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THE PLACE OF MEDICAL HUMANITIES IN MEDICAL EDUCATION IN LITHUANIA

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Abstract. The process of professional education and training general education, realized in non-specialty curriculum, is oriented towards three domains: development of cognitive competence, development of personal, professional and social competence. The medical humanities include a broad spectrum of disciplines and offer great potential for enhancing professional and humanistic development in medical education. It is obvious that medical education at university first and foremost focuses on the technical, instrumental health care practice rather than on the development of practical wisdom that relates to moral efforts identifying and evaluating the situation. Lithuanian University of Health Sciences is currently in the process of taking an essential step towards the transition from the traditional concept of professional education and training towards the academic university education. Traditional approach of professional education and training stressed the person's readiness for a particular working place while the aim of universities is to provide students with universal education which embraces a broad scope of scientific knowledge and also stimulates the development of the personal and social competence.

Keywords: medical education, medical humanities, curriculum, humanistic competences, Lithuania

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1. INTRODUCTION

The trend towards establishing the medical humanities as a component of medical education has been observed since 1990 (Wachtler 2006:1-7). Medical humanities are described as *a list* of particular disciplines (history, literature, philosophy, ethics, theology, sociology, anthropology, and possibly law) offering a multifaceted view and understanding of all integral elements of medicine and as *a program* of moral development reminding us about the ultimate goal to make a difference in the world of practice, and to do so guided by wisdom and virtue (Brody 2011:16).

The process of professional education and training general education, realized in non-specialty curriculum, is oriented towards three dimensions: development of cognitive competence, development of the personal competence, and development of professional and social competence. The majority of modern universities recognize the concept of liberal higher education based on the development of an individual's intellectual abilities and characteristics that influence the growth of his/her mental capacities. The purpose of the university education is an intellectual self-empowerment as a prerequisite for the liberation of an individual and the society as a whole. Hence a question arises: what kind of general abilities should be developed under university education? The most often suggested are intellectual and imagination skills, analytical and creative thinking, independent evaluation, acceptance of different ways of thinking, critical self-cognition, and the ability to apply the knowledge acquired to specific situations in real life (Barnet 1997). However, how would it be possible to have a universal model for the development of students' abilities and behaviour during university studies at different fields of science? For instance, are students analytically, creatively, communicationally, and critically skilled in studying physics, philosophy or therapy, evaluated only as much as the content of each subject requires, or should the borderlines of these subjects be transgressed? The answers to this question will determine what the criteria for the selection of subjects should be, and which subjects are necessary, and which are not. In other words, we have to decide whether humanitarian-social education should be limited to professional education, or whether professional education should rely only upon an optimal basis of humanitarian-social studies (Jakusovaite and Luneckaite 2011).

It is obvious that under the conditions of mass higher education, universities provide the system with players capable of performing a certain social role (physicians, nurses, educators, engineers, etc.) in a future employment institution. Is this sufficient? The other opinion is that university-based education is a forming process that is oriented to striving for meaningful liberty and changing of a personality. It would be highly complicated to achieve any essential changes without the existence of an intellectual medium. Education at medical universities first and foremost focuses on the technical, instrumental health care practice rather than on the development of practical wisdom related to moral efforts to identify and evaluate the situation. The medicine and health care are more than just a body of scientific knowledge and a collection of well-practiced skills, but rather the conjunction of the rational clinical experience and evidence based on caring for sick people. Although the concept of medical humanities has still not been established wider in the community of medical professionals, its understanding and application offer a great potential for enhancing professional and humanistic development in medical education (Shapiro, Coulehan, Wear and Montelo 2009: 192–198, Macneill 2011:85–90). Educationally, the medical humanities can develop critical conceptualization and analysis of personal and professional values, and the reflexive and reflective capacities of empathy, collegiality, and teamwork (Wear 2009:153–156).

The goal of this paper is to summarize the experience of applying medical humanities in education of medical and health professionals in Lithuania.

2. Medical humanities as a component of the curriculum in medical education

Over the past 30 years there has been a trend towards the development of humanities curriculum in medical education, both in the United States and Europe (Shapiro 2009:192–198, Macneill 2011:85–90, Wear 2009:153–156). Primarily, researchers of the humanities have developed an area of medical humanities that became and still is a part of medical curriculum.

