

Why Study Humanities (Medical or Otherwise)?



HOWARD BRODY, MD, PhD, KEYNOTE SPEAKER

Institute for Medical Humanities

University of Texas Medical Branch

Galveston, Texas

Editorial assistance by Kristen Georgi, MA, MAT

Can we define the medical humanities without first defining humanities? How hard or how easy is that to do? Here is the definition on the Drew Web site: “Medical humanities, in its most basic connotation, deals with the intersection of human experience, medical practice, and scientific technology. The field transcends the disciplinary boundaries of academe and engages all aspects of human culture—science, history, ethics, philosophy, literature, religion, art—in a discursive dialogue centered on what medicine means in relation to the individual in society.”

This is what I’ll call the “list” definition of medical humanities, and until very recently I would have said, “Of course, that’s the right definition.” It stresses the interdisciplinary inquiry and methods. Basically, the humanities are defined by giving a list of disciplines that match the departments in a liberal arts college, and it’s assumed that these illuminate certain important medical issues in a valuable way.

Are there any problems with that definition? Robert Proctor made the following observation in his important book on the humanities and modern academia, *Defining the Humanities*.¹ Around 1996, the presidents of many of the country’s most selective liberal arts colleges hired a public relations firm to define liberal arts education—because they couldn’t define it themselves. Needless to say, neither could the firm. Proctor’s point is that the list approach cannot tell us what is either unique or important about that definition.

When I turned to the Web site of our program at the University of Texas Medical Branch, Galveston, I found a quite different approach. I’ll call it the “historical transformative” definition. As the Web site goes on: “Becoming a medical humanist is not simply a matter of taking an array of interdisciplinary courses in the medical humanities . . . formal humanities knowledge and clinical competence must be personally integrated so that they become *humanistic* . . .”

“By humanistic we refer to knowledge (not necessarily

in the humanities), clinical competence, or practice that is informed by the ancient ideal of *humanitas*. The original meaning of the Latin word humanities was human feeling; the word gradually became associated with an educational ideal that blended knowledge, humane feeling, and compassionate action. It is this wonderful and elusive mixture of knowledge, feeling, and action . . . that we are trying to recapture and refigure in a contemporary health-care setting.

“The personal integration essential to humanistic knowledge is a fluid, holistic ideal that can occasionally be achieved and exemplified but cannot be taught directly or didactically. It is an ongoing personal and interpersonal process . . . the development of a medical humanities graduate student is a kind of moral career in itself—one that involves collaborative cultivation of a responsible engaged self who seeks his or her own unique blend of knowledge, feeling, and action . . .”

“. . . Becoming a medical humanist—and striving for humanistic knowledge and competence—requires strong historical and conceptual grounding in the humanist educational ideal in the West. This effort to connect graduate education in the medical humanities with the humanist tradition is what makes our program unique.”

This definition is different from just a list, and certainly meets Robert Proctor’s criticism of the list because it tries to explain why these disciplines are unique and important, and is tied to the historical tradition. But it

also has problems. The definition talks about the moral career of the graduate student. What about the moral career of the physician or the nurse in the health profession?

To understand the historical tradition of the humanities, we have to go back to the 14th century, says Proctor, and look at the Renaissance humanities, or *studia humanitatis*, as particularly exemplified in the philosophy and teaching of Petrarch, the Italian poet. Petrarch got the idea from the 1st century Roman orator and philosopher Cicero, and particularly from the description in *Pro Archia*.²

With much help from the dictionary and existing translations, I will render this description of *studia humanitatis* as, “These studies nourish youth, delight old age, adorn prosperity, and offer refuge and solace in adversity. They delight at home and they do not embarrass one abroad. They accompany us overnight, as we travel, and into the countryside.”

We seem now to have another definition. We have the “list” definition, the “historical transformative” definition

to which the notion of “moral career” is related, and now it seems we have at least one other model or metaphor. What Cicero seems to be describing is the humanities as your best friend, the lifelong “boon companion” whom you can count on

no matter what; in good times and bad, at home and away, wherever you are, whatever you’re doing, whatever the fates throw at you, the humanities will be at your side and give you support, nourishment, and comfort.

What Cicero meant by the *studia humanitatis* was the study of all subjects that would shape the growth of the young toward humanity and virtue, as he said in *De Oratore*.³ That included all subjects taught at that time: math and the sciences, as well as literature, the arts, rhetoric, and dialectic. But how did this teach one wisdom and virtue?

Here we might have to part company with Cicero, because Cicero was a stoic philosopher in the ancient Greek tradition who had a view of knowledge that most of us today would not share. He believed that real knowledge was knowledge of something eternal—the Platonic Forms—that inhabited the celestial world, the same sphere as the stars and planets. Our base world that we live in every day is inhabited by the emotions and passions with everything changing, so you can’t have knowledge of them. You can only have knowledge of what is in the higher celestial world.

Cicero believed in a two-part person, where one part, what we might today call the soul, could inhabit

the celestial world and have direct apperception of knowledge in that world. There was also the animal self that lived in the terrestrial, changing world where you find the passions and the emotions. The knowledge of the celestial world helped the soul transcend the animal self and thus be a better person.

