

Literature and the Arts in Medical Education

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Feature Editor

Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

Literature and Movies for Medical Students

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“Humanistic studies are the hormones that catalyze thinking and humanize the practice of medicine.” (William Osler)

There is growing concern that the human dimension of the physician is receding in the face of technological advances. The frequent dissatisfaction of patients points more to the human deficiencies of the medical professional than to the physician's technical shortcomings. The recuperation of this human dimension is therefore a significant challenge to medical education.

Medical schools have the obligation to prepare students for the moral and ethical questions they will face in their professional lives. Since medicine is a profession dealing with people, any means to improve the understanding of the human being across all dimensions will be valuable in creating better doctors. Historically, various medical

schools have included the humanities in their curricula, and recent publications emphasize the continuing importance of the humanities to medical education.¹ Such courses are predicated on the assumption that the study of literature provides future physicians with intellectual and emotional resources that help prepare them to meet the moral, emotional, and spiritual challenges to which they will be exposed.^{2,3}

At the Academic Department of the Brazilian Society of Family Medicine (SOBRAMFA), we conducted an extracurricular educational experiment, in which almost 40 students (first to fifth year) from various medical schools in São Paulo State were invited to participate in a project, titled: “Literature and Movies for Medical Students.” The students were allocated to one of four groups, each of which includes a series of literary works and movies related to a specific area of study (Table 1). Students chose at least one book and movie, which they read and watched on their own. Several informal meetings were held, led by students, who all re-

ceived general guidelines for stimulating discussion. The director of SOBRAMFA was a participant observer.

The initial motivation for the project came from informal faculty observations of the great affinity and ease with which our students talk among themselves about books and movies, using phrases, situations, and characters to mirror their personal attitudes toward illness, doctoring, and life. In Brazil, there is little official institutional experience covering humanities in the medical curriculum. Therefore, the project's primary aim was to learn how we could profit from the obvious enthusiasm of students for literature and film to help them obtain a deeper and more compassionate understanding of humanity, in preparation for their future roles as doctors.

The process of the student discussions provided significant and interesting results. A few principal lines of analysis may be noted, systematizing the experiences of the students through their own words and thoughts.

(Fam Med 2001;33(6):426-8.)

1) Discussions tended to range beyond the specifics of a literary or cinematic work to explore a wider vision of the world and human relations that—while necessary to all—is of particular importance to the physician. From doctors' attitudes toward patients, the conversation amplified to include consideration of human relationships in general. From medicine, the discussion rose to encompass life itself.

"I took up this work because I liked it. Projects like this are necessary to prevent one from losing touch with the real world. With these themes, one questions not only medicine but also the human being. While useful for any profession, the physician has a clear necessity. Physicians take care for something special, obliged to treat people. . . . If I were unable to deal with a patient, to convince him, I would be helpless."

2) Discussions tended to focus on the points of view of others as they emerged from the films and books, in an attempt to grasp and amplify their experience of life. These varying perspectives provided students with a way of listening carefully and respectfully to what others have to say. As one student expressed it, the readings and film made it possible to "listen to what people have inside." Films and books proved to be resources that enlarged the vision of the human being by expressing their diverse viewpoints. This empathic awareness in turn expanded the vision of the doctor in relation to the patient.

"I liked the reflection; books exist for us to know that we are not alone. This author (J. Guimarães Rosa) says it would be good to live twice: once to learn to live and the other to really live. In some way, the book substituted this. It conveys how you should experience life, as you will not have the chance to live twice."

"This phrase in the book caught my attention. The patient wants to be the doctor's only son, a boy-

friend, someone concrete." (G. Corção: *Lessons from the Abyss*)

3) The discussions emphasized the effectiveness of an educational process that takes into consideration the "precise aspects" of the human experience as a learning tool, similar to a case-based methodology. In their comments, students revealed

a facility for registering and grasping the concrete in people's lives, without necessarily being able to articulate the underlying philosophy.

"I brought some loose phrases from the film I saw, 'Shadowland.' For instance, "Because God loves us, He sends us suffering. . . . Pain is God's megaphone to wake up a

