

SOCIOLOGY

Medical Humanities : A Novel Approach to Medicine for Washington County, Utah

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To broaden and enrich physician education, the humanities have been introduced into medical school curricula through literature, history, art, and even music. Current medical culture necessitates and even encourages emotional detachment from healthcare providers, but the humanities provide a methodology to bridge that oft-lamented gap between patient and physician. Closing this gap will break down barriers that impede the delivery of outstanding healthcare. The merging of medical humanities in physician education and practice provides not only a methodology but a culture that can be incorporated into the healthcare system. Adopting this culture in Washington County, Utah, could assist in bridging the gap, greatly benefitting citizens and healthcare providers alike. This research project, which includes interviews with members of the St. George community and the University of Utah, suggests the benefits an interdisciplinary approach can have for Washington County in its hospitals and clinics as well as its undergraduate and medical school curricula.

In today's healthcare system, the gap felt between patient and physician has nothing to do with the perpetuating questions orbiting cost and insurance. Instead, it is in the interactions between the parties, articulated and implied. It is not just a communication issue, either, though that is a major indicator of the gap's existence. The heart of it, though, dives much deeper. The gap facing both sides of healthcare is in the underlying concept behind medicine itself, something both patient and physician are searching for—healing.

Of course, healing physical injuries is the physician's trade, but the more abstract concept of what it means to heal and to be healed implies so much more than taking recommended prescriptions or Ace-wrapping a sprained muscle. To treat the patient, to *heal* the patient, healthcare has to focus on treating the *whole* patient. The healthcare system of today is so convoluted there is a national—if not universal—need for reformation. Unfortunately, that involves so many intricate legal and political details that those who want to make a change are at a loss on exactly how to do so, and no one can agree on any one method that will be most beneficial. So, while that question still stands, medical schools across the world are taking to different methods to train future physicians not only how to practice medicine, or how to be good doctors, but how to heal the whole patient by incorporating a holistic approach to medical

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treatment. The hope is that these physicians will carry these teachings into their practices and revolutionize the current culture of medicine. To do this, medical schools are implementing a seemingly unique discipline crossover in their curricula by incorporating the humanities into their students' medical education.

Until recently, medical culture necessitated and even encouraged emotional detachment from its healthcare providers. One physician was taught this distancing explicitly as “detached concern” in medical school (Weiner, 2019, para. 15). As a result of “detached concern,” both patient and physician suffer. As this article will demonstrate, patients are becoming increasingly frustrated with healthcare and spend way too much time, effort, and money to find a provider who cares. Meanwhile, physicians are becoming discouraged, burnt out, and depressed from the lack of meaning they feel in their jobs.

The incorporation of the humanities provides a methodology to bridge that oft-lamented gap between patient and physician. The medical humanities can aid in closing this gap to break down barriers that impede the delivery of outstanding healthcare. The interdisciplinary approach of combining medicine and humanities also provides a culture incorporable to the healthcare system. Using humanities' methodologies such as those of compassion, perspective, and hope, medical providers can make connections necessary for a caregiver to help them focus on the individual's healing processes. Adopting this culture into physician education and practice in Washington County, Utah could bridge gaps where they may exist to provide the best healthcare possible, greatly benefitting citizens and healthcare providers alike.

The Historical & Current Culture of Medicine

“The first cry of pain through the primitive jungle was the first call for a physician”
(Robinson, 1931, p. 1)

Late physician and medical history professor Victor Robinson, M.D. (1931) described medicine as “[A] natural art, conceived in sympathy and born of necessity” (p. 1). His description of early medical history in *The Story of Medicine* paints a picture of a primitive understanding of healing. The primeval man did not understand the pathophysiology of disease. Instead of tests confirming that a patient was clear of infection, superstition guided medical practices (pp. 1-10). Because healing was considered divine, no mortal could be accredited any patients' recovery. If a patient improved, it must have been because of the gods. If the patient worsened, the disease was a divine punishment due to bad character or some sort of curse (Sontag, 1977, p. 43). The simplicity of health and the complete ignorance of the medical knowledge of these early healers must astound medics today. However, one remarkable philosophy of historical medicine was the connection between healing and spirituality.