According to Martyn Evans "medical humanities can be defined as the application of reporting, interpreting and theorizing techniques that were developed by traditional humanities fields to phenomena within the traditional medical field" (Evans 2002:508–13). Caroline Wachtler et al. (2006) define two functions of medical humanities in a medical curriculum: instrumental and non-instrumental. They say that "humanities can have an instrumental function when they are directly applied to the daily work of the clinician. For example, the study of visual arts has been used to improve the ability of the clinical specialist to recognize visual clinical signs and symptoms of the disease in the patient. Similarly, the study of literature has been applied to train empathy and skills for handling ambiguity. Likewise, the evaluation of case study narratives has been used to improve clinical skills. The humanities have a non-instrumental function when they lead to general education, personal development, or new ways of thinking beyond the biomedical perspective. For example, the study of the humanities has been used to develop self-reflexivity and understanding of the professional role in society" (Wachtler 2006:16).

Medical humanities that exist within the context of the medical curriculum have certain existential problems, because the space created for medical humanities is defined by the medical educational institution itself. Sometimes, an assumption is made that medical humanities can, through their non-instrumental function, be used to make physicians more 'humane' (ibid). This assumption often occurs in literature as an ideological motivation for the implementation of medical humanities into medical curriculum. However, the equation of 'humanities' with 'humane' is awkward since the humanities disciplines consist of different schools of theory and research, not of one path to becoming a more caring person and/or physician.

Geoffrey Rees promotes a more interventionist approach towards medical humanities by "refusing the end given to the humanities" and promoting "ethical questioning that is genuinely open-ended". His concern is that "literature, art, poetry, music, film, are too often engaged as if they are non-critical resources which can be deployed in the service of the ends determined by the medical and medical ethical power that be" (Rees 2010:267–77). In response to Rees, Shapiro argued an "ethical imperative" that is necessary for positive reform of the medical

humanities. As an example, he advocates an "existential reflection" about "caring for persons" as the predominant rationale of all health professions proposing that the humanities advocate "caring for nothing" in order to address ultimate meaninglessness (Shapiro 2012:1–23).

In this context three broad questions arise: 1. Is the content of medical humanities irrelevant? 2. Are educators in humanities and their teaching methods the problem? 3. Is the positioning of humanities programs within the medical curriculum inappropriate? (Shapiro et all 2009:192–198). There is important research data in response to these questions. The first- and second-year medical students were polled at the end of the course to assess, among other things, whether the humanities material delivered in lecture, readings, and small-group discussion was "clinically relevant." Results showed that almost half of the students gave moderately low ratings for "clinical relevance" of the humanities material; the remaining students gave the material more positive ratings (ibid). Furthermore a lot of students usually take the preference for "elective" humanities and it would help to relieve those who are not interested or who are too busy to come to class. Our students share this opinion, too (Jakusovaite and Balzeviciene 2007:580–586).

The authors of this paper support the idea that despite the lack of clarity on what exactly the medical humanities comprise, and how they should be integrated into the education of health professionals, they use "the methods, concepts, and content from one or more of the humanities disciplines to investigate illness, pain, disability, suffering, healing, therapeutic relationships, and other aspects of medicine and health care practices" (Shapiro 2012:1–23). Those methods, concepts, and content would allow the students of medical and health professions to better understand and critically reflect on their professional roles with the intention of becoming more self-aware and humane practitioners (Shapiro et all 2009: 192–198). Their professional activities are interdisciplinary in theory and practice and it is necessary to nurture collaboration among scholars, healers, and patients (ibid). So, medical humanities have a significant *moral* function. This important goal of medical humanities is to re-conceptualize medicine and health care, through influencing students and practitioners to query their own attitudes and behaviours, while offering a nuanced and integrated perspective on the fundamental aspects of illness, suffering, and healing.

