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The Necessity of Humanities in Medicine: How English Studies and the Arts

Contribute to the Human Experience

Ashley Beason-Manes

I am married to a third-year Optometry student. His path to Optometry was not a typical one, though, and that non-traditional path has ultimately worked to his benefit. He didn't enter into the admissions process with a biology or chemistry degree, he didn't have experience as an undergraduate working for his local optometrist, and he had never cut lenses or fit glasses before. Instead, he was an English literature major. That path wasn't exactly straight either. We'll start from the beginning.

My husband, at age eighteen, entered his undergraduate experience at a state university as a pre-med major. Having scored very well on his ACT and being the well-rounded, high-achieving applicant that he was, he was awarded several university scholarships, including a medical research scholarship that had never before been granted to an incoming freshman. He entered college with the idea that he would pursue medicine and someday be an Ophthalmologist after completing medical school. But somewhere about a year and a half in, he decided to take a turn, one that would lead him away from the medical field. He decided his true love was of literature, and so one day, despite the protests of many, he went to the admissions office and officially declared a new major: English literature. And he stuck with it for the next two and a half years and earned his Bachelors degree in English literature, applied to graduate school, and was accepted to begin work on his Masters. His plan was to continue to pursue his education and one day become an English professor.

During all these years of work in English, my husband fielded all kinds of expected questions from family, friends, and strangers: What are you going to do with an English degree? Are there even jobs out there in your field? Why don't you just

become a teacher? And he always had an answer for them because he had a plan: I will continue in school until I earn my PhD and can become a professor. Somewhere in there we were engaged and then got married. As my new husband got deeper and deeper into his graduate work and became more and more familiar with academia, the one-time fuzzy picture of the job market for tenure-track English professors became more and more visible. Suddenly the academics he was surrounded by were more and more honest about what he could expect upon graduation. And it wasn't the picture either of us really wanted to see for our futures. I clearly remember an evening after he had been in class when we sat down and really talked about what all of it meant. The job market appeared to be so grim that he felt forced to truly reconsider his options. We talked about all of the possibilities at great length, and I knew the prospect of once again changing course and pursuing something new wasn't what my husband was eager to do. He loved literature, after all. It wasn't ideal in either of our minds -- we had both invested in our own and one another's pursuits. The unknown had us both nervous, but we didn't know what the right alternative might be either. We spoke with both of our parents, we talked to various professionals, and he even spoke to his professors. His professors and advisers in graduate school were encouraging and complimentary of his ability and promise, but they also could not guarantee any kind of security in academia and completely understood his reservations and questioning. There just wasn't a clear-cut answer. He considered K-12 teaching, engineering, or returning to that original plan of heading into a medical field. Ultimately, he decided his future -- our future as a family -- was not something he was willing to gamble on, and so a series of decisions were made that led him to a new career path and five additional years of schooling.

All that I have written is not meant to be evidence in support of the argument that English literature is an antiquated discipline that will serve no one. It is not meant to support any kind of argument against the necessity of study of the humanities. In fact, I write this to support the argument that the study of English literature and rhetoric and creative writing and all humanities informs and enriches the study and practice of all other disciplines and professions. These studies enrich our existence as human beings. Students of the humanities have through literature, music, and art been granted human experiences they might not engage in otherwise. These studies and vicarious experiences provide perspective and cultivate compassion and empathy. They add to the human experience and force all of us to engage, to question, to think, and to embrace possibility. There is no right or wrong answer. There is no single path to take. There is only experience and what we take away from it. And all of this experience, all of these lessons, all of these stories and ideas and thoughts and truths -- they can all be useful and applied to circumstances outside of their original intention. That is why we can all find value in the humanities; that is why we should all hope that our teachers and leaders and medical professionals have been exposed to the humanities and their offerings.

At this point in time, though, our society emphasizes the significance of fields such as science, technology, engineering, and math (STEM) and has created an expectation for growth and expansion within STEM and those who pursue these STEM professions. The current political climate demands more science and math teachers, more scholars in technology and engineering, more money poured into educating those interested in STEM fields, and more corporate partnerships to send the same message and financially back these STEM-related goals. In 2009, the White House announced the “Educate to Innovate” initiative that would dump millions of dollars

into funding efforts at improving our nation's standards when it comes to science, technology, engineering, and mathematics (The White House, 2013). President Obama called for 100,000 new science and math teachers in the next decade (The White House, 2013). To date, this particular initiative has dedicated more than \$700 million to STEM efforts and has created countless public-private partnerships to ensure the goals of "Educate to Innovate" are reached (The White House, 2013).