From the medicine man of ancient tribes and the gods of Greece, the practice of medicine has always encompassed more than the logic, experiments, and deductions on which science proudly stands. In fact, the divide between medicine and magic blurs considerably throughout history (Robinson, 1931, p. 12). With the advancement of technology and science, rituals and charms were replaced by facts and theories of biology, physiology, pathology. Science has corrected a great number of incorrect theories made in the past; nevertheless, faith and hope have always been an integral part of healing the afflicted (p. 35).

Asclepius—disputably either the Greek god of medicine or an actual person who simply harbored a cult following—was nevertheless known and revered in Grecian and Roman medical history; to the Romans, he became known as Aesculapius (Robinson, 1931, p. 33; *The British Medical Journal*, 1922, pp. 882–83). Even today, the symbol for healing and medicine, the serpent—whose venom was considered sacred and frequently used in ancient Greek prescriptions—intertwined around a staff is connected to Asclepius and is still seen on hospitals and other medical services. A staff with two winged serpents is the caduceus of Apollo, Asclepius’s father, who was the god of poetry and also medicine, although poetry was considered the more prestigious at the time (Clary, 2010, p. 796; *The British Medical Journal*, 1924, p. 794). Ornate temples to Asclepius were erected close to “spots favored by nature,” like alleged healing springs, forests, and mountains, to which disease-stricken patients and families would give “precious metals, costly stones, terra cotta or wax” as payment for a cure (Robinson, 1931, p. 34). “All the glories of Greek art were there,” Robinson describes of these costly temples, “And when hidden music floated over the southern flowers...many sufferers raised their heads to repeat...Oh, Aesculapius, thou art born to be the world’s great joy” (p. 35). As depicted in this scene, music, art, and nature are all important in the healing process. They brought hope to sufferers.

Science has later discovered that music is effective in relieving pain, even reducing patients’ use of opioids, and that poetry activates a unique response to the primary reward center of the brain (Linggonegoro, 2018, para. 3; Wassiliwizky et al., 2017, pp. 1229–1230, 1237–1239). Although patients’ responses to music in clinical settings have been studied (Huang et al., 2010) and found effective in treatment and therapy, only poetry provided hope where other forms of art therapy like music did not (Linggonegoro, 2018, para. 3). “Like ancient incantations,” Clary (2010) explains, “poems are meant to be potent, memorable...to be used in performance, revelation, and healing” (pp. 796). But while the ancient Greeks and Romans didn’t have the technology we do now, it appears that they had plenty of hope and faith in something they believed was much more powerful than medicine practiced by man (p. 35). In fact, it wasn’t until Hippocrates came on the scene that superstition and religion unquestionably intertwined with medicine and healing.

Hippocrates is named the Father of Medicine because he founded many practices and schools of thought that doctors still use today—he separated medicine from the gods, realizing that disease was not dependent on supernatural causes (as was the belief at the time), he wrote case-histories, taught bedside manner, practiced medicine through the use of pharmaceutical-like drugs, understood the importance of diet and climate on a person’s health; he even recognized his failures in his work and reported them for the continual improvement of medicine (Robinson, 1931, p. 54). It’s no wonder, then, that the Hippocratic Oath was inspired by him. In this oath, medicine is not only considered a science but an art (Linggonegoro, 2018). As technology and science advanced, however, the meaning and implication of the “art” of medicine may have been altered over time.

Thanks to technological advancements, however, those who once would have died without proper scientific treatment can now live longer, healthier, happier lives. A consequence of this advancement in knowledge, though, has turned to a complete culture shift from relying on superstition to explain the unexplainable to evidence-based approach to symptoms and diseases. This cultural shift has provided a huge amount of life-saving knowledge and treatment, but whether or not this is at the expense of things like hope and faith, which are integral to healing, we may never know. Science, however, is recognizing how poetry, literature, and music can increase hope and, therefore, healing. In light of this, perhaps there was something in that interconnection with humanities and science in ancient times that allowed our ancestors to live on even despite insufficient medical knowledge (Linggonegoro, 2018). As the humanities are starting to make their way into today’s medical world, both patient and physician are beginning to see its benefits.

