TEACHING HUMANITIES IN FRENCH MEDICAL SCHOOLS [1]

Abstract: Medicine and the humanities: divorce and reassociation.
What do we mean by "medical humanities"? Strengths and weaknesses of the French system.
Ten suggestions for training and educating doctors.

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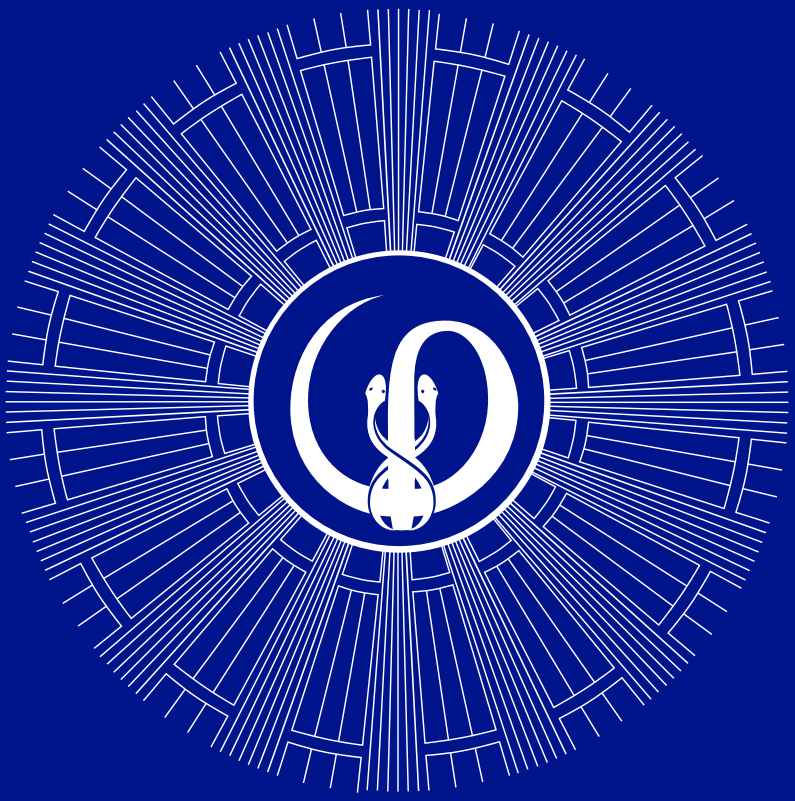
AUTHORS: C. FLEURY[2], B. BERTHELIER[3], N. NASR[4]

1 This article is based on a study by Cynthia Fleury, Benoît Berthelier, Nathalie Nasr. "Teaching ethics and the health humanities in French medical schools: current status and outlook," Chair of Philosophy at the Hospital – Hôpital Sainte-Anne GHU Paris Psychiatrie et Neurosciences/Chaire Humanités et Santé (CNAM).

2 Professor at the Conservatoire National des Arts et Métiers, Chair of Humanities and Health. Holder of the Chair of Philosophy at the Hospital, GHU Paris Psychiatry and Neurosciences.

3 Student at École Normale Supérieure de Paris (ENS Ulm-PSL)

4 Lecturer – Hospital Practitioner in Neurology and Coordinator of Ethics Education at Toulouse-Rangueil Medical School.



MEDICINE AND THE HUMANITIES: DIVORCE AND REASSOCIATION

The vast historical fabric of what we call "the humanities" has intertwined again and again through its metamorphosis with the history of medicine. Even though its quest for universality has undoubtedly somewhat "blurred" it, the term "humanities" still carries a legacy very close to the idea of education. The fact is, throughout the 19th century in France, the act of learning and studying was still deeply associated with the French expression "*faire ses humanités*," which meant "educating your mind by learning languages and literature." This is particularly true for medical students: since the earliest Hippocratic teachings, the foundation of their curriculum consisted of knowledge that would be considered remarkably "nonscientific" from our modern perspective. It should be noted that in the 13th century, no one was admitted to medical school without holding a Master of Arts ("Maître ès Arts"), in other words, without first internalizing the essential propaedeutics of the *trivium* and *quadrivium*.

However, in our era of scientific positivism (evidence-based medicine) and cutting-edge technologies, and against a background of struggling healthcare systems, the link between the humanities and medicine appears to be stretched thinner than ever. What is the humanities' role in the medical school curriculum today? Could the humanities act as a reflectivity tool capable of improving proof-based medicine by integrating them into medical decision-making?

WHAT DO WE MEAN BY "MEDICAL HUMANITIES"?

