

# Medical Humanities: Let's talk about pertinence

Alexandre Wenger<sup>a</sup>, Brenda Lynn Edgar<sup>b</sup>, Micheline Louis-Courvoisier<sup>a</sup>

<sup>a</sup> PhD, professor, iEH2, School of Medicine, University of Geneva

<sup>b</sup> Brenda Lynn Edgar, PhD, Interdisciplinary Center for Bioethics and Medical Humanities, University of Geneva

To the often put question “Of what ‘use’ are the medical humanities?” one might answer “What do you mean by usefulness?” While all disciplines define their own criteria for determining the usefulness of one subject or another within academic curricula, the medical humanities are too often evaluated according to notions of usefulness that apply to the natural sciences. Laden with utilitarian connotations, the term “useful” in this context refers to the direct applicability of a given subject to biomedical practice. Such notions of “educational usefulness” are not appropriate and impose irrelevant constraints on the humanities, preventing them from bringing complementary intellectual and academic propositions to the biomedical field. Student evaluation within the humanities is based on such criteria as intellectual development, linguistic skills, creative and imaginative expression, perceptual and interpretative skills, aesthetic judgement, and the ability to compare different cultures and perspectives. Yet the medical humanities are obliged to prove their “usefulness” according to medical and scientific pedagogical criteria that are based on assessable content immediately and directly applicable to medical practice. By forcing the social sciences and humanities into a mold which is not theirs we denature their specificity and risk overlooking their real value.

Unlike the notion of applicability implicit in the term “usefulness”, *pertinence* refers to more conceptual links between a given subject and the reality of medical practice. Likewise, it is also necessary to go beyond the mere *relevance* of the humanities for medical studies. As stated by British information scientist D. J. Foskett, relevance is a general term referring to common knowledge and consensus, whereas “pertinence means related to the specific pattern of thought in a specific reader’s mind” [1]. While identifying relevant humanities topics for medical students is easy, it takes a considerable amount of work to render those topics pertinent in the minds of medical students and to find that “specific pattern of thought” which they must develop. It is generally agreed that the study of humanities subjects fosters the critical and creative thinking necessary in any discipline, be it medicine, physics or the humanities themselves. The question, in fact, lies elsewhere because the actual work consists not of convincing students of the utility of subjects like history or literature, but rather in communicating these subjects to them in a pertinent fashion. One might say that the humanities

are “useful” in the sense that they develop fundamental intellectual skills such as critical thinking, in-depth reflection, and subtlety of reasoning. Such skills foster our faculty of judgment and allow us to make intelligent decisions, an essential competence for good medical practice. Indeed, certain clinical cases that cannot be resolved within established protocols require a greater comprehension and solicit the kind of critical reflections developed through medical humanities studies. Pertinent medical humanities courses also identify key sociocultural, political and historical aspects of medicine which enable students to become aware of the important role that their future profession plays in society.

The medical humanities are currently confronted with two problems which exacerbate that of having to prove their usefulness. The first problem lies in defining the role of so-called “non-scientific” disciplines and their place within a “scientific” domain. Another difficulty in evaluating the “usefulness” of medical humanities lies in the sheer diversity of disciplines they encompass (philosophy, sociology, history, literature, art history, etc.). People responsible for organizing medical humanities classes are therefore caught in the intellectual trap of having to render homogeneous a field of knowledge which is by nature very diverse. *De facto* tensions have emerged over the last twenty years between different branches of the humanities as they dispute their respective usefulness within the field of medical education, whether it be in ethics or the medical humanities [2–5]. Experience in the field confirms the persistence of these problems, especially during periods of economic crisis when faculties are faced with budgetary restrictions.

The concept of pertinence also challenges the medical humanities in a productive manner. Demonstrating the pertinence of their methods, approaches and viewpoints for a medical reality requires teachers and researchers in the medical humanities to reflect critically upon their fields and adopt effective communication strategies for non-specialist audiences who are nonetheless highly knowledgeable and skilled. Also, considering the numerous other required disciplines deemed more “useful” to medical practice (with which the medical humanities must compete for class time), the clearer the pertinence of medical humanities is made to faculty officials, the more readily they will integrate such courses into their busy curricula.

