

What is Medical Humanities?

H M Evans
Centre for Medical
Humanities
Durham University

‘Medical humanities’ means what?

- The human side of medicine
- Recording and interpreting experience – special context of medicine and healthcare
- Taking subjectivities seriously in understanding medicine and healthcare
- Overcoming disciplinary boundaries
- Primarily intellectual enquiry, with implications for practical endeavour

What are these people doing in my consulting room?

- HEALTH SEEKING BEHAVIOURS

- ‘OBJECTIVE’ – signs, disease classification (some), raw numbers, frequency, repeat visits, demographic characteristics (some)
- ‘SUBJECTIVE’ – symptom experience, problems of living and functioning, pressure from relatives, health anxieties, loneliness, anomie etc

What are these people doing in my consulting room?

- APPARENT HEALTH STATUS

- ‘OBJECTIVE’ – available indices including signs, risk factors, demographics (includes postcode?)
- ‘SUBJECTIVE’ – conceptions of health, bodily and emotional experience, perceived symptoms, beliefs about the above!

What are these people doing in my consulting room?

- UNCERTAINTIES IN CAUSATION

- proportion of functional illnesses
- variable responses to pathogens
- prevalence of emotional and social factors (though in what sense are these causal?)

What are these people **STILL** doing in my consulting room?

- VARIATIONS AMONG INFLUENCES OVER BEHAVIOUR

- treatment compliance
- secondary prevention
- lifestyle and living well
- 'heartsink' patients
- the art of consolation

Knowledge in the humanities

- the world as experienced by humans
 - and, thereby, humans themselves, experiencing it
- the what-it's-like
 - vividness of individual experiences – not systematised
- intense particularity of individual vision
 - spotlight (not efface) the observer

Knowledge in the humanities

- relation of knowledge to truth – trust in the observer, but trust in the 'imager'?
 - e.g. Golding and early language-users
- the painter and the picture
 - seeing the brushstrokes
 - trusting the imagination that connects the vision to the hand
 - making the brushstrokes 'true'

Knowledge in the humanities

- the conveying of truth – the transferability of knowledge – to connect with others (= us!)
- a criterion: that we understand the world better as a result
- the physical world's material regularity
- the existential world's *recognisability*

Which disciplines contribute?

- “Core” humanities disciplines? Literature, history, philosophy?
- [Philosophy of medicine's enquiry into our rational and existential selves]
- Theology, art history, linguistics, law, music?
- Anthropology, psychology, geography, other social sciences?

How is medical humanities constituted?

- Procession of staged contributions, or a fusion?
- Cross-disciplinary or (more ambitious) inter-disciplinary?
- Criteria – emergent questions? Shared metaphors across boundaries?

Traditional role of MH

- Essentially (medical-) educational
 - Skills and sensitivity in listening, interpreting, speaking
 - Taking values seriously (incl. ethical values)
 - Help develop own personal values
 - Personal resources for clinical life

Emergent role of MH

- Essentially research:
 - Taking subjectivity seriously
 - Sense of wonder at embodied human nature
 - Understanding medicine as a “science of the human”
 - Disclosing medicine’s picture of human nature
 - Accepting medicine’s spur to humanities’ own research agendas

The ‘Durham Difference’

- very much the emergent research-led role
- MH facing humanities and social sciences as well as facing medical practice and policy
- more examples later (Jane Macnaughton)
- role of wonder in relation to clinical practice
 - an unanticipated, *unimagined*, result of engaging philosophy with medicine (and a personal ‘epiphany’)

The most interesting part...

- ...YOUR thoughts, comments and enquiries