From the standpoint of medical, and more broadly, healthcare education, the term "medical humanities" refers to the assimilation of knowledge in the human and social sciences (HSS) or other areas that promote reflexivity and empathy, which is a key component of accurate anamneses. Such areas include literature, fine arts, theater, cinema, and any area touched by the medical process of gathering data that will clarify clinical reasoning. In a different sense, HSS also refer to human and social science research and education pertaining to medicine, both as a science and as a practice; these areas include the philosophy, sociology, and history of medicine, the study and critique of medicine and healthcare depictions in literature ("medicine studies"), and even the epistemology of biomedical science..

This reveals two types of challenges. First, the educational aspects: what should the timing, format, and assessment of HSS and medical ethics be? The second challenge relates to the subject area: who should teach the health humanities, and where should they be taught? Should the health humanities be taught by the faculties of philosophy, history, and literature in order to ground their critique of biomedical sciences? This would mean teaching HSS whose purpose is to study medicine, as opposed to HSS as a part of medicine. Or should we train teachers specializing in humanities "applied" to medicine, who would be directly affiliated with medical schools or university hospitals, immersing them into the environment and clinical practice they would be expected to teach?

A suitable option for medical students could be to integrate an HSS curriculum directly into clinical reasoning and the practice of decision-making. Health UFRs (French education and research departments) could see this solution as a relevant response to obvious needs and societal demand relating to the desired profile of doctors. For instance, this program, integrated into the core health studies program, could be applied to medical ethics as it is taught at the master's level (in France: 2nd cycle) and assessed as part of the clinical skills certificate.

STRENGTHS AND WEAKNESSES OF THE FRENCH SYSTEM[5]

The French system does have some excellent points: HSS teaching is mandatory in PACES (common 1st year program in health studies), which exposes French students to multiple aspects of human and social sciences. In addition, most faculties allocate a large amount of time to this teaching. It is important to mention that this approach sets France apart, in a positive way, in the international educational landscape of the health humanities. The recent development of master's degrees and short modules [DU (university diplomas), DIU (inter-university diplomas), Certificates, etc.] in the areas of ethics and the humanities is very encouraging. Moreover, interdisciplinary, inter-departmental, and inter-university collaborations are appearing everywhere, accelerating the progressive expansion and institutionalization of the health humanities. Several innovative projects, although often located in the Paris area, are serving as an example today by creating a dynamic ecosystem that provides a framework and direction for the health humanities. Meanwhile, academic research in ethics and the health humanities has gained structure and institutional recognition (chairs, dedicated research units, etc.). This also led to the development of a specific French corpus on health and healthcare, which could create a strong, unique theoretical foundation for the teaching of the humanities within health professional studies ("the French system of care").

However, the French system also has its weaknesses: the volume of time and content allocated to the human sciences during the first year has significantly decreased compared to the period from 1994 to 2009. The teaching of the health humanities is incongruous, particularly in PACES, which is detrimental to the educational plan designed around them. With a few exceptions, humanities education – especially ethics at the master's level – is rather barren at a stage where it needs to be integrated into the clinical reasoning of students in hospital environments. This shortfall should also be questioned because "externship" appears to be a critical phase for incorporating these clinical practice teachings. This is necessary if the humanities and ethics are considered a set of resources that *effectively* feeds health professionals' decisions and practices. We think that ethics should be taught at the master's level as a component or "input channel" of the cognitive processes of a medical decision.

This key aspect of integrating ethics into the practice of medical decision-making at the master's level is compatible with an ethical assessment as part of the clinical skills certificate; this assessment is currently being tested in Toulouse. The teaching of ethics should be backed by HSS knowledge acquired by students, currently during the undergraduate studies (in France, 1st cycle). Cramming or, on the contrary, lack of evaluation of the health humanities in medical schools often seems to reach a goal contrary to their initial aim. The teaching of human and social sciences, particularly in PACES, can be overwhelming for students who lack adequate support while facing unreasonable ingestion of content in addition to the educational program of the master's level. The persistence of non-critical teachings provided by instructors untrained in human and social sciences is detrimental to the quality of education. Likewise, some universities find it difficult to overcome the biomedical/human science dichotomy and formulate consistent, multidisciplinary content that is integrated into the common core of medical studies.