Table 1

Literary Works and Movies Related to a Specific Area of Study	
Group A The Figure of the Physician	Group B Diseases, Limitations, and Insanities
<p>BOOKS Maimônides: <i>The Eight Chapters</i> A.J. Cronin: <i>The Citadel</i> M. Shelly: <i>Frankenstein</i> R.L. Stevenson: <i>The Doctor and the Monster</i> Jürgen Thorwald: <i>The Century of the Surgeons</i> Maxence V.D. Meersch: <i>Bodies and Souls</i> Axel Munthe: <i>The Book of St Michele</i></p> <p>FILMS The Doctor The Prince of Tides As Good as It Gets Patch Adams</p>	<p>BOOKS Machado do Assis: <i>The Alienist</i> Thomas Mann: <i>The Magic Mountain</i> Oliver Sacks: <i>The Man Who Mistook his Wife for a Hat</i> Oliver Sacks: <i>Awakenings</i> Virginia Woolf: <i>Mrs Dalloway</i> Molière: <i>The Imaginary Patient/The Forced Doctor</i></p> <p>FILMS Man Without a Face Passion Fish Le Huitième Jour (The Eighth Day) Of Mice and Men Awakenings Mr Jones Rain Man</p>
Group C The Patient and Human Suffering	Group D Ethics and Human Relationships
<p>BOOKS Gustavo Corção: <i>Lessons from the Abyss</i> Leon Tolstoy: <i>The Death of Ivan Illich</i> Dominique Lapierre: <i>Greater Than Love</i> Marie de Hennezel: <i>Dialogue With Death</i> Lewis: <i>The Problem of Suffering</i> Jean Dominique Bauby: <i>The Diving Bell and the Butterfly</i></p> <p>FILMS My Life Shadowlands Lorenzo's Oil The Spitfire Grill Marvin's Room Instinct</p>	<p>BOOKS Shakespeare: <i>Macbeth</i> Steinbeck: <i>East of Eden</i> Lewis: <i>The Four Loves</i> Ibsen: <i>House of Dolls</i> Edith Wharton: <i>The Age of Innocence</i> Thomas Hardy: <i>Tess</i> Jane Austen: <i>Sense and Sensibility</i> Thorton Wilder: <i>Mr North/Our City</i> Susanna Tamaro: <i>Go Where Your Heart Commands/Soul of the World</i></p> <p>FILMS Modern Times A Man for All Seasons The Shawshank Redemption Mr. Holland's Opus Her Majesty, Mrs. Brown Dead Man Walking Dead Poets' Society The Mirror has Two Faces Good Will Hunting Secrets and Lies Glory Saving Private Ryan</p>

deaf world. . . . Twice in my life I was given a choice: as a boy and as a man. The boy chose security, the man chose suffering. . . . Pain is part of the happiness of the moment: this is the deal."

"The character in my book (Machado de Assis: *The Alienists*) is a doctor who does strange things to normal people. Later, he takes up the important theme: what is the limit of insanity, what is sanity?"

4) Questions of a vocational nature frequently emerged, focusing on the life and professional mission of the physician.

"When a doctor loses the human touch . . . does he lose it all at once, or does he lose it gradually, without even perceiving it?"

"There is very little discussion of death and terminal patients. These are not discussed in medical school, and one does not know how to deal with them. It is not easy; you have to talk to people, understand, and arrive at conclusions."

The discussions that developed as part of this project created occasions in which fundamental questions about the nature of medicine, sickness and health, life and death, suffering and joy, love, loyalty, and compassion were raised. Rethinking the motives for one's choice of the profession, considering the ideals to which physicians aspire, and outlining the physician qualities sought by patients all led to a richer understanding of what it means to be a doctor.

These deep issues provoked one of the preferred themes in the medi-

cal students' chats. Given the opportunity to talk about their own experience in informal surroundings, students demonstrated the natural perplexity of people entering medical school "to help others, with a desire to do good" and then seeing that this is not always the case with colleagues in the upper classes or graduated doctors. In their discussions, students grappled with the question of whether technical learning, the acquiring of abilities and medical knowledge, was the cause of the loss of the humane factor in physicians.⁴

Faculty analysis of the particular literary and cinematic examples adduced in student discussions provided additional resources for the learning process. Students' inclination to focus exclusively on pinpointed aspects of the human condition suggested a useful teaching methodology that had its point of origin in the concrete example (a story of life, a well-coined phrase, an emotion aroused by a particular situation) but also extended into theoretical or general explorations. Students sometimes had difficulty arguing but never exemplifying. One useful role of the faculty educator was to point out to students why the stories, phrases, and characters they remembered were so forceful and then to build a theoretical foundation from this pinpointed aspect.

Education is much more than simple training, which refers only to the acquisition of specific skills. To educate is knowing how to ex-

tract from students' sensitivity to the human condition and its infinite possibilities. It is knowing how to raise values questions from the inside, not only how to impart them didactically. Teaching must give birth, not only implant. It must be conceived of as an all-embracing formative activity,⁵ something rooted in the being of the person. In our experience, exposure to literature and films, followed by an open discussion among students and supported by a faculty educator who focused on and highlighted emerging topics, demonstrated itself to be a useful and enjoyable way of teaching that effectively stimulated reflection on the personal and professional attitudes and values of medical students.

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