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## HUMANITIES IN UNDERGRADUATE MEDICAL EDUCATION: A LITERATURE REVIEW

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### ABSTRACT

*Humanities form an integral part of undergraduate medical curricula at numerous medical schools all over the world, and medical journals publish a considerable quantity of articles in this field. The aim of this study was to determine the extent to which the literature on humanities in undergraduate medical education seeks to provide evidence of a long-term impact of this integration of humanities in undergraduate medical education. Medline was searched for publications concerning the humanities in undergraduate medical education appearing from January 2000 to December 2008. All articles were manually sorted by the authors. Two hundred forty-five articles were included in the study. Following a qualitative analysis, the references included were categorized as pleading the case, course descriptions and evaluations, seeking evidence of long-term impact, or holding the horses. Two hundred twenty-four articles out of 245 either praised the (potential) effects of humanities on medical education or described existing or planned courses without offering substantial evidence of any long-term impact of these curricular activities on medical proficiency.*

**KEYWORDS:** Education, Evaluations, Humanities, Medical.

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### 1. INTRODUCTION

Many medical schools throughout the world have integrated the study of the humanities in their undergraduate curricula through disciplines such as philosophy, ethics, literature, theatre, and the arts. Concurrently, there is a strong tendency in medical education to insist that any learning activity should contribute to the students' development of concrete and measurable competencies, whether skills, knowledge, or attitudes[1]. This tendency in medical education is in line with the general focus on outcomes-based education that has been advanced in medical education in the United States, Canada, and Europe and which in a European context is promoted through the comprehensive Bologna process[2].

As of now, few, if any, aspects of medical education are able to produce empirically based evidence of their indispensability in the course of the education of a physician. Furthermore, when it comes to the humanities in medical education, the quest for measurable learning outcomes may not always be easily compatible with the generally antireductionist approach in the humanities[2]. Many articles claim that humanities may contribute significantly to the formation of humane and holistically oriented doctors, and although the humanities have gained ground in medical education, they are still "new kids on the block" when compared with, say, gross anatomy. In any context, newcomers usually have to prove their value or legitimacy to be accepted. Likewise, we

presume that empirical evidence and/or other kinds of good arguments presented in support of the humanities' positive contribution to the education of future doctors validate the presence of the humanities in the curriculum[3]. It is, however, very difficult to measure with any certainty to what extent the inclusion of humanities in medical curricula makes better doctors. Are attempts to produce empirical evidence for any such effect even worth making? After all, the purpose of including the humanities in medical education really may not be to produce specific measurable outcomes[4].

It is outcomes-based education, though, that is currently on the agenda,1 so a lack of empirical evidence may hinder the humanities in gaining and keeping a firm position in medical education[5]. The purpose of this study was to perform a systematic literature review to investigate the extent to which the literature on humanities in medical education is concerned with evidence of the impact of this teaching[6]. To fulfil this purpose, we constructed a meaningful typology of the publications we found. We distinguish between articles that predominantly contain arguments in favour of the general relevance or necessity of integrating humanities in undergraduate medical education, describe and/or evaluate specific medical humanities curricular activities, report empirical findings that provide evidence for the impact of humanities in undergraduate medical education on future doctors' actual knowledge, behavior, and/or attitudes toward patients in real-life doctoring, or voice reservations or question expectations as to the outcome of integrating humanities studies in undergraduate medical education. The articles in the third category are few but interesting in their attempts to look beyond the curricular activities and their immediate reception among the students to any positive effect these activities might have on future doctors' knowledge, behavior, and/or attitudes toward patients in real-life doctoring[7].

We searched Medline for all publications relating to the humanities in undergraduate medical education. Primary search terms were Education, medical, undergraduate or Curriculum in MAJR (main subject heading) combined (AND) with Humanities in Mesh (subject heading)[8]. All search terms were "exploded," meaning that any publication indexed with one of Medline's many subheadings under these terms would also be found. In that way, searching for publications indexed under humanities in Mesh also finds publications indexed under approximately 100 subheadings including, for instance, art, ethics, history, and literature.

So as not to overlook humanities-related publications that might not have been indexed with the appropriate Mesh terms, we expanded the search to include articles with any of the words anthropology, art, communication, creative writing, culture, drama, drawing, epistemology, ethics, history, humanities, literature, philosophy, poetry, or religion in the title. Publications from nursing or dental journals were excluded, as were any articles published before January 1, 2000. We checked reference lists of a random selection of the retrieved publications to identify any missing references and significant journals. A few additional references were found and added to the dataset. However, manually checking the references did not indicate any bias in the search strategy, such as the possible systematic omission of articles from specific journals. The search was first conducted in September 2007 and repeated in January 2009 to identify all publications from September 2007 to December 2008.

