IAN MAG FHEARRAIGH gives his impressions of the ‘Medicine, Film, and Literature’ module, available for the first time in RSCI in 2007.

MEDICINE, FILM, AND LITERATURE – the purpose and benefits of including medical humanities in medical education

Introduction
It is only in the past half century or so that the biomedical model has become the predominant model of modern medical practice. Prior to this, since the foundation of ‘modern medicine’ by the ancient Greeks, science and the arts were intertwined together as the fundamental principles on which medicine was based and practised. To Hippocrates, medicine was an art and a branch of philosophy – it would be interesting to get his opinion of modern medicine, with its reliance on facts, figures, and tests. Perhaps he would conclude that the humanitarian approach, which has been at the core of medicine since its foundations, has increasingly been left by the wayside. It is therefore timely and encouraging that in recent years many medical schools in Ireland, Britain, and the United States, have been exploring the possibility of introducing or incorporating medical humanities into their curricula. The publication of ‘Tomorrow’s Doctors’ by the educational committee of the General Medical Council first suggested and encouraged the pursuit of medical humanities modules in medical schools in Britain. In 2007, for the first time, medical humanities was offered as part of the Student Selected Component Module in the Royal College of Surgeons in Ireland (RCSI). Along with three fellow students, I undertook the six-week module in medical humanities entitled ‘Medicine, Film, and Literature’. Under the guidance of supervisors versed in both the humanities and medicine, we studied literature, film, drama, and art, particularly emphasising and exploring its relevance to modern medical practice. This did not amount to ‘sitting around watching films’, as many doctors and fellow classmates seem to think! The texts studied and the subsequent discussions were insightful and thought provoking, leading to reflection on oneself and one’s opinions, experiences, ambitions, and prejudices. Films such as Wit, The Doctor, and Red Beard, and books like The Diving Bell and the Butterfly, and Slow Man, provided ample opportunity for debate, and allowed us to explore and reflect on a wide range of themes and issues.

Why medical humanities?
Various arguments are put forward in the literature as to why the study of medical humanities is of benefit to students. From my experience of this discipline, I believe that the development of what has been described as “whole person understanding”, is the most desirable of the benefits put forward. Perhaps Deborah Kirklin provides the best explanation of this goal, when she explains it as enabling doctors and students to “appreciate the experience of illness for patients and their carers”. As mentioned previously, the focus of the biomedical model is on data, disease, and diagnosis; consequently, the particular needs or individuality of a patient are in danger of being ignored, or at the very least misunderstood.

Walking in the patient’s shoes
This ‘deeper understanding’ of patients was afforded to me in the very first film we studied. Wit, directed by Mike Nichols, stars Emma Thompson as a professor of English who has just been diagnosed with
end-stage ovarian cancer. Thompson brilliantly portrays the harrowing experiences of this cancer patient, who is being treated by doctors with more interest in her disease and their research, than in the patient as an individual. Like many students and healthcare professionals, I have never been a hospital inpatient, and cannot imagine being subjected to the toxic effects of chemotherapy; watching this film, and reflecting on the issues it raised, was both insightful and rewarding.

Macnaughton has explained how medical humanities can “extend the range of doctors beyond biomedicine in two ways”.10 The first of these is by improving understanding, especially of what ‘health’ itself means to different people. Secondly, she claims that humanities provide a framework through which the biomedical model of medicine can be practised humanely. In a similar extract, Kirklin claims that the first educational objective of medical humanities is “to allow practitioners to reflect on their own thoughts, feelings, inclinations, practice, and experience”.1 The study of medical humanities is like holding a mirror up in front of yourself, and then honestly asking the question: “What sort of practitioner am I becoming?” I found this particularly useful, having had over a year of clinical experience. Even at this early stage, I have acquired and developed many opinions, feelings, beliefs, and even prejudices – this module made me stop and take an introspective look at these thoughts and feelings.