We disagree with Ousager and Johannessen's claim that there is a need to evaluate the effectiveness of medical humanities classes [6] and propose instead to measure their pertinence. To begin with, measuring pertinence means taking into consideration some very concrete criteria such as the number of students enrolled, which proves that students find medical humanities classes interesting and that they respond to important questions. Also, teaching quality can be measured by the intellectual quality of student work. Additionally, teachers can use student evaluations to refine their classes so as to avoid receiving comments such as "very relaxing", "irrelevant", "just plain stupid" [7] or "fun" [8]. This last point is crucial in drawing a clear distinction between classes in basic "general culture" and those in the medical humanities (the goal being to construct *with* students the pertinence of our teaching for their future profession).

Furthermore, arguments of utility or effectiveness are often motivated by underlying ideological debates on the superiority of one discipline over another – debates fueled more by competition and economic constraints than by pure intellectual interests. Again, the concept of pertinence allows us to go beyond this obstacle. Indeed, the goal in teaching the medical humanities is not only to impart a specific knowledge on students but also to foster their critical intellectual thinking and interpretational and methodological skills – skills that are complementary to those of biomedicine. The background and education of teachers play a crucial role and also influence the choice of disciplines. Just as one doesn't become a cardiologist by visiting specialist forums on the Internet, one doesn't become a historian by reading a history book. A writing course taught by a literary scholar will focus on formal issues of expression, making students aware of the interdependence of content and form. All specialists compose their intellectual matrix with conceptual tools, research methods and language which are specific to their respective domain. The question at hand, however, is not to determine whether literature is more useful than philosophy or history, but to make more explicit the pertinence of these disciplines for a given faculty of medicine. Moreover, the concept of pertinence works both ways: teachers and scholars specialized in the medical humanities are well equipped to exchange their knowledge of the medical profession to other branches of the humanities as well as to the public at large.

Last but not least, the notion of *useful* reinforces the belief in a cultural gap that inevitably separates the "two cultures" [9]: one a (so-called) scientific culture (supposedly) indispensable to the progress of humanity and the other a (so-called) humanistic culture, (supposedly) random and contemplative [10]. The notion of *pertinence* on the other hand allows for the bridging together of these two cultures. Just as it has done in the past, medicine today exists and continues to progress because the condition of its legitimate field of action

within society is constantly being redefined. Opening up to a more interdisciplinary approach is also a means to reassess what constitutes the core activities of the medical field while clarifying ethical assumptions, research trends, relation to progress and technology, its place within society, political and economic impact, and cultural role. It's also not certain that this gap exists in the student's mind. We often have students in our humanities classes who hesitated between studying medicine or literature. Humanities courses therefore not only develop intellectual skills related to medical practice, but also allow many students to reconcile their literary or creative propensities with their scientific training.

Pertinence also obliges us to be pragmatic: to guide choices and decisions according to the realities of a given medical school, available faculty positions and personnel at hand. Medical humanities teachers with literary backgrounds (such as ours) cannot simply apply their own pedagogical model within the context of a medical school lest they wish to lose their audience. The didactical approach must be made comprehensible to medical students and content chosen according to other classes and not to a teacher's personal interests. We have often sought to render our own approach more pertinent by pairing up with clinical specialists for team-taught classes, choosing together the course material (archival documents, literary excerpts, film clips, etc.) as well as the principal messages to be communicated.

Ultimately, our initiative to place the concept of pertinence at the center of our reflections on the medical humanities is based on higher teaching expectations: each teacher must find the most appropriate way to intervene in a given medical course or program. Indeed, as Martyn Evans has observed after ten years of experience, there is no single teaching model for the medical humanities that could be applied universally to all medical schools [7, 11]. Given this diversity, an approach based on the concept of pertinence is the only way to meet these expectations.

Pertinence allows for diversity within medical humanities programs while providing common pedagogical goals: those of fostering the faculty of judgment essential to good medical practice, reinforcing students' interpretive and reflective thinking skills, and encouraging them to reflect upon fundamental issues affecting their profession. Whereas usefulness refers only to the direct applicability of one given subject to another, pertinence refers to pedagogical methods and the construction of meaningful course content. The question is not to determine whether or not teaching medical humanities makes sense, but rather how they can make sense within a specific context.

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**Correspondence**

Prof. Alexandre Wenger  
 iEH2 – Institut Ethique Histoire Humanités  
 University of Geneva – School of Medicine  
 CMU/1, rue Michel Servet, CP  
 1211 Genève 4, Switzerland

E-mail: alexandre.wenger[at]unige.ch

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