UTeach, a national expansion of the UTeach program at the University of Texas, has been adopted by the National Math and Science Initiative (NSMI, 2013). The organization was awarded \$22.5 million to expand the program to universities all across the United States as the country works toward the "Educate to Innovate" goal of preparing an additional 100,000 math and science teachers by 2020 (NSMI, 2013). The program, which has been highly successful at the University of Texas, prepares undergraduate students majoring in math and science fields to become math and science teachers. Students in the program graduate with their math and science degrees but also walk away with a teaching certificate, which promises more options than had they graduated with only a science or math degree or only an education degree (NSMI, 2013). According to the NSMI, the program asks that university science and math departments work closely with university education departments in training the UTeach students (2013). NSMI claims that graduates of UTeach programs are better prepared and often remain in the classroom longer than traditionally-prepared education students (2013). According to the NSMI website, 88 percent of UTeach graduates enter the classroom, and 80 percent remain in the classroom after five years, as compared to 65 percent of the general teacher population (2013).

All of these calls for action in order for our nation to effectively compete internationally in areas of science, technology, engineering, and mathematics have

clearly gotten results. If claims that teachers prepared under UTeach programs are better equipped to enter the classroom and stay there are true, then these programs obviously deserve some attention. But what about life outside of science, technology, engineering, and mathematics? Alfie Kohn wrote a piece for the Huffington Post in 2011, not long after the President announced his plans for new STEM initiatives. In it, he argued that our society's inclinations toward supporting advancement in and emphasis on STEM fields is really just fueled by numerically-measured achievement (p. 1). All of this attention on math and the sciences may just be political. According to Kohn, it's obvious that politicians and business leaders might favor funneling money into STEM education because these subjects are "more directly linked to economic productivity and profit" (2011, p. 2). He goes on to argue that "those who confuse excellence with competitiveness are most likely to privilege STEM subjects over others -- and vice versa" (2011, p. 2). Why should we be so quickly and easily willing to abandon other, equally important areas of education? Kohn asks a compelling question when it comes to what message these demands and emphases send: "What does this say about the speaker's -- or our society's -- beliefs about the point of education itself?" (2011, p. 2). Can society sustain itself if all we value is education centered around sciences and mathematics?

What all of these initiatives neglect is the value of a well-rounded education and what that provides to the development of a human being and the sustenance of a society. According to Robin Lakoff, a professor of linguistics at the University of California, Berkeley, "it's the very 'impracticality' of the humanities that makes them valuable to human beings and their societies" (2011, p. 2). She says, "Education exposes us to ourselves and one another, to people seemingly very unlike ourselves (but not so different after all, if we get to know them), as well as to our own habits of

thought” (2011, p. 2). Pure focus on STEM subjects fails to engage students the way humanities disciplines can in the study of feeling, human life and what it means to be a thoughtful, compassionate person. Yes, we need all of these individuals who will one day be math and science teachers, engineers, technicians, and physicians. But what happens when none of these individuals enter their professions knowing how to interact meaningfully with the people who rely on them? We have to remember that “education is invaluable not only in its ability to help people and societies get ahead, but equally in helping them develop the perspectives that make them fully human” (Lakoff, 2011, p. 2). When we seek out professionals in STEM fields, such as physicians, it is often because we need to rely on their services. But beyond delivery of their services and expertise, we also need to rely on their ability to relate to us as feeling human beings.

Some doctors have entered their chosen fields because they’ve felt a calling. Some entered because of a talent or skill they possess, one they may want to further develop. Some entered their fields because they seek lucrative careers or hope to help others. We certainly all seek medical professionals who are well educated and well practiced, who are intelligent and strong scholars in their fields. We expect that they know their disciplines, that they have been successful. But we have all encountered physicians who don’t know their patients or how to treat them beyond medicine. We have all been faced with arrogance, a lack of empathy, or little compassion. Other aspects of health and living -- beyond science and the body -- are just as important to address in order to heal.