Healing through Humanities

“Although some of us may feel like fragments or pieces, we use language to once again find and embrace our identities, who we are”

(Muir, 2018, para. 4)

The National Endowment for Humanities (NEH) has funded various programs across the nation to engage people in the humanities. One of the populations impacted by this is, perhaps surprisingly, veterans. *Dialogues on the Experiences of War* is a branch from the *Standing Together* program that “gathers veterans together around literature, films, and reflective writing exercises that explore the journey from home to the battlefield and back” (Muir, 2018). For war veterans, their pain and suffering may not necessarily be attributed to a physical war injury, such as an amputation. Instead, the healing that these patients need is something more abstract, unpalpable, and difficult to understand.

Mellon Senior Fellow and chair of the NEH, William Adams (2018), described the difficulties of returning home he and many other Vietnam veterans faced, including rises in depression and anxiety, often accompanied

“with debilitating forms of addiction” (para. 2). Nonphysical injuries such as PTSD and moral injury can seriously alter identity, and, marred by the horrors of battle, these can affect veterans—if they are not already physically wounded from war—mentally, emotionally, and spiritually. Creative expression is therapeutic for many veterans, allowing them to work out the difficulties and emotional pain they felt. “[E]nabling these veterans to ask these basic questions about these changes,” says Adams, “is an important element in the healing process” (para. 7). By focusing on literature, or history, these elements allow veterans to find meaning, purpose, and understanding in their lives. Adams explains, “Ancient or modern, literature gives us perspective, permitting us to see ourselves more clearly and perhaps less painfully, through the experiences of others real or imagined” (para. 8). Likewise, history helps veterans find a connection between their personal identities in the context of time, helping both veterans and “the country as a whole to come to terms with its collective experience” (para. 11).

Outside the war, many others are also utilizing the healing power of the humanities. In Europe, Deborah Alma, an award-winning poet, is well-known as the “Emergency Poet,” who has taken a unique approach to sharing poetry by “prescribing poems” for emotional ailments to those she meets (Flood, 2019). She believes that people are turning more to poetry as of late to fill in gaps left by religion. Whether or not the humanities are spiritually or religiously-based, however, they undoubtedly encourage and promote healing. Dr. Patrick Clary is a physician who works with hospice patients and frequently adds poetry as an accompaniment to his hand-written prescriptions. Though he confesses not to be a narrative medicine practitioner—an important branch in the medical humanities—he admires Rita Charon’s initiation of it. In his article, he reflects on Charon’s thoughts about the connection between medicine, healing, and the spiritual component to it:

...in modern life, we look for meaning most intensely when we are threatened and somehow suffering. In another time, ‘loss of faith’ might have provoked similar soul work in the company of holy ones. Facing mortality now, we often turn to physicians instead of priests (Clary, 2010, pp. 797–98).

Though physicians cannot and should not necessarily take on the role of a priest, because society looks to them in much of the same way regarding their physical fate, physicians should recognize the difficulties that patients are suffering and be sensitive to their needs. Because of this great shift in medical culture and to whom humanity turns to for healing, it is important that modern medicine, for so long a scientifically-centered sphere, opens up to the humanities to complement treatments and connect both patient and physician to each other, embracing and encouraging the humanitarian implications in such a complicated field. The humanities can build upon advancing medical knowledge to create meaning, depth, and connection

between the physician and sufferer. By helping physicians engage empathetically with the patient's suffering, the humanities can help heal the whole patient, instead of just their symptoms.

One article discusses the effects of poetry for end-of-life patients, explaining that "The goal of healthcare is to cure the patient of their pain, whereas poetry offers a means to heal the person's suffering" (Hovey et al., 2018, p. 197). Poetry is not the only method to achieve this, as the medical humanities encompasses literature, art, music, and history as well, which also help sufferers to develop meaning, clarity, and perspective in their struggles. Because of the interconnectedness of suffering and pain, medicine must acknowledge the many aspects that comprise pain and suffering to heal the whole patient. Accompanying the sufferer through their trials is not only possible, but encouraged to help patients feel cared for, and physicians to find meaning in their jobs. Doing this would provide better treatment and enable patients to heal physically, mentally, emotionally, and spiritually.

