Medicine Through A Humanistic Lens

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SIn our country, even now, children are encouraged to choose one field from among the Humanities, the Arts, and the Sciences for further study after class Xth Those who choose the Sciences are thereafter denied formal access to the Humanities or the Arts. It is as though the latter disciplines are too frivolous for somebody trying to become a doctor or a nurse or an engineer. This is an unfortunate assumption, given that the 'non-science' disciplines hone observation skills, critical thinking, clinical reasoning, curiosity, reflection and creativity. They encourage an exploration of phenomena that influence human behavior, including one's own. These disciplines allow a deeper understanding of the social issues that impact health. Importantly, they highlight the uniqueness of individuals who are products of their own diverse abilities and singular experiences.[1-5] Such 'non-science' learning is extremely important for people who hope to look after the health and ameliorate the suffering of other human beings.

Healthcare practitioners are already adept at listening to patients' stories. So often, a cup of tea placed on the doctor's desk gets cold as they listen with rapt attention to the patient narrate details of their illness. However, this 'medical' listening uncovers only part of the truth. This is because the doctor is trying to zero in on a medical diagnosis from helpful clues in the patient's history. Those aspects of the narrative that don't directly contribute to the final diagnosis are relegated to the background. On the other hand, if we use 'narrative' listening, ask the kind of questions that encourage our patients to divulge the whole truth, and listen holistically, we might be able to heal the human being in addition.[6] An anecdote might illustrate this better. A middle-aged woman presented with a congenital jaw-winking ptosis and asked if it could be fixed. Though we were surprised that she wanted it corrected after having lived with it for more than half a century, we told her it was definitely correctible, and the work-up for surgery began. Some of us, who wanted to know more about the circumstances surrounding the belated request for surgery, decided to ask more 'why' questions instead of the 'what' and 'when' as is usual during a history taking endeavor. In response to the 'why', the woman divulged after some hesitation that her son had recently got married and his new bride took great pleasure in taunting her about her 'witchy' winking eye.

Even without knowing the background human story we would have striven for the best possible surgical outcome for the lady; however, now we had a stronger motivation. Not just the eyelid, we also wanted to 'fix' the apparent lack of respect that the mother-in-law received. Post-surgery, when the younger woman visited to inquire after her mother-in-law's health, we made it a point to praise our patient's courage and cooperation in glowing terms in front of the visitor. We might have imagined it, but it seemed as though our patient - who had appeared anxious about the visit - sat up straighter and the frown lines on her forehead eased somewhat. The daughter-in-law's face, we noticed, softened, and she jumped off her bedside stool to fluff up the pillows so that her mother-in-law could be made more comfortable. This anecdote shows how narrative history-taking can create multiple strands of connectedness between patient and physician. Connection is important for the establishment of a successful doctor-patient relationship.[7,8]

This human story highlights the socio-cultural influences on health and illness. Story-telling, as also poetry, history, cultural studies, and disability studies are useful tools from the humanities. Being alert to these possibilities is a prerequisite to providing compassionate and equitable, patient-centered healthcare. For example, giving a child a good pair of glasses may relieve their headache. However, knowing that the child dropped out of school due to this, and then following up with the parents as to whether the child did indeed get readmitted to school, has an even greater impact on the child's future. As is said – 'a good doctor treats the disease, but a great doctor treats the person!'

The Humanities have made their way into the new competency-based curriculum rolled out by the National Medical Commission,[9] and it is up to us to learn to use these powerful, versatile tools so as to train our learners to ask the right questions. Unless we pose the questions through a medical as well as a humanistic lens, how do we unravel what it is that makes a disease much harder for one patient but easier for another to manage? Is there a drunken or an abusive or disabled

family member in the picture but one who is kept out of the physician's view from embarrassment or a fear of stigma? Is it child abuse or ignorance or economics at play or does patriarchy have a role when a girl child presents with a melted cornea due to vitamin A deficiency? The Humanities teach us to ask the why questions and to delve below the surface for a more complete version of the truth so that the right solutions - holistic solutions - can be found.

Through the use of poetry, patient-narratives and theatre in teaching-learning exercises, real dialogue can potentially take place. Conversations can be generated between those who are powerless (patients and caregivers) and those in power (physicians, for example). These techniques can give a voice to those who are usually unheard or underserved, and the vulnerable.[5]

Exposure to poetry, storytelling, the visual arts, different forms of theatre and media, and other Humanities tools like history, cultural studies, disability studies, sociology, philosophy, language, geography and economics can improve the caregiving skills of healthcare practitioners. As one explores this fascinating field, one may discover that medicine and the humanities are not parallel roads that never intersect, but are complementary to each other and intersect all the time in surprising and useful ways.

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