It is important to emphasize that medical humanities are not only about some woolly ideas about making medical students better human beings; they also have some concrete, specific aims. People who will work as doctors in modern societies have to know and understand certain things about ethics, some things about philosophy or science. The studies of the humanities may not be able to make clinicians more humane, but it can foster a depth of human and humane understanding, knowledge, and experience (Stempsey 2010:3–9, Holm 2002:30–34). In Aristotelian terms, medical humanities aim to improve health care (*praxis*) by influencing its practitioners to refine and make their judgments more complex (*phronesis*) in clinical situations, based on a deep and complex understanding (*sophia*) of illness, suffering, personhood, and related issues.

We supposed that in some cases medical humanities is best delivered by teachers and received by students in professional subjects. To better integrate medical humanities with other specialized topics, educators should think whether it would be meaningful shifting from subject-oriented teaching (teaching of individual disciplines) to problem-oriented teaching (teaching of the medical humanities issues during various specialized courses). Examples of problem-oriented teaching include discussing medical humanities problems associated with respect for life, death and dying during the intensive care course or medical humanities issues related to limited resource allocation during the course on health policy. The value of problem-oriented teaching is that students receive integrated and relevant-to-practice material (Jakusovaite and Bankauskaite 2007:423–7).

The major challenge lies in preparing teachers. Teachers of medical humanities might not be competent to deliver specialty courses, whereas teachers of specific disciplines are not trained to present their material in the light of medical humanities (ibid). One way to tackle this issue is to arrange special continuous training sessions for current academic staff involved in teaching of medical humanities.

3. Content of medical humanities in medical education: Lithuanian case

The development of medical humanities in Lithuania might be divided into two historical periods associated with the major political and social changes in the country: before independence and after the declaration of independence in 1989. The fall of totalitarian regime in 1989 opened the door for new freedom and exciting possibilities of progress and development in medical humanities. In the field of medicine and health care this was marked by growing interest in the old and novel ethical problems, brought in by the new developments in medicine, biology and other life sciences, as well as by new problems, emerging within the health care system reforms (Glasa and Klepanec 1998:131–9).

After the fall of totalitarian regime in 1989, instead of Marxist philosophy and ethics the new courses on medical philosophy and medical ethics were proposed at the Kaunas University of Medicine (presently Lithuanian University of Health Sciences). That was the beginning of the medical humanities at the medical university in the country.

The Lithuanian University of Health Sciences is currently in the process of taking a very important step towards the transition from the traditional concept of professional education and training that stresses the person's readiness for a particular working place towards the academic university studies where the aim of the professional education and training is to provide people with universal education. Such education embraces a broad scope of knowledge in the chosen area of science and also stimulates the development of personal and social competences.

At LUHS medical students of the first and second year have short clinical experience, generally focused on developing an awareness of the complex moral

issues that arise in contemporary medicine and on developing skills in moral reasoning. The aims of medical humanities in the undergraduate level study program is to introduce students to the humanistic problems emerging in the field of health professionals and to develop students' analytical skills and abilities to evaluate the ethical aspects of health care problems critically.

The beginning of medical humanities starts from Basics in Philosophy where basic subjects – nature, the essence and sense of philosophy and its relations with science, religion and art, special attention is directed towards three kinds of relationships between philosophy and medicine: philosophy and medicine, philosophy in medicine and philosophy of medicine. Medicine is more than simply the sum of the sciences that constitutes it. Philosophy of medicine involves defining the nature of medicine *per se* or in terms of its essence. The philosophy of medicine seeks explanations for what medicine is and ought to be, in terms of the axiomatic assumptions upon which it is based (Pellegrino and Thomasama 1981).

Philosophy of medicine course comes together with the course of general and medical sociology, where specificity of medicine as social activity, patient as a social problem, medical profession as a sociological problem, interrelations between doctors and patients (social, ethical, psychological and legal aspects) are analysed. On this solid philosophical and sociological background medical ethics is studied. In this course the students will acquire knowledge and deeper understanding in the following domains of medical ethics: ethical principles of professional activities in medicine, ethics of physician-patient relationship in clinical practice, ethical aspects in the beginning and the end of human life and the ethical provisions of the normative regulation of current health care. The conclusive part of the theoretical background of medical humanities consists of cultural and medical anthropology**.**

In the context of postgraduate studies (MA and PhD level) the multiple goals of medical humanities include cognitive knowledge of the identification and analysis of the current health care, principles, concepts and legal provisions, as well as practical competences and applying those knowledge in ethical decision-making and certain professional practice (medicine, nursing, odontology etc.). Additionally, the transferable skills and competences such as provisional argumentation, problem solving, teamwork are included in the postgraduate studies as well as improvement of practical skills of how to prepare, argue or present research projects etc.