One thousand twenty publications met the search criteria. All publications were sorted manually following the inclusion and exclusion criteria. We deemed 775 articles irrelevant, the majority because they were not concerned with undergraduate medical education or because of their obvious irrelevance[9]. Examples of the latter included a commentary on supervisors possibly neglecting to ensure that student projects are approved by relevant research committees, an article on how college undergraduates studying to be human service professionals could help to bridge the gap between thanatology researchers and practitioners, and a piece on the value of experiential education in dietetics.4 Articles discussing ethical questions relating to medical education but not dealing with an ethics curriculum as such were also excluded as were anecdotes or memoirs such

as, for example, Edwards'7 account of a "humanistic role model." This left 245 articles for review.

We read all articles included for review, although in some cases only the abstract was read thoroughly. On the basis of our examination, all articles were labeled with tags indicating the type of publication, the sector of the major field of humanities treated, any suggested benefit derived from the specified curriculum, and the general tone, attitude, or message of the publication. All publications were coded with at least one term in each of the four categories[10].

We developed the codes through a continuing iterative process aimed at making them sufficiently detailed yet manageable as a set. As we developed and attributed the codes, we compiled a substantial set of "field notes" on particularly interesting or notable formulations or assumptions serving to facilitate further interpretation and the development of an adequate typology. The typology presented below distinguishes between articles categorized as primarily

1. *Making a case:* Publications that primarily include arguments in support of the general relevance or need of including humanities into undergraduate medical courses. Furthermore, articles primarily argue how humanities should be taught in undergraduate medical school, depending on a basic acceptance of the humanities' raison d'être in medical education, or indicating how obstacles to the integration of the human sciences should be addressed.
2. *Course descriptions and evaluations:* The majority of the publications were devoted to describing particular curricular or sequences of activities. Descriptions may be accompanied by assessments, such as normal student surveys, a lecturer's assessment of the quality or success of the curricular activity in question, or some measure of a curricular action's immediate impact in terms of educators' (sometimes self-reported) gains in understanding, skills, or mindset.
3. *Looking for evidence of long-term effects:* Periodicals that also provide empirical results on the influence of humanities in undergraduate medical education on future physicians' real knowledge, behavior, and/or attitude towards patients in real-world medicine.
4. Articles noting out problems, expressing concerns, or challenging expectations as to the result or effect of integrating humanities studies in undergraduate medical education, but just not necessarily unfavorably inclined toward humanities studies in medical training.

## **2. DISCUSSION**

That although following typology is not exhaustive nor exclusive, we think that by presenting a wide variety of examples and sources, we have shown the classification's usefulness. Nonetheless, rather than presenting the subcategories as a reflection of an ontologically inherent essence found in the body of the references under consideration, we propose them as a discursive structure. Furthermore, we recognize that each piece's categorization is subjective. For example, despite the fact that some may describe Shapiro and colleagues'19 paper on how a spoonful of honey helps the medication go down as a descriptive and evaluative or discovering evidence of long-term impact type, we categorize it as a hold the horses article. Furthermore, using a various literature retrieval technique may have yielded a different data set, perhaps altering the categories or at the very least their relative distribution.

## **3. CONCLUSIONS**

The findings of this literature study showed that descriptions and assessments of current or planned learning activities, as well as arguments in favor of humanities in medical education, dominate the literature on humanities studies in undergraduate education. We have noticed that there are few research that show the long-term effect of humanities in undergraduate medical education on medical competence growth. The review provides a typology that may be used to analyze the nature and present state of the literature in the area. This classification provides a

plethora of fascinating and inspirational accounts of humanities-related curricular changes in undergraduate medical education. However, studies that provide evidence for the effect of these curricular efforts on physicians and their work with patients are few. Similarly, there are few publications that take a critical position against the commonly held belief that humanities are in some way helpful to future physicians. The absence of evidence for relevance to physicians' job, we believe, may jeopardize the growth of humanities-related activities in undergraduate medical education. After all, the current trend of evidence-based learning necessitates that the study of the humanities, like any other curricular activity in medical school, be able to defend its presence with proof of its efficacy.

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