The Patient

"In medicine, as a science, the proper manner is objectivity, rigor, and un-excusing logic. Eloquence, personal warmth, sympathy, and temperament are eccentricities in science; they are the life-blood of humanities"
(Dolan, 2015, p. 85)

The most obvious beneficiary of the medical humanities is the patient, but there are many reasons for exactly why, as there are both psychological and sociological aspects to it. "Etymologically," says Susan Sontag, "patient means sufferer...not suffering as such that is most deeply feared but suffering that degrades" (Sontag, 1977, p. 125). On a sociological level, disease has always caused isolation, shame, identity crises, loss, and fear (p. 6). In ancient times, disease was a symbol of sin and bad character, or the result of an individual's curse (pg. 6). In modern times, however, instead of it explaining a person's bad character, literature has replaced it with "the notion that it expresses character" (p. 46). Sontag wrote a few essays about the metaphoric implications of disease and its impact on patients. One of her essays published in the 70s during the AIDS epidemic, where the social implications of the disease brought to many "a social death that precedes the physical one" (p. 122). "The metaphors and myths," she says on looking at the social symbolism behind AIDS, "I was convinced, kill" (p. 102). Sontag reflected on how the social implications of acquiring AIDS brought isolation, shame, and fear. The social judgment regarding those of the LGBTQ+ community at the time, Sontag says, must have made "the temptation to conceal a positive finding...great" (p. 120). These social implications often impact patients' lives, their responses to treatment, and, therefore, their ability to heal.

For many obese patients, the social implications of a healthy body affect how they see themselves. A study uncovering the social implications on character and obesity discovered that obese people are frequently portrayed in media

with many negative qualities, which causes many who are obese to lose their self-esteem (Grønning et al., 2013). Another obstacle that affects the ability of patients like this to heal is on them finding a physician who won't judge them and who demonstrates an understanding for the difficulties these patients may be facing. For obese patients, going to the doctor is difficult because they feel judged by their providers and discouraged because "the general attitude is that you 'just have to get a grip,'" but, for many, it's not that simple (p. 276-77). Patients from this study frequently expressed the frustration they felt with doctors who didn't understand them, even though patients were earnestly trying to get their weight under control (p. 275-277). In situations like these and many others, too often it is heard that a physician's brusque or inconsiderate bedside manner or their inability to listen or communicate frustrates and pushes patients away.

John Smith, as someone who has been a patient, made the following remark: "The expectations of the patient and the expectations of the medical provider most frequently do not align with each other, let alone share the same objective." If the expectations of the patient and provider are not communicated, neither side will achieve its goals, and the system fails. By encouraging healing, empathy, and an ultimate connection between the parties, the humanities could help facilitate better communication among physicians and patients. This would help prevent physicians from talking down to their patients, allowing patients to understand their diagnoses more fully, and to establish trust with their providers so that they can ask more questions and address their concerns.

The humanities can also give patients an outlet to express difficult emotions they may be experiencing. For example, those with chronic pain conditions can find a means of expression unbridled by any restriction to allow them to reach a deeper level of understanding about themselves and their condition perhaps better than any literal expression of pain could explain. Hovey et al. (2018), explains how the expression of pain requires a metaphorical language, such as that of poetry, for freedom of expression and freedom to heal:

The invisibility of chronic pain requires a deeper kind of expression ...Whereas the biomedical narrative [such as that of a patient's medical chart] works to anesthetize the person's pain and to reach an objectively determined single truth, the poetic narrative serves as an expression for the person's claim to their truths...[and provides] an intimate, detailed representation of the person's pain (p. 197).

Allowing patients this chance to express and come to terms with their suffering enables the patient to, ultimately, find meaning, purpose, and a way to heal. Mangione et al. explains that the humanities can do this by providing "an indispensable *language* for exploring that strange, nuanced, and often

nonsensical land called the human condition” (Mangione et al., 2018, p. 633). Providing this language to both patient and physician allows them to come together during and through the healing process.

The Physician

“The Compleat Physician is one who is capable in all three dimensions: he is a competent practitioner; he is compassionate; and he is an educated man...A more realistic educational goal is to open the possibility for all students and practitioners to live in some measure at each of these three levels”
(Dolan, 2015, p. 152)

Though perhaps less recognized, the physician also needs the humanities to heal—both to heal and to be healed. Not only can diagnoses be difficult, but many hurdles can make it hard for the physician to get the patient’s whole story. Many physicians have a time limit on how long they are supposed to see a patient to meet the clinic’s demands. Oftentimes, they are also discouraged from ordering too many tests, or sometimes the surgeon, clinic, or hospital they work at does not perform the kind of surgery patients need. And, of course, insurance makes healthcare even more complicated.