In the film Requiem for a Dream, directed by Darren Aronofsky, the four main characters are drug addicts.11 The film manages to portray these protagonists as tragic heroes of their own downfall, rather than labelling them with the stereotypical stigma usually associated with addicts. Analysing and discussing why the characters were portrayed in this way, while also considering my own preconceived opinions of drug addicts, was very enlightening. Reflection of this sort was not something I would normally have undertaken. Having encountered drug addicts on my psychiatry rotation, and in the emergency department, my opinions and prejudices were firmly established. This film and the animated discussion that followed prodded and poked at these prejudices, and challenged me to reconsider.

The question of ethics
As one would imagine, ethical issues are commonly encountered when discussing and reflecting upon themes raised in literature or in film. Some authors have claimed that the teaching of ethics in medical schools “is too narrow”,10 and that ethics taught in its current format does not relate well to the realities of clinical decision making. As medical humanities can aid in the ‘consciousness raising’ aspects of ethics, authors such as Downie assert that it would be far better if ethics were taught within the “richer context” of medical humanities, rather than persisting with the current format.12

I have now experienced both methods of ethics teaching. Although I enjoyed the traditional lecture format, and found the lectures interesting, the teaching of ethics within the humanities framework is a more interactive and thought-provoking experience. Everyone is encouraged to identify and consider ethical issues, and contribute to the ensuing discussions. Indeed, as Scott remarks in The Journal of Medical Ethics, literature and film are “a more effective way to help students identify and consider ethical issues”, and can be used as a “consciousness raising activity”.2 I undoubtedly experienced this consciousness raising when studying films like Mike Nichols’ Wit,4 Damien O’Donnell’s Inside I’m Dancing,13 and the short story ‘The Steel Windpipe’,14 by Mikhail Bulgakov.

Hidden benefits
In hindsight, there are two other advantages that I did not envisage before starting the module: the enrichment of my use of language, and an introduction to the concept of ‘narrative medicine’. If, as Sweeney claims, “language is the currency of understanding”, then the language we use affects our thinking and understanding of the world around us.15 Medical humanities encourages an appreciation of language, and in particular the use or application of specific words; something that I had not thought about since writing essays in school.

The words a doctor uses are crucially significant to a patient. Equally, a doctor must listen intently to what the patient is saying. If the doctor is going to truly appreciate what a patient is trying to convey, the words, phrases, and metaphors used must be heard and clearly understood. As medical professionals,
sometimes, instead of listening to the patient, we are guilty of listening for a disease. In his discussion on “the consultation as a forum for narrative”, Sweeney states that the main requirement for a good consultation is “recognition of the personal significance of an individual’s story by another human being who understands its unique context”.16 For this to happen, an appreciation of the use and application of language is paramount.

As medical humanities are in essence all about stories, it is an appropriate means of introducing the concept of “narrative medicine”. As Zaner notes, the power of story telling in medicine, or narrative medicine, should not be underestimated.16 He maintains that it offers a deeper understanding of patients, and suggests that it is the best way to give “grief its voice”. During the humanities module I listened to a patient talk about her illness, her attitude and feelings towards the condition, and its effect on her life and the lives of those around her. This experience gave me a new perspective on the disease, and more importantly on the patient. Having attempted a patient narrative, I subsequently shared this patient’s story with my classmates on the module. I certainly feel this experience increased my empathy and understanding.

**Conclusion**

Unlike most of the medical school syllabus, medical humanities does not focus on disease. The focus instead is on individuals and their unique stories, on our shared emotions and attitudes and, ultimately, on gaining insight into what makes us human. It promotes understanding of patients, encourages reflection, challenges attitudes, raises ethical issues, attempts to improve the use of language, and introduces the concept of narrative medicine. All of this and more is achieved in a fun and interesting format.

Allowing yourself a short break from the biomedical model and undertaking a module in medical humanities is a fantastic experience and opportunity, and is one that I enthusiastically recommend to all students. This module was an experience that will stay with me long after my student days at RCSI.

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**References**