5 This article only contains a summary of the study.

In addition, we find it important to promote dual programs for doctors specializing in HSS in medical schools. This appears to be particularly relevant for the decision-making aspects of medical ethics integrated with *in situ* clinical reasoning. This is especially true when we consider the degree of uncertainty that underlies every clinical case and the need to articulate ethical thinking and clinical expertise while identifying biases that could interfere with a decision. This is in line with a reflexive approach, taught and reiterated throughout the medical cursus until it becomes inherent to the cognitive processes of the future practitioner's decision.

TEN SUGGESTIONS FOR TRAINING AND EDUCATING DOCTORS

1) The shortage of reliable and comprehensive statistical data on HSS education in medicine makes it difficult to accurately identify the gaps and needs of universities in this area. It is therefore imperative to carry out periodic comprehensive studies in the future. It is also essential to collect **qualitative data on education.**

2) We need a consensus on the meaning and parameters of the **interconnection** between (clinical and bioethical) **ethics** and **the health humanities**. These two aspects of a single teaching based on specific human and social science knowledge do not have the same value and should not be confused. In other words, we must identify a concrete methodology for multidisciplinarity, while paying attention to the role of human and social sciences in the various "skills" that future doctors need to acquire. Human and social sciences should not be reduced to simple "black boxes," resulting in medicine operating on a detrimental standardization of healthcare relationships and disease experience.

3) The humanities and ethics are two keys to **medical professionalism**: they should no longer be considered as glossy humanism or "interesting," albeit hardly credible, entertainment. This is not about creating a new ideology or morality; it is a question of embracing the powerful skills and knowledge potential offered by ethics and the health humanities at a time when medicine and healthcare are undergoing both crisis and radical change.

4) The teaching of EHH (Ethics and Health Humanities) should be **unified** and **dialectally engaged** rather than 'humanized' and **integrated into a teaching plan.** The teaching of EHH, which should support critical reflexivity, must be better structured to dispense knowledge that is truly customized for medical education, in conjunction with teaching physicians regarding medical ethics as it applies to reasoning and clinical decision-making.

5) We should promote and support the creation, everywhere in the country, of master's degrees in the health humanities, and provide sufficient means for effective densification of these courses within departments. In addition, these studies must be **accessible to medical students as well as to practicing healthcare professionals.** Master's degree implementation and strengthening could be a **multidisciplinary laboratory**. Broadly speaking, research and teaching innovations in the humanities and health should be encouraged: this is imperative to ensure recognition of the **French** model throughout the international health humanities community.

6) We must combat the gap of preexisting social and territorial disparities (Paris vs. regions, metropolitan France vs. overseas territories, large vs. small cities). The main purpose is to level the opportunities of access to high-quality education that matches students' interests and expectations. Consequently, small universities should be assisted in the development of their offer in EHH education.

A few guidelines for an ethics and health humanities curriculum:

7) *At the undergraduate level,* there should be **continuity** between secondary education and the new health studies system. If it is possible to enroll in a medical cursus from various paths, whether "literary" or "scientific," it would be advisable to create, or at the least consider, an interdisciplinary "alliance" between the

humanities and medical sciences at the high school level. **There may be a place for the health humanities in high school as well.**

8) *At the graduate level*, it important to maintain an **open, extensive, mandatory course in EHH during the first and second years.** It should be challenging, not "simplified," and focused on a few important philosophical, historical, and sociological topics (the human being, death, the body, scientific controversies, etc.). It would be beneficial to assess this teaching in a **fully editorial and argumentative** form. In the third year, health services could get involved and ask students to write a report aimed at consolidating the academic knowledge acquired in the first two years. This would result in a critical and thought-provoking summary of their experience or first venture into the medical-social world.

9) *At the master's level*, the **mandatory workshop** system seems promising since it favors learning in small groups. These lessons could be dispensed at the hospital, during internships, under the guidance of interdisciplinary teams of medicine and humanities teachers, or with **triads of patients, clinicians, and human science specialists.** Since undergraduate students already have a relevant knowledge base in HSS, the graduate level should focus on teaching **ethics as a key element of medical decision-making,** as well as taking a position and **practicing communication and deliberation**. The decision-making aspects of medical ethics can be assessed within the current format of the clinical skills certificate.

10) *During internship*, it is recommended to continue the ethical education of future doctors. For instance, this can be done by inviting students to workshops organized by universities several times per year within the Specialized Studies Degree (Diplôme d'Études Spécialisées, DES) program. This teaching would incorporate courses with content specific to each specialization provided by French teachers' associations (the vertical aspect of teaching), and an inter-specialization practice of ethical discussion within the department (the horizontal aspect). To validate a specialization, a student could be required to participate in x number of workshops during their DES (e.g. four workshops for a four-year program).