The healthcare system is a difficult place to work in, with the many legal, political, social, and bureaucratic hurdles that can impede and dictate how a physician does their job. Facing these intricate obstacles can sometimes make it difficult for physicians to channel that “human” side of medicine. In addition to working in a complex environment, the physician’s role is also incredibly complex. A doctor—in addition to storing and utilizing their vast medical knowledge—is also often a leader in the community, a philanthropist, a nurturing guide, a research enthusiast, a well-rounded individual, and a savior to suffering patients. Doctor W. W. Mayo, father of the brothers who founded the famous Mayo Clinic, expressed the idea for “doctors to assume social and political leadership in their communities. That was their privilege and their duty” (Clapesattle, 1941, p. 132). He believed a doctor should be well-rounded, the general expectation for doctors today (Mangione et al., 2018, p. 629). The process to get into medical school is difficult enough, but the trials do not end there—working to meet many patients’ needs, the hospital or clinic’s needs, community responsibilities, life and personal responsibilities, and keeping up on the rapidly changing medical knowledge all can pile up and lead to discouragement and burnout. In fact, U.S. physicians have the highest suicide rates of any other profession in the country, even greater than that of the general population (Kalmoe et al., 2019; Mangione et al., 2018; Turner, 2019). Dr. Edward Ellison, a medical director, stated in a conference about how the healthcare industry needs to start implementing programs to help “teach self-care and provide emotional and spiritual support” (Turner, 2019, para. 2). Doctors tend to be people who, essentially, run until they can’t anymore.

This inevitably causes burnout. “One of the symptoms of burnout is loss of meaning, which is often expressed as feeling like learners and practitioners aren’t making a difference in their patient’s lives” (Childress, 2018, para. 11).

For poet-physician Rafael Campo, M.D., poetry allows him to recharge by creating a space to reconnect himself with humanity. In an interview with the Association of American Medical Colleges, he once commented how poetry allows him to be “human together” with his patients (Weiner, 2019, para. 10). Using the humanities as a means to recharge and take care of themselves, reigniting empathy and what it means to be human, physicians can use these tools to reconnect themselves with their patients by experiencing healing themselves. Thus, uniting patient and physician with their common humanity, both can reach the desired level of meaning, purpose, and connection.

However, many physicians are taught early on in medical school that things like poetry and medicine don’t mix, as Dr. Campo found out in his medical journey (Weiner, 2019). Another physician claimed that while she was in medical school, a resident thought she spent too much time talking to her patient and asked her why she did that. When describing the experience, she explained, “‘I was trying to help her feel better.’ He said, ‘it’s not your job to make her ‘feel better.’ I disagreed!’” Breaking this long-held dichotomy could open up doors to a new kind of medical culture that is beneficial to all. In doing so, perhaps physicians and medical students will discover connections and understanding between the disciplines that they never thought of before. Dr. Campo explained the connection he found between poetry and medicine:

Poetry at its heart is this shared empathetic experience not unlike the clinical encounter, where we are often engaged in the very private experience of another person’s suffering...Poetry and medicine are both visceral and physical. If you dig a little deeper, there really is a profound connection between them (Weiner, 2019, para. 15).

Poetry is not the only means by which these connections are achieved. As the medical humanities encompasses modes like literature, history, art, and music, there are many ways in which the physician can engage and find layers of depth and meaning to medicine. By adapting the humanities into their curricula, medical schools teach future physicians early on that an interdisciplinary education isn’t so strange, and, in fact, could be the key to fill in the long-held gap of the healthcare system.

