John Launer: Are medical humanities useful?

Several times a year I run sessions for GP training schemes or other groups of doctors covering arts topics outside their curriculum. These include the paintings of the Mexican painter Frida Kahlo and the movies of the Japanese director Akira Kurosawa. I badge these sessions as “medical humanities,” and there are indeed strong medical angles to both those figures. They each had complex medical histories, and some of their works reflected this. I also run sessions on creative writing, although again I slant these towards medical contexts, including accounts of patient consultations.

Like most people who teach medical humanities, I’d be happy to talk about art, movies, literature, or writing with no medical angle at all. I feel obliged to hang these things on medical hooks mainly because it can add credibility to the subject for the group I’m teaching. Doing so can also engage learners who might otherwise consider the subjects impossibly fluffy.

My approach reflects a tension throughout medical humanities. On the one hand there’s often pressure from within organisations to demonstrate that teaching the arts can sensitise students and trainees to experiences of illness, making them kinder and more attentive and hence leading to better clinical outcomes for patients. On the other hand there are concerns that these objectives are questionable because the arts often aim to challenge or subvert conventional ways of medical thinking, along with the unexamined ideologies behind them. This includes challenging such notions as objective assessment or evidence of effectiveness.

On the whole, I sympathise with these concerns. I understand the pragmatic need to make a case for utility in the real world, and I can do so if I have to. But if I’m honest, I can’t convince myself that we could prove the benefits of listening to music or studying poetry in improving clinical skills over any alternative activity such as playing team sports, for example, which might also turn some people into better doctors.

I also recognise that the search for usefulness has brought some unhealthy tendencies into the field of medical humanities—rivalries, territorial claims, branding, and the like—that resemble every other branch of medicine and have more to do with jobs, power, politics, and money than anything else. Perhaps it’s the sheer impossibility of judging the arts with scientific metrics of usefulness, or indeed the intangible nature of their effects on different individuals, that makes them most liberating.

A couple of teachers from my school days—one from the humanities, the other a scientist—might possibly have agreed with this view. One English teacher habitually started his lessons in silence, giving us no option except to open our set text, start to discuss it, and find out for ourselves whatever it might yield. Similarly, a chemistry teacher would occasionally begin his lesson by reading out one of the Grimms’ fairy tales and then, without explanation or comment, carry on with a chemical experiment from the previous lesson.

If we want to teach medical humanities authentically, perhaps we should provoke everyone by saying nothing at all about the point of doing so.

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