

Bridging the Gap Between Humanities and Health Sciences – Practices and Recommendations

Farhan Saeed Vakani^{1*}, Izhar Hussain²

Dow Institute of Health Professionals Education

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The article discusses two main points: first, the importance of teaching humanities in health sciences, and second, local practices, gaps, and recommendations. The Pakistan Higher Education Commission initiative to introduce the foundational courses in undergraduate programs seems promising to promote acquisition of core foundational knowledge based on the humanistic principles that transforms health students to develop capabilities and assisting them to become agents for change.

There is growing acceptance of teaching supplementary subjects or foundational education as a humanities field in medical and nursing education (Carr et al., 2022), with a strong evidence to link psychological, social and behavioural variables to health, illness and disease (Humayun & Herbert, 2011). In the Western world, medical schools have incorporated health humanities into their curricula on the premise that the courses promote understanding of the world and foster compassion and empathy. It is well known that technical judgment requires knowledge of science, while ethical decision-making requires knowledge of humanities (Ghias, Khan, Ali, Azfar, & Ahmed, 2020). Health humanities provides an interdisciplinary approach to comprehend the meaning of health, illness, and disease for patients with broader contextual understanding using humanities disciplines (history, literature/narrative, ethics, philosophy), diverse arts (e.g. visual arts, performing arts, music), and social sciences (sociology, anthropology), as they interact with the social worlds they live and work (Carr et al., 2022). Exposure to the discipline of humanities promotes whole for the health students to perceive the truth of the situation and so can foster compassion, empathy, intuition and wisdom to look beyond the sphere of illness into the dynamics of life-energy (DUHS, 2022). According to Aristotelian concept, humanities are integral to physician's personhood, bridging identity and activity.

In developing countries, however, evidence of this effort is scarce (Ghias et al., 2020). Such an introduction would help health students better understand and go deeper into the nature of assumptions, critically reflect on their profession with the intention of becoming more self-aware and humane practitioners and to become clinically excellent and creative to solve growing complexities (Carr et al., 2022; Carr et al., 2021). In this following section, we attempt to discuss local practices, gaps, and recommendations.

Despite the Pakistan Medical and Dental Council's (PM&DC)

recognition a few years ago that doctors should shift from disease-based models and gain a better understanding of patient behaviour, there has been little progress by the council to date (Humayun & Herbert, 2011). In 2020, the Pakistan Higher Education Commission (HEC) mandated teaching foundational courses at undergraduate levels in all higher education institutions. These courses include humanities and liberal arts, social sciences, natural sciences, expository writing, quantitative reasoning, history and religious studies to help students develop interpretive, normative, and informative skills for problem-solving and effective communication besides inculcating ethical behaviours (HEC, 2020). The HEC initiative to introduce the foundational courses seems promising to promote acquisition of core foundational knowledge based on the humanistic principles. It helps transform health profession students to develop capabilities and knowledge like, deep understanding of global issues; universal values such as justice, respect and equality; social skills like empathy and conflict resolution; critical thinking skills; and responsible behaviour. Furthermore, educating them about the natural environment and how it is intertwined with the culture, spirituality, health, and overall well-being of certain communities (Huss et al., 2020).

Although health humanities have gained popularity, they remain structurally marginal and are often taught as supplementary subjects, if they are ever integrated into the core medical curriculum (Carr et al., 2022). A study in Pakistan has suggested integrating the humanities contents throughout the five-year undergraduate medical program and continuing it as a longitudinal theme with selective or elective options, rather than limiting it to a one-time exposure during its initial phase. There has also been a recommendation for broad exposure to humanities and arts programs before the start of the medical education curriculum to develop competent physicians rather than mere technocrats (Ghias et al., 2020).

Perhaps, that's why Albert Einstein said

"Education is not the learning of the facts, but the training of the minds to think."

That's what 'Foundational Education' or Humanities courses would do, by transforming science into care.

An interesting study in Pakistan found that non-medical subjects are not included in medical studies because of medical faculty resistance (Ghias et al., 2020). On the contrary, the educator's role in the perspective of humanism is that of a facilitator which enables them to be more effective in supporting learners to become agents for change and develop attributes like autonomy, rationality, creativity, teamwork, concern for humanity, critical

*Correspondence

Farhan Saeed Vakani

E-mail: farhan.vakani@duhs.edu.pk

Affiliation: Dow Institute of Health Professionals Education

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thinking and problem-solving skills (Huss et al., 2020). This calls for a top-down management of change and stake holder buy in. There is also a widening gap between 'learning science' and 'doing science'. It is because curriculum evaluation still hinges on determining whether the graduate learning outcomes of a course or programme have been met, or whether the desired changes have been made in attitudes, knowledge, skills and behavior. Until recently, there hasn't been a framework for evaluating health humanities education. This is because there has been a conflict between scientific, positivist learning and humanistic, constructivist learning. The latter is more subjective, nuanced, and ongoing (Carr et al., 2021).

Furthermore, additional time, financial costs and related resources to include humanities in the medical curriculum are the hard-core challenges that need to be addressed at the policy level (Ghias et al., 2020)

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