Humanities in Medical Education

“Art and health should not be separated...They aren’t separate, any more than the mind and body are separate”
(Swedlund, 2019, para. 7)

Although many medical schools require medical ethics classes to help physicians-in-training discuss difficult hypothetical circumstances where the physician and patient relationship is strained, the current mock scenarios are

short, without much description, and often lack the depth and ambiguity of real-life cases (Nash, 2018). They are also mostly one-sided, where the physicians always seem to be in the wrong by being rude or neglectful towards the patient (p. 191). One article suggests a way for medical students to make the most out of these classes, and to make these medical ethics cases more life-like, is to have the medical students themselves rewrite more in-depth content to the stories and discuss them with each other (p. 191, 201, 204). This gives depth and meaning to these scenarios, allowing for there to be no one right answer—as there often isn’t in real life—and the students can make their own judgments about the situations (p. 204). This application could open up doors for new perspectives, insights, and conversations.

Medicine is far from an exact science, and, as in real life, many scenarios are often left unresolved. There are conflicts of tests, strange symptoms, and treatments that work for some and not for others. Childress (2018) explained that in order to cope with this, working in medicine “requires not just tolerance for ambiguity, but an ability to hold multiple perspectives in one’s mind at the same time in order to discern which treatment plan is in the patient’s best interests” (paras. 8-9). Like medicine, literature also contains scenarios of ambiguity. For example, many stories describe characters and scenarios with conflicting opinions and goals. Characters’ psychologies are explored and the reasons for why they make certain decisions is implied or ambiguous, allowing readers to make their own conclusions about the situation. Sometimes there is no definite conclusion for characters or events presented in the text, and this allows for ambiguity and could also help develop this ability to hold multiple perspectives at once. Providers who are familiar with using these techniques found in literature might be able to better their approach to ambiguity in medical cases.

A study involving medical students across multiple universities determined that as students were more exposed to humanities, they were more likely to be wise, empathetic, open, and tolerant of ambiguity (Mangione et al., 2018, p. 630). All of these qualities are important, if not essential, for physicians. The survey explains how the development of these qualities is intuitive from this exposure as the “humanities are not only a way to teach compassion and tolerance, but also represent the wisdom of those who came before us” (p. 631-32). Students who were more exposed to the humanities were also less likely to face burnout manifesting itself in mental, emotional, and physical fatigue (p. 630). In a world where the humanities are too-often “spoken of as though they were a waste of time,” this survey describes quite clearly its association with many desired traits that seem to be lacking in today’s medical profession (p. 632). As such, perhaps it is essential that these disciplines come together to help students, not only to encourage these personal qualities but also in facing the burnout that many physicians and certainly medical students face.

The University of Arizona College of Medicine (UACOM) is one school applying the medical humanities into their curricula. Like many others, UACOM does this by collaborating with the university's humanities program. In this case, poetry is taught to first-year medical students. Dr. Ellen Melamed, an instructor at UACOM, explained in the college's online newspaper how art and health aren't any more separate than the mind and body (Swedlund, 2019). The mind-body dualism philosophy of Descartes most likely took off and set the standard for medical school of thought that still reigns today. Still, it would be unfair to blame our past neglect of mental health on his ground-breaking philosophies (Whitehead et al., 2016). It's unfortunate that it has taken medicine as long as it has to recognize their connection, but these nonphysical aspects to health—mental, emotional, and spiritual—are finally being taught for future physicians to recognize their impact on physical health. As Dr. Melamed explains, the body itself is studied not only through medicine, but in art as well: "A sculptor has to learn anatomy, and a physician has to learn anatomy. A dancer has to learn physiology, and a physician has to learn physiology" (Swedlund, 2019, para. 10). Though the methods are different in achieving these understandings, the common thread between them is the humans these bodies host. The body is still the body, just looked at through different scopes. If these lenses were to be combined, layers of meaning could bring medical students understanding and provide connections they may not have previously even imagined. Given the literalness of the sciences courses required for medical school, these students probably have never explored the world of metaphor and allusion. Melamed (2019) remarks that "By bringing them into this space, with its sense of openness and lightness, we're opening the minds of these physicians-in-training to look for solutions that take into account the patient as a whole" (para. 5).

While tools such as literature, poetry, and perhaps history allow for the reader to hold multiple perspectives and to be tolerant of ambiguity, things like music, literature, poetry, and art allow for creativity and imagination, which are useful in skills such as problem-solving. A study performed between mental health professionals and social service staff also discovered that in a problem-solving workshop, the arts enabled for better professional communication and fostered team building among participants (Acai et al., 2016). While improving communication and team building, this could allow physicians also to improve their relationships and communication between other members of the healthcare team. As healthcare teams continue to grow, encompassing different kinds of therapies, physician assistants, nurses, nursing assistants, medical assistants, surgical staff, etc., these skills would be critical in the process of the education of future physicians.