At a point in time when encouragement -- really, a demand -- for emphasis on STEM-related studies and fields of discipline is what takes center stage, I believe that something significant is lost. Many prominent medical schools across the United

States, and even internationally, have come to the same conclusions. They have begun to see that as emphasis moves toward science and away from the human beings being treated, their profession is failing to serve its patients. And so, they are doing something about it, something to encourage their students to value the humanities and what they might glean from such areas of study as literature, philosophy, ethics, religion, art, dance, and music. The necessary influence of humanities on medicine and the need for an interdisciplinary field has become known as medical humanities, and schools across the nation have begun to require humanities courses as a part of successful completion of their medical programs. New York University School of Medicine's Felice Aull explains:

The humanities and arts provide insight into the human condition, suffering, personhood, our responsibility to each other, and offer a historical perspective on medical practice. Attention to literature and the arts helps to develop and nurture skills of observation, analysis, empathy, and self-reflection -- skills that are essential for humane medical care. The social sciences help us to understand how bioscience and medicine take place within cultural and social contexts and how culture interacts with the individual experience of illness and the way medicine is practiced. (1993)

NYU established its Medical Humanities website in 1994 as a resource to students, scholars, patients, and medical professionals who might benefit from the teachings of medical humanities. The site gives recognition to the necessity of humanities education within the medical field, and as Aull says, helps to provide insight and imagination, interpretation of the human condition. As a resource, the website is home to a searchable database of literature, art, music, and film that may be relevant to the experience of illness, to medical education, and to the medical field in general. It also provides a directory of people and programs across the country who have

established themselves as vested parties in the medical humanities and who are engaged in a community of common interest and devotion. The site allows anyone interested to search the directory, as well as to access the database of works relevant to medical humanities.

What is required of a doctor seems to change each generation, but as medical and scientific advances have leaped forward at incomprehensible rates, emphasis recently has remained on those advances, on what medicine and science bring to the table when it comes to treating patients. However, that is not all that society wants from its physicians and healers. As the focus has remained there on science and medicine -- on treating the body -- patients have realized they need more from their physicians as empathetic, compassionate human beings, and so doctors and medical schools have heard the call for more personalized treatment experiences. The requirements of a good doctor have changed.

A “humane” doctor is required, with the understanding, assisted by interpretative ability and insight, and governed by ethical sensitivity, to apply this scientific evidence and skills to the individual patient. The good doctor must also develop a sensitivity in her dealings with patients which is based on a knowledge of herself and her own values and imaginative insight into the problems and contexts of patients' lives. Doctors need then to be able to assimilate the scientific knowledge of disease and treatments with the understanding of the individual patient and to exercise good clinical judgment as to what might be of benefit to this patient with this particular problem at this point in his life. (Macnaughton, 2000, p. 23)

The problem may often lie in navigating that imaginative insight into the patient as a person with a complex life and complex feelings. As society more intensely requires doctors who can appeal to his or her patients' emotional needs, medical schools tend

to continue to attract students who are not equipped to cope with and provide for these needs because of their science-focused backgrounds (Grant, 2002, p. 45). Applicants often enter with heavy backgrounds in biology, physiology, and genetics. They are well prepared for the rigors of traditional medical school course work, but they are not necessarily equipped with the ability to navigate people. Medical students are often young, inexperienced individuals with little worldly insight, individuals who have suffered little themselves and seen little suffering in others (Grant, 2002, p. 45). They've chosen professions, though, where it will be their jobs to not only work with people who are suffering from illness and disease but to treat these individuals medically, emotionally, and spiritually as whole human beings. Entering the profession with so little first-hand experience, how can they be expected to already possess the empathy, imagination, compassion, and understanding that may be required of them to be "good" doctors? There is a sense of urgency now, maybe more so than in the recent past, for doctors who can respond to all of their patients' needs, not just medically (Grant, 2002, p. 45). Medical education, then, is beginning to respond to that call through development of medical humanities programs.

Some institutions, such as Mount Sinai's Icahn School of Medicine, have developed programs such as their Humanities in Medicine (HuMed) program that allows undergraduate students majoring in humanities to apply early and secure positions at Icahn in their sophomore year of school (Icahn School of Medicine at Mount Sinai, 2013). This admissions process, available since 1987, allows students to continue studies in areas of interest outside of science and medicine while also assuring their acceptance into medical school (Frellick, 2013). The Icahn School of Medicine seems to recognize the value of well-rounded, diverse students who enter medical school with a variety of backgrounds and interests. The school appreciates

the perspectives and experiences their humanities students enter with and saw over time that their HuMed students performed on par with their peers who were admitted through the traditional admissions process (Frellick, 2013). In HuMed's footsteps, and due to its success, the Icahn School of Medicine has now begun FlexMed, a similar program to HuMed except that it opens early acceptance to students of all majors rather than only humanities students. Mount Sinai anticipates similar success to the HuMed program.