The issues of medical humanities were included in doctoral program first. Bioethics serves as an integrating course first delivered for the doctoral students in 2002 at LUHS. The most important was that the teaching staff of humanitarian and biomedical sciences were invited to be teachers in bioethics. Bioethics covers 4 credits in the program of 20 doctoral program credits in total. Later, bioethics was also delivered for bachelor and master students as well. Issues of medical humanities are analysed in elective courses. The elective courses of 2 ECTS as anthropology, aesthetics, art therapy, basics of spirituality, pop-culture and medicine are proposed for students to choose twice during their studies of 4 years.

Several empirical studies investigated the Lithuanian students' attitudes towards the medical humanities in LUHS as well as in some other non-medical universities. A study with medical students and future sport educators revealed that most students have had clear positive attitudes towards humanistic values in general although during university study process they would prefer to be taught disciplines and courses directly related to their future professional activities (Daukilas 2005:131–35). It is true to say that those value provisions of students were mostly set during general education at school or gymnasium while university is considered by them as an institution for acquiring the profession and rationally developing their future career.

The students' priority of professional knowledge instead of moral competences was proved by cross-sectional study on human values and professional competences carried out with more than 500 students (including medical students) from four universities in Lithuania. 66.3% of respondents noted that knowledge is the most important for them, whereas only 25% agreed that the development of moral competences is also significant for their professional career. In general, the students believed that they are capable of making ethical decisions in real situations without additional theoretical training as moral competences are based on intuitive reflection (Jakusovaite and Blazeviciene 2007:580–6).

Medical humanities play important role not just in university education of future physicians but nurses as well. Modern nursing requires nurses to have a better moral motivation and steady values, and attitudes. The fact was recognized that nursing students at universities and colleges are educated to solve the clinical issues of patient health and care firstly. They still lack enough knowledge and skills on spiritual and emotional assistance and support to the patient, and on interpersonal communication. The national study investigated general and professional values of nursing students and nurse educators, and their relationships in total nine higher educational institutions in Lithuania with nursing programs provided (Vozgirdiene 2011). The survey revealed differences in values of nursing students and nurse educators although not always the values of nurse educators are stronger than the values of students. The majority of student nurses (92.7%) always admired honest and never a cheating behaviour, they also related the role of nursing with respect to autonomy of a person and nurturance of altruistic attitudes. Nurse educators agreed on the obligation of professional nurses to demonstrate honesty, intellectuality and respect to human authority and autonomy. It was recommended for providers to find effective ways and means, and create motivating teaching/learning environment of formal nursing education in order to develop values of student nurses during disciplines of medical humanities (ethics, philosophy, sociology).

Estimating the students' attitudes towards the meaning of the discipline of medical ethics in international study with Polish, Russian and Lithuanian medical students, 34.4% of students of the Kaunas University of Medicine agreed with the statement that the discipline of ethic was important for their studies. Such opinion can be explained because students usually oversimplify the attainment of moral

competence. They are sure they know the main principles of ethical behaviour. We have to agree with S. Holm that nowadays the ethics is not only "teaching about the rules and etiquette of good medical doctor" (Holm 2002:30–34). Nowadays medical students do not only learn the rules but also learn the justification for the rules, study the underlying theoretical structure. In general having estimated the attitudes of medical students towards the importance of the humanities and social sciences, we may state that students of the Krakow Jagiellonian University and St. Petersburg State University agreed more often that ethics and philosophy were important for their studies. The importance of psychology science was emphasized by the students of all universities. The importance of the discipline of sociology for the future studies was more often agreed by students of the Kaunas University of Medicine and St. Petersburg State universities.