So in the crudest possible form, the *studia humanitatis* will make a man of you. Given that the Roman root “*vir*” or “man,” is the gender term, “*humanis*” is the nongender term and is very different. “*Vir*” is the root word for “*virtus*,” which is virtue. Cicero’s idea of how you obtained wisdom and virtue was that by having knowledge of the eternal realm, you would transcend and rise above your animal self, your emotions, and your passions.

Petrarch agreed with Cicero that we were still searching for wisdom and virtue via the *studia humanitatis*, and still held a hope of gaining mastery over our turbulent emotions and desires. But he added a few things that were not present in the ancient Roman world. He had a negative program as well as a positive program, and he offered a different set of disciplines as his recipe for how the young should be educated toward wisdom and virtue.

The negative program had to do with his view of the scholastic university of medieval times. According to Proctor, Petrarch was disdainful of this medieval university with its scholastic theology and the debased form of medieval Latin that was then in use. He argued that methods had driven out content; that cunning and cleverness had replaced the search for virtue and wisdom in that institution. His reform program was to return to the original Greek and Roman texts for several reasons. The first was to appreciate the lives and work of the ancients as exemplars of wisdom and virtue. Cicero was a particularly good subject for this. The other reason was to be able to think and write clearly and elegantly in pure classical Latin, which Petrarch was sure was much more ennobling than medieval Latin.

Petrarch also had little use for some of the most popular subjects in the scholastic, medieval university. He recommended that the studies should focus on literature, poetry, history, moral philosophy, and ancient languages. History is an interesting addition to this list. In the days of the scholastics, as in the days of Cicero, history was about what changes, and knowledge could only be about what was eternal. So knowledge of history was an oxymoron in the scholastic time as in ancient Rome. In contrast, Petrarch thought that studying the subjects of the scholastic university, such as science, math, law, metaphysics, and logic, would pollute the mind.

Is Petrarch’s prescription basically a way to retreat from the world into a monastic, scholarly life, or is it a way of actively engaging in the world? And does this have anything to do with today’s medical humanities?

Italy, in Petrarch’s time, was seeing the rise of the mercantile and business classes, many of whose members were involved in civic affairs. The world was full of change and novelty. Ships were going to Africa and Asia, and eventually to the New World, and bringing back tales of things that were not part of anyone’s prior knowledge of the world. As the old feudal order broke down,

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effective, persuasive verbal or written communication became the most important social glue. A verbal contract, or article of incorporation, was starting to become the way society was organized and held together. Therefore, the importance of rhetoric, particularly as a subject of study, matched the needs of the practical world in which Petrarch's students found themselves. We are not talking about what today we call "mere" rhetoric, where I persuade you to do something against your better judgment with smoke and mirrors and verbal flimflam. What was meant by rhetoric, in the ideal sense, was a mix of reason, logic, and artistry, so that one both finds out what is right and is moved to do what is right.

In order to persuade others on whatever the subject, the Renaissance rhetorician needed to know all subjects. He couldn't avoid logic or metaphysics or science, because he never knew what might come up in a discourse or the dialogue that might ultimately persuade his audience about the right thing to do in a particular situation. So there was something very interdisciplinary and very wide-ranging in the knowledge base of the Renaissance humanist rhetorician.

In his essay, *The Culture of Renaissance Humanism*,⁴ historian William Bouwsma traced what happened to Petrarch's ideal as we moved from the early to the late Renaissance. In his view, Petrarch's reform program actually carried the seeds of its own destruction. The contradiction that Bouwsma diagnosed in the Petrarchian tradition was that by showing how different pure classical Latin was from medieval Latin, for the first time the world became aware of the idea that Latin was a dead language. Ironically, in trying to bring classical Latin alive, in some sense Petrarch killed it.

The medieval scholars were able to say, "Ancient Romans spoke Latin. We speak Latin. Therefore, we speak the same language." But once they started studying classical Latin carefully and saw how different classical Latin was from the medieval version, they could no longer say they spoke the same language. Suddenly, classical Latin became a dead language, in contrast with the Latin that was actually used in the churches, law courts, and institutions of the time.

Along with this realization came the creation of the sense of self as "modern." According to Bouwsma, the Renaissance people for the first time thought of themselves as modern and different from the people of the ancient world. Because classicism seemed to belong more to the ancient than to the modern world, adherence to that aspect of Petrarch's program would risk condemning humanism to a sterile intellectuality and a disengagement from the issues of practical life. As people tried to study exactly how to decline the Roman nouns and conjugate the Latin verbs, they would inevitably be drawn away from the affairs of the world of the day. Within two generations, Renaissance humanism had come to resemble the scholastic curriculum against which Petrarch had rebelled. It was a question of too much focus on scholarly methods and rigor, and not enough on content.

