, with language that makes sense to them, and with honest projections of outcome, using verbal and nonverbal language that helps them come to terms with decisions to remove a loved one from life support,” he said. “I even give a monthly lecture to our ICU team about the importance of communication with families and how to approach such a family meeting. Medical humanities training in school prepared me for the basic approach to ethical dilemmas and also cemented my resolve to make my patient relationships as rich as possible by fostering solid communication with my patients and their families.”

**WHERE THE HEALING BEGINS**

It is that richness of relationships the humanities can foster, according to its proponents. However, some warn that it’s misguided, reductionist, to think of humanities education as a tool to some clinical end. Jeffrey Bishop, MD, director of the Albert Gnaegi Center for Health Care Ethics at Saint Louis University, said, “Some claim that since there is a narrative competency to medicine, doctors will be better at that by reading literature. Others think that if doctors take art history, they will learn to look at the patient in a more comprehensive way, in much the way an art critic looks at a painting. I think, however, that trying to justify the humanities by claiming it makes doctors technically better undermines the very purpose of humanities education, which is to place that technical expertise into a humanitarian framework.”

Third-year Stritch School of Medicine student Nathan Kittle just finished his clinical rotations at a community hospital that primarily serves a disadvantaged population on Chicago’s West Side. He was working with a newly diagnosed patient who was dying of idiopathic pulmonary fibrosis. The team he was on had tried to talk to her about hospice care, but she didn’t understand and wanted to stay in the hospital.

“Later I returned to her room and started from the beginning, asking about her life, her family and her thoughts on her health situation,” said Kittle. “It became obvious that she did not understand she was dying and that she didn’t really want to understand either. She kept saying she didn’t want to make these decisions because they were frightening. She mentioned she had a daughter she trusted and would do whatever she suggested.”

Kittle asked the other residents on the medical team if they wanted to call the daughter; they were uncomfortable with this idea and were relieved when Kittle volunteered. He called the daughter and spoke with her for about half an hour; at the end she understood the situation and wanted to speak to a hospice representative about taking care of her mother.

“I’m not exactly sure what led me to feel comfortable having this conversation, but I am certain my medical humanities training helped prepare me,” said Kittle. “None of the residents I was working with were Catholic-trained physicians, which I think was obvious in their reluctance to have these complicated, personal conversations. My humanities training helped me immensely because it allowed me to focus on the patient, when most of our education tells us to focus on the disease and the disease process.”

For Nichole Boisvert, a second-year student at Georgetown, the medical humanities help her listen. “We are human beings together in the world,” she said. “The humanity in the patient speaks to
the humanity in us as physicians or medical students. This is where healing begins. It teaches us to listen and notice things in a different way, to pay attention to gestures, tone of voice and metaphor — to understand the people we are caring for at a deeper level.”

Carlos Antonio Rivas, one of Wellbery’s students, believes study of the humanities can be a leveling experience for physicians, keeping them grounded in “the real world.” “Embracing the humanities allows us to embrace our emotions and our diversity of perspective — the full range of human experience that happens inside and outside of the hospital,” he said. “This allows us to be more than medical scientists and approach the ideal of being compassionate, thoughtful and richly knowledgeable physicians who can adapt to our patients’ needs and our workplace’s limitations.”

MAKING A DIFFERENCE

Christy Tharenos, MD, with the Georgetown University Department of Family and Community Medicine, has a passion for using photography and videography for developing greater cultural awareness. She has used her visual arts skills to help her better understand and communicate with underserved people in different cultural settings, transcending barriers of economics and culture to explore medical issues that are often difficult for these populations to understand and communicate.

“I am able to better understand the different perspectives of my patients and learn from them via the humanities,” she said. “I have worked in Uganda with youth and explored their concepts of physical activity and health via the visual arts and photography. This enriches my understanding of their perspectives and gives participants a way to voice their experiences. It is also a unique way to share this information with others in both Ugandan and American communities outside of medicine.”

Wellbery believes medical humanities can help overcome religious barriers as well, by bringing out the common dimensions of religion that transcend specific doctrines. “I like to think that the humanities, when taught in a medical context,
even when they deal with ugliness, fear and suffer-
ing, emanate from a deep ethical space that has
to do with commitment to learning and healing,”
she said. “We have a responsibility to broaden the
boundaries of our hearts and souls. The world has
become so complex. Humanities keep us engaged
with what is happening in the world. Through
humanities we seek to understand the influence
of history, politics and even human nature on our
everyday lives, social groups, values and future.”

MEASUREMENTS ELUSIVE
In theory, every medical school thinks humani-
ties are important. However, when it comes to
supporting humanities with funding, time and
resources, they often fall short compared to other
items on the wish list. Part of the reason is that
medical humanities do not show measurable out-
comes easily.

“Humanities do shape the character of stu-
dents, but we don’t have a good way to measure
that,” said Georgetown’s Tharenos. “Measurement
is often what’s required to justify financial
support or add more courses in the classroom.

These are tough balancing acts. I would encour-
age medical programs to consider longer-term
investments in the humanities for students, which
I think is just as important as longer-term invest-
ment in medical education itself.”

Kuczewski indicates it’s hard to determine
how Catholic medical schools compare to the
average medical school in terms of volume and
resources devoted to medical humanities. “We
would all certainly be above the median,” he said.
“Think the thing we can clearly say is that the
curricula of Catholic medical schools tend to be
unapologetically in the service of our values to the
dignity of all persons, including the marginalized,
as well as a commitment to social justice. I believe
most other humanities programs might have an
element of this, but are more likely to phrase it in
terms of understanding the patient’s perspective.”

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