4. Discussion

In comparison to Western countries, in post-soviet Lithuaniathere is no strong historical tradition of liberal thought. A number of debates related to specific humanistic field problems have been initiated in political, academic or public circles while trying to apply European democratic values in practice, especially in the health care sector (Gefenas 2009:495–500). A long time our students were exposed to two opposite systems of thought – an idealist Catholic philosophy and ethics and materialist philosophy. Formally these two systems have a common feature – they assume that they know a right answer to any medical humanities problem. The question of truth in medical humanities is very controversial, and we do not have the same sort of evidence in ethics as we have in medicine (Szawarski 2002:17–23). Many medical schools have for many years taught the rules and etiquette of the good medical doctor, how your colleagues should be treated without requiring a fee, how patients should never be told that your colleague has made a mistake and many other kinds of inside rules of the medical profession. But it is obvious that students do not only need the rules but also learn the justification for the rules, the underlying theoretical structure and probably most importantly try to think for themselves (Szawarski 2002:17–23, Vidic and Weitlauf 2002:233–235, General Medical Council. Tomorrow's Doctors 2009).

On the other hand, during political and economic reforms significant changes have been made in public morality in Lithuania. For many years there was an approach of morality, which has implied absolute and autonomous ordering people and keeping them under control. There are desirable clear pragmatic positions and priorities of rational culture for the young generation. It is not so important to have outward control over the person, but more important to organize circumstances and situations in such a way that it would be possible and useful for a person to do what has to be done, and that people would motivate themselves for the humanistic/human behaviour expected by and useful to the society.

Much of medical education across the world is currently framed in terms of competencies. Scientific literature contains debates about training of 'humanistic' competencies. Until now, competencies in areas such as empathy and communication have been defined almost exclusively in checklist, product-oriented ways (i.e. measurable, observable, and quantifiable behaviours). Gillis Christina offers the concept of the *applied humanities scholar* as a further extension of curricular integration. He thinks that the humanities should properly focus not only on training modes of critical thinking and analysis, but they should also aim to encourage certain "narrow behaviours or mental attitudes", such as compassion or empathy (Gillis 2008:5–14). The humanities can contribute an understanding of attitudes, knowledge, and behaviours as dialogical things. In short, the humanities' tradition of critical inquiry and intellectual scepticism can help medicine move beyond checklists and algorithms to advance analytical and reflective habits of mind in students so that they are better able to think from the perspectives of others, move toward a greater humility, and focus on the values and vision that they brought to medicine in the first place. We agree with those, who state that a mutually respectful dialogue between humanities and medicine would lead to how to more meaningfully investigate the goals and pursuits that 'humanistic' competencies symbolize (Wear and Varley 2008:153–156). Debates about the approach on how to start teaching medical humanities have taken place: is it better to start teaching medical humanities from theories or from the analysis of practical problems? We have started from theoretical questions and in parallel we have been analysing changes that take place in the healthcare system, with the overall context of the main medical humanities concepts. We believe that the development of human competences is impossible without the awareness of the main concepts and theories and a need to bridge the gap between the highly theoretical nature of medical humanities and its specific application in practice.

5. Conclusions

Despite the diversity in understanding the concept of medical humanities, the lack of clarity on what exactly the medical humanities comprise and how they should be integrated into medical education, medical humanities use specific methodological backgrounds where general principles are interlinked with specificity of professional field. On the other side, medicine itself by its nature has humanistic foundation dealing with health and illness, life and death, well-being and dignity. It makes sense that the studies of medical humanities integrate with professional subjects of medicine as each of them also has strong humanistic potential and serves for the development of students' humanistic competences. We even suppose that in some cases teaching of medical humanities is best delivered and received in professional subjects. To better integrate medical humanities with other specialized topics, it is important to think whether it would be meaningful shifting from subject-oriented teaching to problem-oriented teaching. Inclusion of

medical humanities in conceptualizing the educational process can help health professionals to think more broadly and creatively about what exactly they are pursuing through their competency orientation. We support the approach that a cross-disciplinary, collaborative re-contextualization of medicine and health care places medical humanities close to the core rather than on the periphery of the profession.

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