

Medical Humanities in India: Need of the hour

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Just a few days ago, while having coffee with a group of elated Interns, who are about to complete their Internship, I had a casual conversation with them. When I asked them, "What made them pursue Medicine", almost all gave a similar reply as "Want to serve the society, the humanity, the country and do good" and some said "Want to relieve the pain". Well, all for good cause, I felt contented. Further when I probed as to what are their future plans, again all of them had the same answer "Right now, preparation for NEET (National Eligibility Cum Entrance Test), to pursue Post Graduation (PG), preferably go for Super-specialization". Not very surprised with what I had to hear, curiously wanted to know why they all wanted to pursue super-specialization only? Again there was the similar response from all "To earn well and settle well". Well, not bad! One has to be ambitious and this generation of budding doctors are high on it. Further, as just a part of a casual conversation I enquired - what all they have learnt during Internship? (Here I meant what new competencies); and this time the response was a bit surprising - "Who wants to learn Madam, all our concentration was on NEET preparation". Really? Then "How much time do you spend speaking to each patient, on an average?", they said "There is no need to speak to them. Just ask for any complaints, record their vitals, note them in a case sheet, finish rounds with the consultants and rush back to library to read." This came as too much to handle! But in reality, this is the current scenario in most of the Medical schools in India with most of the students.

Most of the young minds, who enter Medical colleges in India are of above average intelligence, many are exceptionally bright, and

all yearn to do good. This is largely true, even though our entrance exams do not really test intelligence or aptitude, and these young people stopped looking beyond physics-chemistry-biology at the age of 13, becoming little more than marks-scoring machines [1]. They all enter Medicine with high aspirations of serving the needy, dreaming about making a change in the Profession.

On the other hand, the expectations on patients' part are far from what our Interns think and wish to aspire in their future. All the patients need definitely something more than the medicines and machines, a bit of empathy, compassion and to view patients holistically as 'human' sufferers rather than mere 'Cases'.

Where did that initial dream of service get lost? Somewhere between ideologies of 'serving the needy' and dreams of 'settling well', the essence of service, ethics and professionalism was hidden. It is said that Medicine is the 'art' and 'science' of healing. The paradox is, science of healing is much ahead today with much advanced technologies and modalities, but what about the Art of healing? Have we left it behind in the awe of advanced science? Have we forgotten the humanities? Why so?

This may be partly attributed to the growing socio economic burden, competition of getting into Post-Graduation, societal pressure to settle well etc. But is also due to the fact that the present medical curriculum does not include any such subject which relates to the conduct of the health care providers [2]. Though students learn professionalism, ethics,

humanities by observing the teachers and clinicians, they learn them on their own. Since these subjects are a part of hidden curriculum, there is no uniformity in the way by which medical students are being taught. Not much emphasis is given to these aspects as the attitudinal domain is not being assessed independently. Moreover, while the problem of lack of communication between the doctors and the patients has long been recognised in India, not much has been done to rectify it.

What is Medical Humanities (MH)?

Medical humanities (MH) has been defined by Dr. Deborah Kirklín from the United Kingdom (UK), an international authority on the subject as “an interdisciplinary and international endeavour that draws on the creative and intellectual strengths of diverse disciplines (including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology), traditionally known as the humanities to pursue specific goals in medical or health professions education and history in pursuit of medical educational goals” [3].

Why Medical humanities?

Engagements with medical humanities may offer benefits, including fostering clinicians’ abilities to communicate with patients, to penetrate deeply into patients’ wider narrative, and to seek more diverse ways of promoting well-being and reducing the impact of illness or disability [2]. Oyebode has described different ways in which humanities can enrich medical practice. To put it simply, engagement in such activities may lead to overall behavioural change of medical professionals thus improving their approach towards the patient [4]. Yet again in simple terms, MH can bridge the gap between the professional behaviour and patients’ expectations.

Medical humanities in India

MH programs are common in the United States and most of the European countries [2]. MH programs have been initiated in many developing countries ranging from Turkey, the Middle East, and South East Asia. In India, Dr. Satendra Singh and colleagues at the University College of Medical Sciences (UCMS), New Delhi, have

taken a number of initiatives in MH [5]. Some medical Institutions in India have shown Interest in MH like Seth GS Medical College in Mumbai, Maharashtra, PSG Institute of Medical Sciences and Research (PSGIMSR) in Coimbatore, Tamil Nadu, and Jorhat Medical College, Jorhat, Assam, among various institutions [6]. The Centre for Community Dialogue and Change (CCDC, www.ccdc.in) and the MH Team of UCMS conduct workshops on Theatre of the Oppressed (TO) in various institutions and have done pioneering work in popularizing TO among educators in India [1,6].

Recognizing the urgent need for the reforms in medical education, Medical Council of India (MCI) had proposed significant changes to Medical curriculum, mentioning for the first time about medical humanities in the course components as well as direction to medical colleges to appoint faculty who are experts in these non-medical disciplines [1].

While a wealth of literature is available on MH and its modules across the globe, the challenge for us in India is to evolve a model that is India-specific, shaped by our socio-economic and cultural realities and the diversity of needs of our population [1].

Medical Council of India has gone a step ahead with plans to introduce “ATCOM Module” (AT= Attitude and COM= Communication skills) into the Undergraduate Medical Curriculum for the first time with an idea to bridge the gap between the ‘Art’ and ‘Science’ of medicine. The ATCOM module has been prepared meticulously taking into consideration the socio-cultural, economic, regional, linguistic and religious diversities and the needs of our society. It also addresses the need of Medical Humanities in Medicine. Since implementation of this module is another challenge in all the Medical Institutions, MCI has begun the sensitization of faculty in this direction, in the revised basic course workshops (rBCWs) and ATCOM sensitization programs at the MCI Nodal Centres and Regional Training centres. This initiative by MCI is appreciable and welcomed in this need of the hour. Modern medical education is dominated by the

sciences. MH can offer the contrasting and yet complementary perspective of the arts in the education of future doctors. Budding medical students have limited life experiences and literature can introduce them to unfamiliar life situations. Critical appreciation of fine arts and paintings can strengthen the visual observation

skills of medical students. MH and TO can demand an emotional response from participants and help them better understand patient stories [6]. Thus, helping the budding doctors to evolve into the Complete and competent health Professionals to meet the needs of the society.

References

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