Daniel Adams, a second-year student at Icahn School of Medicine at Mount Sinai was interviewed by his school about his experience as a music major in his undergraduate studies and the transition to medical school. Adams made connections between his love of humanities and his love of medicine. He explained the intimacy he felt when learning and playing music and that the same feelings are achieved through learning and practicing medicine. He drew countless parallels between his study of humanities and his study of medicine and also emphasized the influence of humanities on development as a compassionate human being.

In medicine, you also practice. ... You learn a ton about the human body; you learn about how to diagnose and treat disease. ... You also spend time thinking about the meaning of the disease to the patient. What does it mean in their life? What effect does it have on them? What context does the disease exist within? And then your performance as a physician changes based on what you interpret that meaning to be. (Adams, 2012)

Medical humanities education provides students with vicarious experiences through the stories told in works of literature and music and art, but the humanities also teach the human mind how to analyze situations and circumstances, how to respond emotionally and intellectually, and how to synthesize knowledge with action.

Since the late 1980s, Mount Sinai's Icahn School of Medicine has served as a model of success in the realm of medical humanities. Its HuMed program has successfully proven that its humanities students are at no disadvantage entering medical school as compared to their traditional peers. HuMed students begin their medical educations in the summer prior to the traditional first semester of medical school in order to take crash courses in specific science disciplines, but after those few necessary prerequisite courses have been completed, they enter as equals. The success of that program has not gone unnoticed, and other prominent medical schools have even followed suit.

According to the Stanford School of Medicine's website, "the Arts, Humanities and Medicine program at the Stanford Center for Biomedical Ethics provides a focal point for integrating the arts and humanities into medical education, the medical center community and the practice of medicine at Stanford" (2013). In a recent newsletter, the school's Dean and Professor of Otolaryngology, Dr. Lloyd B. Minor, wrote:

No less important than the clinical or scientific perspectives on health and disease is the human perspective. With the growing attention on achievements in science and technology, the future of the humanities is a topic often discussed in scholarly circles. At Stanford Medicine, we know that the biomedical revolution will transform the human experience, but it will not help us answer fundamental questions about what it means to be human in the first place.

Minor's explanation of the necessity of human perspective in medicine targets exactly what STEM emphasis so often neglects -- what the human experience means for science and medicine rather than the inverse. Minor continues in his newsletter and

predicts “the humanities and medicine will continue to complement each other in the century of biology, each offering a unique window to understanding the human condition” (2013). Stanford’s Program in Arts, Humanities and Medicine hosts visitors and events such as guest lecturers and writing workshops. It offers special courses to the School of Medicine’s students, faculty, and volunteers, such as “The Art and Science of Emotional Intelligence” and “Writing Through Illness: Finding Strength in Storytelling” (Stanford School of Medicine, 2013). More than a dozen other medical schools across the nation offer similar medical humanities programs to their students and faculty members in hopes of developing well-rounded human perspective and empathy in their doctors.

The “whole person” approach to medicine continues to be emphasized in medical schools and sought out by patients. It refers to treating the patient as a whole person, someone experiencing complex emotions, processing difficult information, coping with the complexities of life while faced with illness. This approach to treating patients requires a doctor to “advance a more compassionate understanding of the patient’s situation through the study of the humanities” (Grant, 2002, p. 47). The approach also equips doctors with the emotional tools necessary to cope with their work and their patients’ struggles (Grant, 2002, p. 47). In particular, literature helps readers to vicariously experience the struggles of others and to develop empathy and compassion that they may not otherwise possess. Exposure to such literature enhances imagination and allows all of us to walk in others’ shoes and apply those lessons to our own lives. Unfamiliar situations and scenarios experienced through stories and poetry provide necessary experience prior to encountering similar struggles in reality as a physician (Macnaughton, 2000, p. 23).

Before student physicians ever get the opportunity to work with patients, though, they must prove themselves academically. They must master their field of medicine before practicing clinical application. Science and medical professions are no place for professionals to escape the demand for literacy. Medical school demands intense reading and learning of complex terminology. Such learning is greatly enhanced by background in etymology and basic knowledge of Latin and Greek that might come with English literature studies and studies of the humanities. Medical terminology comes from an era where most medical practitioners were literate individuals, and that expectation has not disintegrated. Every single day, a doctor must communicate effectively verbally and through writing. He or she must find ways to explain diagnoses, treatment plans, and medical jargon to his or her patients that lead to levels of understanding and comfort. A large part of a doctor's perceived empathy comes from his or her ability to teach and communicate.

