How the humanities inform medicine

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As a “failed English major” (as one of my friends once described me), I confess to a long-standing love of stories as a way of understanding both myself and others. I believe in the value of the humanities not only to medicine but to physicians as members of a civil society. Most physicians I know also share this belief but unfortunately, grades in bio core or chemistry affect the selection process for medicine in general more than those in the social sciences and humanities. Medical schools, it seems, prefer doctors to be scientists who have hobbies like music, writing, or art. They may not consider that it might be better to find musicians, writers, and artists who also understand and can explain biological systems. I suspect that very few medical school applicants tell admissions committees that, because the student is a gifted writer, their comparative literature professor suggested that they consider a career in medicine.

This issue of the Wisconsin Medical Journal features an article by Kodadek and colleagues that describes a small but important effort to find balance in medical education and the experience of students. They describe a well-thought-out project that matches students with older adults living in the community, under the pretext of geriatric education. What the study describes is an example of crossing the boundary—the clinical distance that often prevents physicians from understanding the lives of patients—and the wonderful and moving results that come from that short journey. The project took place over months, not minutes, and out of the comfort zone of white coats, hospitals, and medical schools. The project also did not focus on health or illness but on experience, knowledge, and memory using the vehicle of jointly planned and created art. The student and the older person virtually hold hands and create something and, at the final session, have the courage to show their paintings and tell their stories. The project could just as well be used by students with many groups of people who lie outside the realm of the student’s personal experience and with whom they will have to work as doctors.

Biological sciences and the arts are not incompatible but equally essential to understanding human behavior, meaning, and purpose. If the Renaissance painters dissected cadavers to produce better art, shouldn’t physicians use the arts to better understand the lives of patients? The value of the project described by Kodadek and her colleagues is not so much in the paintings that were created but in the stories that were told in the process of that creation. Words, music, pictures, and movement are the ways that societies more succinctly and more memorably preserve meaning and purpose. They are a means of self-discovery and communication. The Memory Art Project nicely shows how artistic creativity can be part of medical education as well.

Other important subjects are addressed in this issue: the condition of adolescents admitted to acute psychiatric units, the attitudes of the “gatekeepers”—bartenders—toward underage drinkers, a review of contraceptive options for women, and a case report—a medical story—about a long “forgotten” problem. Finally, the Health Innovations section details a way to use technology to work with smoking cessation. All in all, a very interesting issue of the Journal.

References
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