At the University of Utah (U of U), a humanities-based curriculum is integrated into their medical student's first two years of classes. Marcie, a first-year medical student, explains how the course meets in small groups every other week to discuss topics not taught in their science or clinical curricula. In our interview, she made the following comment:

Hearing and sharing different points of views with my peers is valuable so that I can have a wider view of these topics. This helps prepare me to approach tough topics with patients. I also feel more aware of the injustices in our healthcare system and feel more prepared to advocate for marginalized or underserved populations.

She says that the medical school also fosters an environment where the students know they can ask for help if they need it. The U of U hospital also has many programs where patients can take music or art classes. Marcie says, “This helps patients cope and find joy when other parts of their lives are taken because of their illness.” More programs and a humanities-infused curriculum, such as the ones at UACOM and U of U, allow medical students and patients on a clinical level to understand how the humanities can help both patients and providers achieve healing.

Holistic Care

“The philosophy of osteopathic medicine is centered around the connectedness of the human body and society. Holistic care is a result of this philosophy, a type of care concerned not only with the physical aspects of disease, but its emotional, mental, social, and spiritual features”
(Rocky Vista University professor)

The purpose of integrating the humanities into medical education is to achieve holistic care in the clinic. A professor from Rocky Vista University College of Osteopathic Medicine (or RVU) described how holistic care focuses on treating not just the physical symptoms indicating diseases, but in how emotional, mental, and spiritual facets impact overall health. “In addition,” this professor adds, “holistic care requires a high level of critical thinking, since doing so requires health professionals to balance many competing ideas, desires, and values.” The medical humanities fosters this holistic care approach, and it strives to accomplish this by its integration of the humanities in medical schools. “Medical humanities,” explains this RVU professor, “seeks to equip health professionals with better critical thinking and moral imagination, skills which will be absolutely necessary in future medical practice.” As medical culture is changing, these skills the humanities foster will become fundamental in helping physicians in their future practices. The discussion up until now has focused on this integration in traditional, or allopathic, schools of medicine. However, there is another lesser-known path a U.S. physician-in-training may take where its philosophy emphasizes holistic care—this is osteopathic medicine.

The philosophy of a Doctor of Osteopathic Medicine (or D.O.) incorporates these nonphysical aspects of health into the physician’s training. It does this by emphasizing wellness and preventative medicine, not just in treating a patient’s symptoms. RVU’s website explains how D.O.s focus on working with patients

to establish healthy lifestyles to prevent illness, a much-needed area in healthcare (Rocky Vista University, para. 18). D.O.s also have a unique additional training in what's called osteopathic manipulative medicine, where "physicians use their hands to diagnose illness and injury and to encourage your body's natural tendency toward good health" (para. 8). By looking at both the physical and nonphysical aspects of health, the whole patient can be healed. "When we look at patients' stories, we're treating the whole person," explained Dr. Melamed, "we're not treating the kidney in room 206" (Swedlund, 2019, para. 9). Medical students at RVU, as a result of this holistic care, are required to take courses that focus on the medical humanities. "These courses," explains another RVU professor, "comprise the Medical Ethics program, the Interprofessional Education program, and the Evidence-based Medicine program. In addition, there are several electives based in the Medical Humanities such as History of Medicine and Literature and Medicine." The humanities expand on the physicians' formal medical training in such a way that enables them to understand and treat the whole patient, looking at all the ways that patients can and need to heal. Schools such as that of osteopathic medicine, strive to integrate this into their education. Further incorporating these ideals of holistic care into allopathic schools of medicine would further this approach in medical students' training to, ultimately, fill in gaps in the healthcare system.

RVU recently opened a second campus in Southern Utah, where physicians have been studying medicine under the red rock mountains of Ivins. The college provides a Biomedical Sciences Master's Degree as well as a Doctor of Osteopathic Medicine Degree, which both emphasize a holistic care approach. By emphasizing this in their education, future physicians who come to Southern Utah are engaging in key aspects that the humanities strive to teach. Incorporation of the medical humanities in this holistic approach allows them to be more involved in the community. This professor further mentions how one of the core values of RVU is compassion, which is why the school encourages students to participate in the community in places like Switchpoint, a center for the homeless in St. George, as well as drives for needed items, cleanup efforts, and helping underprivileged school children. This holistic-centered approach fosters this compassion, and as students engage in the community, they are engaging in this core value that will help them in their future careers as physicians.