I believe the ability to effectively teach comes from the same source of imagination from which empathy and compassion stem. One cannot teach well without understanding the student as a person, his or her background, and his or her obstacles. You also cannot teach well if you do not know yourself well. Literature provides necessary vicarious experiences that allow readers to transport themselves into realistic situations and struggles they might not otherwise be exposed to. Such stories allow all of us the opportunity to examine ourselves in new contexts and to analyze our own strengths and weaknesses. We get to witness our responses to foreign scenarios and evaluate our relationships with others. Through this introspective evaluation and realization, we learn how to be kind, how to imagine our lives differently, and how to care for one another. The transportation to new worlds that literature offers is an invaluable learning experience in that it allows us another

mode of development and growth into who we are. This is what the humanities affords all of us as scholars, teachers, and human beings.

Making the transition from an education in the humanities to one in the science and medical fields is not an obvious path to take. In fact, many avoid such a transition because of the perceived disadvantages they might experience. My husband has always been quick to address the popular narrative -- one that I believe in -- that individuals who have studied or created literature or music or art are further developed and more thoroughly prepared to compassionately interact with and support patients enduring difficult struggles. His belief is that exposure to the humanities certainly can't hurt one's ability to understand and relate to others or to empathize and imagine. He believes that it may be true that a humanities background, in medicine, might allow for a more consciously compassionate approach to non-scientific aspects of patient care, but he also believes the type of people who are drawn to the humanities in the first place likely possess those qualities already. As we discussed both possibilities, he said, "Feeling human beings might be drawn to reading great works of literature, but reading them may not necessarily create everyone into a feeling human being" (personal communication, November 2, 2013). My argument, though, is that there is no doubt that the humanities can expose all of us to experiences and emotions and ideas that we can't seek in reality. We get to live the lives of others in an intimate but distant way that is capable of teaching us about ourselves, about others, and about the world around us. This type of learning can't easily be ignored. In fact, this type of learning often goes unnoticed until -- or even sometimes while -- it's being put to use. When a doctor responds compassionately to a patient, he or she might not consciously know where that compassion comes from. But what's certain is that exposure to emotional, feeling areas of studies as found in

the humanities aids our development as emotional, feeling human beings. Vicarious experiences have great value, whether we consistently recognize that value or not.

In his third of a four-year Optometry program, my husband has found himself at advantages and disadvantages as compared to his peers having entered his medical field with an English literature degree. I know the decision to make such a transition was one he could not weigh lightly, and so when it became a decision he was committed to, he was dedicated to approaching this four-year program with seriousness and a commitment to applying all of his perspective to learning. He says that upon entering Optometry school, it was quickly evident to him that his peers with biology, chemistry, psychology, and microbiology degrees were at an advantage when it came to preparing for exams and studying tested information. Coming from a discipline that required him to consider perspectives, support arguments with evidence, and discuss ideas and possibilities, he was not as familiar with the methods of studying and test preparation that lend themselves to learning facts and cut-and-dry information. This other way of learning material was not as creative or as thought provoking, and it wasn't the way he operated. It's still not the way he operates. But as he successfully worked his way through each semester in his first couple of years of school, he found that this disadvantage was actually an advantage. He didn't know how to force himself to sit in a room for hours at a time memorizing textbook terminology and flashcard answers, but he did know how to think about the various angles of a problem or how to analyze a foreign scenario. He did know how to learn new material and learn it beyond the more superficial levels that rote memorization commits it to. He did know how to empathize with his patients and how to address their needs with compassion and kindness.

A thorough understanding of how to analyze new ideas and problems comes from a background rooted in humanities studies. While talking together about the paths my husband has taken and how they have enhanced one another, we touched on the different approaches to problem solving and analysis that he has encountered in his colliding humanities and medical worlds. He believes the approach in both should be the same and that the two worlds can work well together. My husband said, “I think to write a good paper or have a good discussion about topics in the humanities, you can’t start from the details and work your way toward the core. It has to be the opposite. You have to know the core, and then from there the important details emerge. I’ve learned to approach my learning in science and medicine this way also” (personal communication, November 2, 2013). While most students in medical programs may feel the need to frantically take notes and hang on to every word his or her professor says, he has found that deeper learning comes from engaging with the material rather than momentarily processing it. By asking questions, engaging his faculty and peers in discussion, and investigating scenarios that pique his curiosity, he commits important information to long-term memory. This deeper engagement fosters true learning, and it’s a kind of learning that often comes with the territory of humanities education. You can’t truly involve yourself with a classic work, or perform a dance, or write a piece of music without taking on the privilege of living it. You can’t disengage from it and therefore can’t avoid learning it and learning from it. This same approach to learning applied to the sciences and medical fields is powerful.

