



Why Medical Humanities?

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For decades the paradigm has been to actively train doctors in diagnostic and technical skills, leaving softer skills – communication, ethics, humanitarianism, empathy – to be picked up passively through peer observation or role-modeling. Despite such lop-sided training, many of our medical students go on to become outstanding, compassionate and ethical physicians; yet, from different parts of the country, we increasingly hear of violence against doctors at the hands of patients and their relatives when communication has broken down, or empathy failed to be shown. These instances highlight the need for active instillation of soft skills during medical education, a sentiment endorsed by medical educators worldwide.[1,2]

It is clear that we need doctors who will respond sensitively to both the physical and the emotional needs of their patients. Obviously, the doctor must consider the patient as a whole; in equal measure, doctors must engage with patients with all of themselves – their minds, their hearts and their emotions – engage as persons who are able not only to heal, but also to feel and think, explain and understand and cope. To this end, educators are exploring the possible role of the humanities in medical education.[1-4]

‘Medical humanities’ is an inter-disciplinary way of looking at medicine through the lens of philosophy, theology, art, history, literature, anthropology, and other humanities subjects. It is

not a list of subjects; it is an acknowledgment that there are subjective experiences which influence something as objective as the science of medicine.[3,4]

Students join medicine very early in life, usually at the expense of a basic training in the humanities, resulting in one-sided intellectual growth. Add to that the current medical curriculum, which is exhaustive, stressful, and ever expanding. We have to find solutions that do not over burden students, and yet translate into improved patient care.

Can exposure to the humanities help in honing softer skills, while helping medical students unwind and de stress? Can such exposure act as a catalyst to bring about the much needed change in the way we learn medicine, and what remains unlearned?

The role of the medical humanities in medical education is as yet uncharted in India and most of Asia, and frankly, we don’t know if it is the answer; however, the literature is promising.[1-5] Through sharing illness narratives doctors can become aware of the range of experiences resulting from illnesses; they can begin to see it from the patient’s view-point; through the social sciences they can learn about cultural and personal circumstances and beliefs that impact health care practices. Such awareness may result in greater empathy, which, in turn, can lead to

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the doctor knowing the importance of providing an environment in which patients feel they can communicate freely and effectively.

In the University College of Medical Sciences, Delhi, the Medical Humanities Group of the Medical Education Unit has attempted to expose the medical fraternity to art, dance, theater of the oppressed, and films, hoping to enhance empathy, appreciation, critical thinking and self-awareness, which are important attributes for a doctor.[6] Discussions on books, movies or patient narratives have been shown to hone communication skills, judgment, professionalism, and reflective practice. The medical humanities can help in the development of tools that allow better engagement between patients and medical practitioners – better in the sense that they are guided by reflective and experiential practice, and are culturally relevant.[4]

A journal of medical humanities seems to be an appropriate vehicle to spur greater research in this exciting and promising new field; to encourage the sharing of ideas and experiences in the medical humanities; and perhaps to move the humanities from the realms of a curiosity, to that of an essential component of medical education.

RHiME is a journal with a difference. With its primary focus being Medical Education and Humanities, it also seeks to explore intersections between ethical decision making, patient participation, creative expression, philosophy and history in medicine- in pursuit of medical educational goals. The multi-linguistic logo of the journal illustrates the ideology behind the formation of the journal and aims to encourage participation from readers with diverse backgrounds. We sincerely hope that you will participate in this endeavor and share your valuable work with us.

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