

The great medical questions—and beyond: A medical-humanities curriculum

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Abstract

Behind every profound question is another profound question. Niels Bohr

What are the humanities? And why should humanities be included in a medical curriculum? The humanities are systems of thought where truth is studied through reasoning, interpretations and judgments. The humanities reason that we live in a webbed essence that includes culture, societies, beliefs and practices. They introduce questions of principles and values, and they hold that there are no simple answers to the great questions of life. Premised on uncertainties, paradoxes, contradictions and divergent explanations, they acknowledge the nature of conflicting values and conflicting versions of truth. Extending this definition

into medical humanities, for example, a researcher cannot fully grasp the complexities of underlying diseases without an awareness of their devastating effects on societies. Embracing this definition of humanities, the study of medical humanities strengthens the medical profession at its most fundamental, spiritual core and, in partnership with science, it enhances the moral and ethical values upon which medicine builds its philosophy.

This paper will argue that, in a medical humanities curriculum, deep readings of literary texts provide essential practice in critical analysis necessary for medical training. It advances the claim that a humanities methodology invites less obvious, but highly sophisticated qualitative perspectives. A close reading of a text can discover a narrative's embedded significance and intensify the reader's ability to form multi-faceted concepts.

Teaching medical humanities: Because of military confrontations from the recent past in Iraq and

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Kuwait, and because the present fighting in Syria and Yemen continues to threaten the well-being of peoples in this region, as a theme for a medical-humanities curriculum, this paper will address violence and war. Unfortunately, in the Middle East doctors are frequently placed at the center of war as they treat the injured and the traumatized, and as they participate in the rebuilding of nations.

"Naema - Whereabouts Unknown," a short story by Mohammed Dib, offers an example of how a deep reading through meta-analysis can lead to a high-value medical theory. For a close reading we can use a classical template for elements of a story: characterization; setting; language; plot; theme. Another template useful for a deep reading of a text is cause and effect, which can take numerous forms: direct; indirect; fragmented; sequential; peripheral. Other templates include the psychological, historical, cultural and religious. Whatever the template, of special significance within a narrative is the epiphany, that instant of intense self-awareness and the moment where the character learns "a truth" that changes him and the reader forever.

The epiphany in "Naema" can begin with a study of historical, physical and psychological oppression. The Algerian movement for independence from France intensified after WWII, and in 1954 the fighting between France and Algeria began in earnest. This dichotomy of nationhood is manifested in the dilemma encountered by Samir, the central character. As the war accelerates, he hears his seven-year-old son say, 'Kill the lot. Keep throwing bombs.'¹ Reasoning by cause and effect, Samir arrives at an epiphany that the war has effects far beyond the death it causes. He realizes that war is destroying everyone's moral core, victims and aggressors alike. It is destroying their humanity. Consequently, their most inviolable principles have become diseased. In Samir's epiphany, because a moral paradox has caused an illness both real and metaphysical, he must confront a cultural system of pathological beliefs, pathological values, and pathological philosophies. Through conceptual reasoning such as this, deep textual readings can summon meta-analyses that disclose further a *priori* pathologies and the multi-faceted truths that compose medical questions.

THE PRACTICUM

But theory cannot serve medicine without practical application. A successful syllabus is one that progresses from a fundamental exploration of the theme to larger, more sophisticated perspectives about that theme. For assessment, instruments can include quantitative methodologies, qualitative methodologies or triangulation. In literary courses on medical humanities, the most effective instruments are those that require written essays. Written essays by students best demonstrate how a close reading of texts has introduced nuanced understandings, webbed interpretations, and high-level conceptualization and theory.

The design for this unit can look like this:

Lesson #1: Theory: First principles and moral codes

Lesson #2: War as pathology

Lesson #3: Pathological Belief Systems and Philosophies (*a priori* values)

Lesson #4: Ideal principles for the doctor

Lesson #5: Philosophical Responsibility for the Medical Profession.

This paper argues that a medical humanities curriculum within a medical program can provide invaluable perspectives in multi-dimensional thought. An invaluable addition to the medical curriculum, the medical humanities ask the Great Questions. They ask the Profound Questions.

Syllabi, study questions, bibliographies and assessment templates are available upon request at E-MAIL: rishel@ithaca.edu

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