When I asked my husband about the ways in which he feels his English literature degree and graduate coursework has helped to enhance his Optometry education, he was not in any way hesitant to agree that it has. But he was quick to acknowledge that it has put him at disadvantages, too -- the kinds of disadvantages

you might expect. His peers came into school with more specific background knowledge in the areas of study they would all pursue in Optometry school. They came in with degrees that afforded them semester after semester of experience in biology and chemistry and immunology. While they were working in science labs and optometric offices, my husband was researching World War I poetry and teaching Comp I at a university. Without a doubt, he made those comparisons in his mind in those first weeks of school. He must have felt defeated and insecure at times. But what it ultimately all boiled down to was what he was capable of, not where he had already been. Today it doesn't matter who has the science degrees, who came straight from undergraduate school, or who has what GPA. They are now all Optometry students on the same path. Today it's about what they know about their field, how they interact with their patients, and who provides the most thorough, efficient, and compassionate care. He is now an absolute equal with his peers, and if nothing else, may be more prepared to deal with difficult situations in the clinical setting, may be a better learner in his field, and may be a more empathetic, understanding doctor.

Though he would never suggest that he is a more caring or compassionate doctor than his peers, I have witnessed his skill with patients, and I have heard the affirmations and kudos from his professors and supervising faculty. I know he is good at what he does as a student and future doctor, and I know he will provide an excellent standard of care to all of his future patients -- a standard that includes empathy, compassion, and understanding. Can we attribute his successes in Optometry school to his humanities background? I don't know. I do know, though, that in addition to our very personal experience making the transition from the humanities to the medical field, thousands of other doctors across the country have done the same thing thanks to programs like HuMed, the Arts, Humanities and

Medicine program at Stanford, and other various medical humanities offerings at medical schools. These programs have seen success after success and have encouraged the proliferation of similar programs in other medical schools. The research supports the value of a humanities education as expectations of doctors continue to center around the quality of personal care they provide their patients. As we see more and more young doctors emerge from medical schools -- young doctors who entered medical school with a passion for art and a degree in English -- we may see more and more empathy and compassion in exam rooms. We may see happier, healthier, better cared for patients. We may see more satisfied, successful, fulfilled physicians. Whatever the future of all of these medical humanities programs, our medical field will be enhanced by their students' diverse knowledge, pursuits, and understanding of themselves, their patients, and the world around them. These programs have tapped into what may be missing from traditional medical education -- how to treat the whole person.

Those whose passion or livelihood or interest lies in English studies or other areas of humanities may feel a sense of fear or panic as the current climate seems to suggest STEM fields are the only options. They may be asking themselves a very specific question: What do these efforts and advances in the field of medicine and medical education mean for humanities students? They seem to be indicators that disciplines outside the humanities recognize the significance of literature, art, religion, philosophy, dance, and music on the human experience -- an experience none of us can dodge. They seem to indicate that the humanities aren't going anywhere, and well-rounded, liberal arts educations will remain valuable and necessary. We don't all have to be musicians or artists or writers to learn from what those mediums have to offer. As students of the humanities, we all continually work toward developing

ourselves as human beings, forcing new thinking and new perspectives, opening our imaginations, and considering the possibilities of life -- even if we don't get to experience those possibilities for ourselves. The humanities allow us to vicariously live through the stories of others, to experience the good and the bad at a safe but intimate distance, to feel the hurt and the happiness that is so closely tied to all aspects of life, and to relate deeply to fellow mankind. Just as with each of our own lives, through these always-evolving, challenging, extraordinary experiences, we learn who we are as individuals, how to be more true to ourselves, and in what ways we might contribute. The humanities are not lost or unnoticed. What they offer each of us is valuable to us as individuals, but also to society. It is our obligation to encourage those with artistic passions and interest in the humanities because society needs those individuals who can learn from the emotional, feeling experiences of life and apply them to the ways the world works. We can't go far without them.

To each probing question about what a humanities student will do with his or her education, the final answer should be, "I will contribute to the human experience." What more could anyone ask for?

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