Let's ignore the ancient humanities for a while and

turn to a more modern subject. We can go back to the end of the 19th century and look at the work of Sir William Osler, arguably the greatest physician of his day and the first professor of medicine at Johns Hopkins University, which was thought to be the model for what a modern medical school should be. He was the last person to have the nerve to write a comprehensive single-author textbook of medicine—and it was a good one. He also reintroduced the tradition of teaching medicine at the bedside.

Osler taught medical students to carefully correlate what they saw of the living patient, what they could observe in the laboratory, and the changes they saw in the patient's body in the autopsy room. Widely viewed in

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his day as very compassionate toward patients, he was idolized by his students, and was seen as the ideal exemplar of the humanistic physician. A typical workday for Osler as described in Michael Bliss' recent biography, *William Osler: A Life in Medicine*,⁵ included long hours at the hospital doing rounds, teaching, writing, reading journals, and working in the hospital or clinic. In the evening he would often invite his students and other faculty to his house to talk about medical topics. Before going to bed, he would read widely from the classics; his essays and orations were liberally sprinkled with quotations from these great works. If we look at our three definitions, Osler exemplified the boon companion model more than the other models, and even characterized that one passage of the *studia humanitas*, "haec studia . . . pernoctant nobiscum . . .," or "they spend the night with us." Just before bed was when he wanted to read his favorite books—his friends.

Why is this important? Because the Oslerian model is amazingly alive today in American medicine. In fact, the American Osler Society attracts a great deal of support because many people still view this as an important model for humanities, humanism, and medicine.

What about more recent history? Since the 1930s, reports have been written about the medical school curriculum. In the 1930s, learned medical educators got together, looked at the curriculum, and said, "There is too much science and not enough humanism." In the 1940s, another learned group of medical educators looked at the curriculum and said, "There is too much science and not enough humanism." And in the 1950s, a group of wise educators said, "There is too much science . . .," and so on. The same report is written every 10 years. And every time one of these reports comes out, there is a half-hearted, short-lived

attempt to reinject humanism into the curriculum.

In the 1960s, one of these efforts involved Ministers in Medical Education, a small active group of ministers and religious scholars who were working in American medical schools. Their efforts led to the formation of the Society for Health and Human Values, which merged with two other bioethics organizations in 1988 to become today's American Society for Bioethics and Humanities. It is reasonable to assume that they saw their agenda as helping medical students to become wiser and more virtuous.

At about the same time, Penn State University created a new medical school at Hershey and established the

first department of medical humanities. The model they chose followed the list definition. They hired a philosopher, a literature scholar, a religious studies scholar, and a historian, and said, "Go forth to the medical students and teach wisdom and virtue." But

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the faculty said, "We can't do that. The students would say, 'Who are you to teach us wisdom and virtue?' And besides, some of our colleagues in liberal arts, in humanities, are good folks, and some are not such good folks. But the fact is, we are no more wise or virtuous than the people in the math department. So why are you saying we should teach wisdom and virtue? We can teach history and literature and ethics. We can even do it in a way that is interdisciplinary. But we can't teach wisdom and virtue."

Is there a danger that this model of the new humanities department will recreate some of the self-destructive features of Renaissance humanism? Some people today think that is what is happening, at least at the edges. In bioethics, for example, we focus on narrower and narrower issues. We have people now who specialize in neuro-ethics, and we have people who are solely interested in ethical issues in nanotechnology. We have more discussions of methods endless debates around principlism and narrative in medical ethics. There does seem to be some worry that cleverness and methodologic rigor will get in the way of content when it comes to at least some areas of the medical humanities.

Yet, there has been a steady increase in the humanities faculty in U.S. medical schools since the Hershey

department was created in 1967. This past year actually seems like a bumper year for new jobs in medical humanities. There has been a slow but steady dispersion of the movement to other countries. If you look at the various efforts to reinject or to somehow resuscitate humanities in medicine, it is apparent that the medical humanities movement has been much longer-lived and more successful than most.

What about measurable outcomes in the medical curriculum and among our health professionals? There is little, if any, solid proof that teaching humanities to medical students produces better physicians. However, there also is no solid proof that teaching biochemistry to medical students produces better physicians. The simple fact is that a great deal of the modern medical curriculum is taken on faith. There is no solid knowledge that it actually makes better doctors. To have that knowledge, we'd have to be willing to have a control group. No medical school in the country would be allowed to have a control group that didn't learn biochemistry, and so we don't know. We're all in the same boat. We're no worse off than the other disciplines that are taught in the medical schools.

I believe that medical humanities today can make considerable contributions to medical student education. I also believe that we need well-educated humanist scholars to assume those faculty roles and to assist in a variety of different levels with this educational effort. Ultimately, we must address the challenge of helping students to become wiser and more virtuous. We cannot shirk that duty. And I would expand beyond wise and virtuous to socially just and socially aware.

I don't know that just reading ancient Greek and Latin in the original will make us wiser and more virtuous. I don't know that it will help us to be socially just and socially aware. I think we need another prescription for what is desperately needed today among physicians, nurses, and other health practitioners. We also must be aware of the competing historical traditions and ambiguity of the humanities, the narrative of this field, and how it relates to what we're doing today. Otherwise, we will just be repeating history.

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