

***MEDICAL HUMANITIES
AND THE
CLINICAL ENCOUNTER***



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We all want good doctors. We all want our doctor to be honest, properly skilled, fully up to date, to inform us, to take account of our preferences and to treat us with dignity and respect. Such a doctor we can trust. Equally we want to be confident that the medical profession is making sure that these standards of good practice are observed by all doctors, everywhere.

Picker Institute

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What do doctors think?

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CLOSENESS

Descriptions of:

- Focused attention
- Insightful responses
- Calm
- Warmth
- One-to-one 'human-ness'
- Broad management approach
- Non-judgmental acceptance
- Collaboration
- Negotiation
- Respectfulness
- Inclusion of families
- Genuineness
- Responsiveness to vulnerability

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DISTANCE

Descriptions of:


Lack of interest; not listening
Lack of concern for the person
Dismissiveness
Neglect; doing the minimum
A technical focus esp. end of life care
Ignoring psychosocial factors
Directive, conditional care
Insensitivity
Defensiveness
Objectification; disregard for modesty
Avoidance
Dishonesty
Insensitivity, cruelty

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“Analysing medicine as activity enforces the joint consideration of target and subject: who is doing what to whom. This requires the use of historical, linguistic, anthropological, and semiotic tools. Therefore, if we analyse medicine as an activity, humanities are both theoretically and methodologically “inbound” (or internal) to the analysis itself... Literature studies or anthropological writings provide material for analysing the various forms of medical practices.”

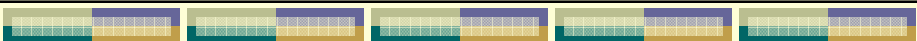
R Puustinen, M Leiman, A M Viljanen. Medicine and the humanities—theoretical and methodological issues. *J Med Ethics; Medical Humanities* 2003;29:77–80

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*To focus on just one of the methods of the humanities
and social sciences...*

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Arthur Kleinman and Peter Benson

*Anthropology in the Clinic: the problem of
cultural competency and how to fix it*

PLOS MEDICINE, 2006; 3(10):E294.

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WHAT HEALTH PROVIDERS NEED TO UNDERSTAND

- Culture shapes health beliefs, behaviours and values
- Understanding cultural values is not the same as understanding biomedical facts
- Culture provides “*emotional tone and moral meaning*”
- Clinicians often fail to recognise the influence of their own enculturation.


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TO SUMMARISE

The methods of anthropology, and especially ethnography, suggest that we might be better clinicians, and our patients better served, if we were to

- Ask questions about the role of culture
- Find out what matters in this situation, to this particular person
- Follow the illness narrative
- Reflect on our own enculturation


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Your questions have been searching and made me think, and no doubt I will keep on thinking for several weeks after, so it's been a helpful process to me.

I suspect that values probably get lost quite easily in the helter skelter of daily practice, and I don't know the extent to which practitioners have forums where these things are re-raised and discussed in the "Why I am doing this?" - at the social and personal level.

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A born doctor has a hunger for people.

Franz Kafka

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