It may seem odd for medical students to create abstract art, view films, read literature, and visit art museums as part of their medical education, but studying the medical humanities is essential to developing physicians who can provide more humanistic care to their patients, according to Steven Rosenzweig, M.D., clinical associate professor and director of the Medical Humanities program at Drexel University College of Medicine.

"Medical students have to master the sciences, but they also need to acquire greater understanding of the human condition," says Rosenzweig. "Our Medical Humanities program provides them with opportunities to explore the human dimensions of illness and suffering and find deeper value in practicing medicine through self-reflection and self-discovery. Students also gain a deeper understanding of the increasingly complex ethical and social issues involved in taking care of patients today."

“To recognize the beauty of the cells and organs that lie beneath our skin is to appreciate medical humanities.”

– Medical student Sherri Spector, whose watercolors illustrate this article
Founded in 1976 at one of the College of Medicine’s predecessor institutions, Medical College of Pennsylvania, the Medical Humanities program was at the forefront of the movement to bring the study of medical ethics and humanities into medical education. It was one of the first such programs to be established nationwide.

Florence Gelo, D.Min., NCPsyA, associate professor, Family, Community & Preventive Medicine, has been a passionate proponent of the Medical Humanities program from the start. A pastoral psychotherapist for more than 30 years, she was initially recruited to teach a course about death and dying. “As a hospital and hospice chaplain, I saw that people chose to die in very particular ways, and medical professionals had to be able to expand their repertoire to meet their needs,” Gelo relates. “For me, ensuring the quality of life for patients who are dying became an enormous passion, and I brought those sensibilities to my teaching of medical students.”

As the program evolved, Gelo began teaching a course called “Image as Lens: Exploring the Patient’s World of Illness & Suffering Through the Visual Arts.” Inspired by her experience as a docent at the Philadelphia Museum of Art, Gelo noticed the emotional impact that art had on museum visitors. For five years, she took small groups of medical students and residents to the museum regularly to view and discuss paintings that depict suffering and death, such as Rubens’ Prometheus Bound and de Rosa’s The Massacre of the Innocents.

“I would say to the students, ‘Tell me what you’re feeling right now when you look at this painting,’” she recalls. “It can be very difficult to get medical students to talk at that level, but I want them to know that they have a range of emotions and that through vicarious experience, they can understand more about the humanistic elements of people – their fears and trepidations and life experiences. This self-exploration helps to build the humanistic element and confidence in oneself emotionally and cognitively.”

According to Gelo, studies show that exploring the visual arts can also enhance the clinical capacities of observation and diagnosis, as well as critical thinking, decision making, communication, and empathy.

“Doctors need to develop the kind of empathetic presence that allows patients to bring the fullness of who they are to the moment without fear or hesitation,” she continues. “The only way they can have that presence is if they feel personally adequate. Medical humanities can help them achieve that.”

In fall 2012, Gelo introduced a popular new course, “Trauma and Healing,” using film, storytelling, visual arts, and movement and dance therapy to help students understand the experience of trauma and the many alternative paths to healing.

Gelo wants medical students to recognize that they, too, can suffer trauma both as physicians and students. “We don’t think of doctors being traumatized, but the repeated exposure to illness, chronicity,
patients who are difficult, the grind of medicine, and the long hours can take its toll,” she emphasizes. “I encourage students to think about self-care. We want them to know that they must pay attention to the way they feel about their everyday experience with patients. We need to help them understand what they’re going to see in their practices.”

Rosenzweig notes that students today are particularly interested in the social issues that challenge the lives of patients. Many have embraced a new course, “The Urban Illness Experience,” taught by Rhonda L. Soricelli, M.D., adjunct assistant professor, Family, Community & Preventive Medicine. Students explore multiple issues associated with illness in the urban environment, including population density, poverty, illiteracy, homelessness, violence, addictions, racial prejudice, and access to healthcare through short readings, film, photography, and art.

“Students appreciate the opportunity to explore these issues that are both personally and professionally important to them,” notes Rosenzweig.

Some students immerse themselves more fully by entering the Medical Humanities Scholars certificate program, directed by Gelo. Scholars must complete three electives, attend six Medical Humanities grand rounds or special events, and complete a mentored, independent project. Participation in the scholars program has exploded, increasing from three students during the last academic year to 19 this year.

Gelo has encouraged more students to create art for their independent projects, recognizing the important role this plays in self-discovery. In one Medical Humanities course, “The Practice of Making Abstract Art: Balancing Intuitive and Analytical Thought,” taught by nationally acclaimed abstract artist Marianne Mitchell, students explore how artistic understanding and medical thinking inform each other.

For one humanities scholar, fourth-year student Sherri Spector, this course was the springboard for an independent
Spector says that the Medical Humanities program broadened her thinking. “[It also] allowed me to remain myself by keeping my personal interests alive during medical school.

“Tapping into my creativity has helped me to become a more creative problem solver,” she reflects. “My medical humanities studies will also help make me more relatable to patients.”

As medicine grows increasingly complex, the medical humanities play an even more important role in medical education, according to Gelo.

“The situations doctors witness and the decisions to be made are becoming extremely complex,” she observes. “People live longer. They suffer more. We need to build the emotional muscle in our doctors that will enable them to see and care for their patients as whole persons. We need to cultivate doctors who understand and don’t shy away from human complexity, who have the capacity to stay with a problematic patient who’s suffering. This requires the personal growth and professional development that students experience in the Medical Humanities program. We develop inquiring minds and provide safe places for students to explore ethics and complex phenomena before they are faced with these situations in actual practice.”

Read more about the Medical Humanities program.

During my study of medicine, I often find myself lost in the complexity of human anatomy, neuroscience, and the like. I routinely forget that our bodies are ruled by the same mechanisms that rule all life. Medicine and nature go hand in hand. Many forms in nature are preserved across different subjects. For example, neurons in the brain look much like the roots of a tree or streams branching from a river. My painting emphasizes the preservation of nature in the human body in a surreal way. I combined scientific exploration with imagination.

Is this an image of the Circle of Willis (an anatomical structure in the brain that is loved by countless medical professionals because of its beautiful complexity)? Or is it a natural scene of wild parrots hanging off of branches? Is it both? This Circle of Willis has suffered an aneurysm. Maybe the birds are to blame. Is it not the imperfect design of nature that leads to all disease? Or, maybe, the birds are trying to heal this injury. Patients often turn to nature as a means of therapy when they are diagnosed with incurable diseases. Sometimes, it does help patients find hope. I believe that knowing that the human body is governed by Mother Nature can ease a grief-stricken patient because it reminds us that many things are out of our control.

The name of this piece is Birdbrain.

Robin Whitehall
Third-year medical student