Throughout the country, there is a noticeable shortage of preventative medicine and primary care providers that will only continue to grow as the older generation continue to age (Health Care Trends, 2018). Whereas most allopathic-centered physicians are typically more concerned with research and specialization, D.O.s focus on primary, family, and geriatric care, though a D.O. can specialize in anything. For St. George Utah, the focus on family, geriatrics, and end of life care, as one RVU professor notes, are "areas in which Washington County has particular needs." The holistic care approach that osteopathic schools take fills in not only this nationwide gap between providers

and patients, but also that glaring gap between the humanity of medicine and the current atmosphere of the healthcare system. As this begins to be incorporated into Washington County, these much-needed areas could be filled and bring competent care to citizens and provide meaning and fulfillment for physicians who incorporate this philosophy into their care.

Innovations & Applications to Washington County

“By “healing” I simply mean crossing the traditional threshold of a medical-industrial complex and beginning to engage with the patient, with their story, on their turf, in their house, and engaging with their families and loved ones and their stories”
(Dolan, 2015, p. 231)

If Washington County continues to implement the philosophies of a holistic care, both its citizens and patients will greatly benefit. Many educators from Washington County and affiliates of Dixie Regional Medical Center were interviewed for this research, and all expressed how the incorporation of the medical humanities—literature, poetry, music, art, and history—could significantly benefit the community. One mentioned how “we would see a huge change in the health of our community,” while another mentioned that “Medical Humanities provides a construct and a framework in which [healing] can be accomplished.” As well as providing a means to help patients heal in a healthcare setting, and for physicians to fulfill their potential as caregivers, many participants of this study also expressed how things like reading, meditation, music, art, and history help them cope with challenges, understand their current situations, and engage them with the people around them.

John Smith also made the interesting observation that U.S. citizens, as compared to other countries, are not as medically literate. This means patients are more unprepared for their medical appointments, which makes it more difficult for them to understand and ask questions regarding their circumstances. Another participant mentioned how patients feel pressure to remain silent in their appointments, accepting—in the clinic, anyway—the will of the doctor, while not adhering to medical advice because they are not convinced it will work. If the educational systems in Washington County were to incorporate a way to teach students or its community members how to navigate medical language, perhaps they would feel more comfortable speaking up and communicating with their providers. Likewise, if physicians engaged in rechanneling that human side to medicine, possibly by incorporating the medical humanities into clinics, they can empathetically engage in their patients’ suffering and better connect with them. Likewise, if physicians engaged in rechanneling that human side to medicine, such as by incorporating the medical humanities into education and clinics, perhaps they will be more aware of their patients’ conditions and not talk down to them because they have empathetically engaged in their patients’ suffering.

Doctors such as the previously mentioned Dr. Campo, Dr. Clary, along with many others, have used things like poetry in their clinical settings. While Dr. Clary has provided poetry and life lessons to his hospice patients, Dr. Campo organizes a poetry workshop in his clinic to help patients tell their stories of their illnesses (Clary, 2010; Weiner, 2019). While not every physician can do what these physicians are doing in such a literal sense, there are alternative therapies that can incorporate these elements into treatment. Accompanying medical treatment with things like art, reflective writing exercises, listening to music, reciting poetry, or searching for historical moments that correlate with the patient's plight, can engage patients in medical humanities. Smith claims that his occupational and physical therapy have incorporated things like music and playing the piano to help in the healing process. Another participant mentioned how history allows him to make sense of the current COVID pandemic by comparing it to the Spanish flu epidemic of 1918, which also used social distancing measures used today.

Another participant mentioned, "if you can drive home that message [of the power of human connection] then you can fix the problem." This can be done through the medical humanities—exposure and incorporation of literature, poetry, music, art, and history. The integration of the medical humanities into Washington County education and clinical settings can benefit both patient and physician, allowing them to unite in their common humanity to promote meaning, purpose, and healing.

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