

AN INAUGURAL SYMPOSIUM: BRIDGING HEALTH CARE AND HUMAN EXPERIENCE



From left to right: Richard Marfuggi, MD, DMH; Phyllis De Jesse, DMH, RN; Jo Ann Middleton, PhD; Nancy Gross, MA, Edye Lawler, PhD; Interim Dean, Rosemary McGee, MMH; Thomas Magnell, D Phil, Oxon; Leda Reeves, DMH; Philip Scibilia, PhD, DMH

The practice of medicine requires engagement with individuals and society. In this engagement, the science of medicine is applied as the art is revealed. This study of this art forms the discipline of medical humanities.

To explore the role of medical humanities on both the medical and human communities, Drew University hosted an inaugural symposium, *Bridging Health Care and Human Experience*, in November 2007. Lead by Dean James Pain and guided by faculty from Drew's Caspersen School of Graduate Studies, more than 100 scholars, professionals and students came together in a day-long dialogue that provided four unique perspectives: history, philosophy, narrative, and public policy.

Keynote speaker Howard Brody, MD, provided an overview of the study of humanities from Cicero to William Osler. Since the establishment of the first faculty of medical humanities at Penn State College of Medicine in 1967, Dr Brody said, the field has steadily grown in the United States and abroad, and described a variety of approaches used to define and examine it. "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," Dr Brody said. "Ultimately, we must address the challenge of helping students to become wiser and more virtuous, socially just and socially aware."

A discourse on narrative, bioethics, and human experience was provided by philosopher Tod Chambers, PhD. Rather than the existence of a basic story of illness that is independent of the teller, Chambers proposed that narratives of illness are individual and evolving stories in which the teller is both actor and author. Illness is a call for stories, he said, a means of recreating a self-story as the

teller attempts to weave illness into the narrative whole of his life.

Catherine Belling, PhD, further illustrated the importance of narrative with selections from Susan Mates' story, *Laundry*, and Shakespeare's *Hamlet*. "What does it mean to heal wounds?" Belling asked, as she used story to examine the educational process of creating a professional that renders doctors separate from other human beings, until the healer becomes dehumanized. In describing Hamlet as a tragic hero who is compelled to apply his critical capacities with therapeutic violence, Belling states, "Something is rotten in the state of Denmark and Hamlet has been called on to treat the infection. The time is out of joint, and Hamlet is chosen—was born, in fact—to set it right, to rearticulate the dislocated bones of his family and his government." The hero ruthlessly investigates then takes bold action, and in the aftermath, "it is Hamlet's apprehension of the complexity and contingency of all action...that makes possible the play's final and very conditional optimism about a future less corrupt and a healthier world. And perhaps in that stubborn struggle to find and make meaning lies the value of medical humanities," Belling concludes.

Author Jonathan Cohn concluded the program with the presentation of a more pragmatic approach. As a journalist, Cohn explained, he believes it is not possible to understand the world without talking to people. Statistics tell how many people are uninsured, how many die from medical errors, but statistics alone do not tell the whole story. Cohn's narratives about real people tell the larger story about the state of health care in America. In Cohn's view, setting public health care policy is less about dollars and cents than about making the ethical decisions that will affect the fabric of human lives.

—Kristen Georgi, MA/MAT