Editorial

Welcome to *Medical Humanities*—and why

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With this issue of the journal comes the first fascinating issue of *Medical Humanities*, a twice yearly independent add-on edition to the *Journal of Medical Ethics*. Not only is it welcome for its own sake, it is also welcome as an intellectual, aesthetic and from time to time even perhaps an emotional bonus for all who read the JME. But why should we welcome study of medical humanities? Editorial policy of the JME has always been to focus on reasoned analysis and discussion of medical ethics issues. But this is not the only way of addressing ethical issues, especially those ethical issues that relate to medicine's involvement in the emotions and passions of the beginnings and ends of people's lives and of those lives when afflicted by illness disease and disablement. Literature, art in its various forms, drama, poetry, rhetoric, aspects of religion and other spiritual experience, history, aspects of philosophy other than ethics, even music may all in some way illuminate one of the central medical ethics issues—how ought a doctor to live his or her life as a *good* doctor. In this way study of medical humanities complements and enriches study of medical ethics.

Furthermore, medicine has always blended with its technical and scientific aspects what has long been known as the art of medicine, and that art, while partly informed by, and encompassing, medical ethics clearly has far more to it than medical ethics, and includes aspects that are quite independent of medical ethics. But the art of medicine, though essential for good medicine, has been allowed to languish, apparently disowned or at least largely ignored by both medical technology and medical science. All who value it and are worried by its apparent eclipse within medical education will be encouraged to find in the first issue of *Medical Humanities* a paper by an eminent physician, Dr John Saunders, differentiating the art of medicine from its science and technology and urging a renaissance in the recognition of its importance.¹

That of course is to promote the medical humanities as instrumentally valuable—as a means of helping to make *better* doctors—and sev-

eral articles in *Medical Humanities* emphasise the importance of the medical humanities in achieving this objective. Some, however, including the two editors of *Medical Humanities*, have questioned the appropriateness of an instrumental approach to the humanities in medical education.² Apart from disagreements about *how* introduction of humanities in medical education might produce beneficial results,³ the main objection seems to be that study of the humanities is valuable for its own sake—is intrinsically valuable—and to argue that the humanities should be studied in medical education merely for the instrumental purpose of creating better doctors is somehow to demean such study. But no such denigration is either intended or entailed. Even if one were arguing *against* inclusion of the humanities within medical education that in no way would imply that one was demeaning the study of humanities. Still less demeaning to the humanities is a wish to include them in medical education “merely” for the instrumental purpose of helping to create better doctors!

However, some may argue—as does Dr Macnaughton in her contribution to the first issue of *Medical Humanities*⁴—that while study of the humanities can indeed contribute instrumentally to medical education (and she gives extensive examples) the humanities also have non-instrumental value in medical education. “Art, literature, drama and music, in all their many forms, are expressions of human creativity; they reflect human joy and sorrow, and human celebration and reflection. Part of what it is to be a complete human being is to participate in some form of artistic activity, either as spectator, reader or viewer. Understanding this will help doctors to remember the purpose of their own art: to enable people to participate fully in life unhampered as far as possible by illness or disability.

“The humanities therefore have a second *non-instrumental* role in the education of doctors. They do not merely have a *usefulness* in contributing to the development of ends other than themselves: they also have an intrinsic value in

their own right and as such are essential components of the educated mind. As Downie puts it: 'along with an understanding of the sciences they constitute what it means to be "educated" as distinct from merely "trained"'."⁴

Later in her paper Dr Macnaughton argues that there are three non-instrumental aspects of the value of the humanities in medical education. The first is their value in broadening educational horizons, for example by introducing students to different and challenging alternative ways of thinking about and perceiving the world. The second is by influencing the personal development of the students—influencing not merely what they can do but what sort of people they become. The third is to provide students with a "counterculture" to medicine. Medical students, she says, often encouraged by their teachers, tend to think of themselves as intellectually and morally superior to other students. "The opportunity to take a humanities subject will allow medical students to meet teachers and students in other disciplines... and may ultimately foster better relationships between doctors and the 'outside world'."⁴

Each of these three examples of allegedly "non-instrumental" relevance of the humanities to medical education is surely open to interpretation as being highly "instrumentally" valuable, (quite apart from their intrinsic value) in the simple sense of being likely to produce better doctors and therefore appropriately introduced in medical education for that purpose. The first and third examples can be expected to be instrumentally valuable by broadening the general education of doctors to include an introduction to the ways of thinking of the other one of C P Snow's *Two Cultures*,⁵ notably the culture of the humanities as distinct from the culture of science. This is, of course, to address a far broader debate in education than the question of whether or not to include medical humanities in medical education, but once again it seems reasonable to claim that *the main reason* for advocating this "bicultural" education is instrumental—it conduces to human flourishing in general (a good instrumental reason for wanting *everyone* to be educated in both cultures) and in medical education it conduces not only to the personal flourishing of the doctors thus educated but also to their better understanding, as Dr Macnaughton herself puts it, "of the outside world". That "outside world", whom the medical profession serve, can thus expect to be better served because better understood.

Similarly, her second example of the allegedly non-instrumentalist value of the humanities to

medical education—its value to personal development, to the kind of person one becomes as distinct from the sorts of things that one can do—is, as she implicitly acknowledges, of instrumental value not only for the medical students and doctors themselves, (again by augmenting human flourishing, notably their own) but also "for the good doctor, because medical practice is not just concerned with knowledge and skills but is also concerned with a humane and sympathetic approach to people".⁴ Would not patients regard encouragement of that humane and sympathetic approach a good instrumental reason to include humanities in medical education.

None of this is to deny the claim that study of the humanities is valuable in itself. But while that may be sufficient to justify the addition of *Medical Humanities* to the range of medical journals it seems unlikely to justify—and still less likely to be accepted as justifying—the incorporation and encouragement of humanities in the medical curriculum. In any case the claim that study of medical humanities is intrinsically valuable is entirely compatible with the different—instrumentalist claim—that study of humanities is valuable in medical education *because* it is likely to result in better doctors—and that this is a good reason for promoting such study, whether or not it is intrinsically valuable. This instrumentalist account is likely to be of considerable significance to medical educators, medical education policy-makers, and indeed to the general public who, in many countries, fund medical education through their taxes. Thus making the most of the claim that "it's likely to result in better doctors" is itself likely to be of instrumental value to all of us who wish to see a renaissance of this currently undervalued aspect of medicine.

Welcome, therefore, to the new *Medical Humanities* edition of the JME and to its role in helping to produce better—because better educated—doctors. Welcome too to its intrinsically interesting content, which would be valuable even if no doctor or medical student were ever improved by it or even read it!

References

- 1 Saunders J. The practice of clinical medicine as an art and as a science. *J Med Ethics: Medical Humanities* 2000;26:18-22.
- 2 Evans M, Greaves D, Pickering N. Medicine, the arts and imagination [letter]. *Journal of Medical Ethics* 1997;23:254.
- 3 Pickering N. Imaginary restrictions. *Journal of Medical Ethics* 1998;24:171-5.
- 4 Macnaughton J. The humanities in medical education: context, outcomes and structures. *J Med Ethics: Medical Humanities* 2000;26:23-30.
- 5 Snow CP. *The two cultures and the scientific revolution*. Cambridge: Cambridge University Press, 1959.