Medical Humanities Meets Corona Virus Pandemic: A Report of the Webinar on the Dialogue between Medicine and Humanities

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Report

Introduction

The Institute for Humanities and Cultural Studies (IHCS), Tehran, Iran, recently arranged a webinar on 8th of May 2020 entitled the "dialogue between medicine and humanities on corona pandemic". This webinar was part of the ongoing activities entitled the "cultural and social aspects of corona epidemic in Iran" in which a large number of scholars were invited to reflect on the social and cultural aspects of the corona pandemic. The speakers of this session included Hamidreza Namazi and Alireza Monajemi. The webinar consisted of two separate lectures and a debate. The following articles report the main results of this meeting.

Medical Humanities is always a major contributor

The occurrence of the corona pandemic led to a fundamental change in the current conception (Not only among the health care team but the whole society) of medicine as merely communication between physician and patient. The cultural, social, political, historical, and philosophical issues involved in health and disease were dramatically highlighted and brought to the forefront. These were issues that had either not been taken seriously before or had been considered as luxurious. However, due to the lack of a medical humanities framework, health systems [e.g., both the World Health Organization (WHO) and national health system], which are obsessively concerned with statistics and numbers, have considered these cultural and social factors to be merely obstacles to interventions.

Medical Humanities is a field of research, education, and practice that examines health and medical issues from the perspective of medical philosophy, medical ethics,

medical hermeneutics, medical sociology, medical history, medical education, literature and medicine, and so on. Medical humanities, while trying to neutralize and overcome the reductive and dehumanizing approach of biomedicine, has attempted to improve and enrich clinical practice, patient care, and public health.

Medical Humanities should not be reduced to ethical or managerial issues

When dealing with social, cultural, and political issues, and other complex issues, health systems have almost always reduced them to ethical or managerial issues as evidenced by frequently used phrases such as resource allocation, priority-setting, and ethical judgments in the guidelines of the WHO and other health systems. By defining medicine as a science, we run both the risk of reducing all concerns to merely ethical or managerial issues and the risk of neutralizing humanistic concerns (Monajemi, 2019). This naive and simplistic mode of framing problems leads to serious decision fatigue among the healthcare team. We are not trying to undermine the value of these efforts, but are attempting to show that in order to solve these problems we have to see the big picture.

As medicine is always restless and feels the urgency to do something by inclination, any critical reflections or theoretical researches have been marginalized with the accusation that they are impractical. However, the history of medical humanities has shown that this claim is false.

Medical Humanities should be integrative and Critical

The dominant trend is to treat medical humanities as a clichéd and additive approach. Many of these issues, such as redefining health and disease, philosophy of epidemiology and bio-statistical evidence, health anxiety, isolation and prevention paradoxes, existential concerns, ethics of justice or ethics of care in critically ill patients, compassion fatigue, decision fatigue , and health nihilism cannot be addressed in additive medical humanities.

It seems that the additive view to medical humanities in which medicine is modified by implementing humanities in medical school curricula is an undesirable conception and has very a limited view as current understandings of health and medicine has fundamentally remained unchanged. However, according to the integrative view, the status, goals, methods, and procedures of medicine should be examined critically and reshaped by medical humanities (Evans & Greaves, 1999). In other words, an integrative approach criticizes fundamentally to refocus medicine both at the level of its understanding (e.g., ethical) and its practice (e.g., professionalism) (Namazi, 2018). Nevertheless, the diversity in the disciplines of the field of medical humanities poses the risk of deviation from its original goals and objectives. William Stempsey proposed that the philosophy of medicine give an integrated account or be an integrating force for these endeavors in metamedicine (Stempsey, 2007). Proliferation of disciplines, and consequently, the force of specialization ultimately lead to the loss of the big picture. We are suggesting communication in the context of integrative medical humanities (i.e., metamedicine).

The health lag

The term health lag refers to the failure of the advancement in health to keep up with that in medicine. In other words, health issues in most situations fall behind the medicine that leads to or causes social/cultural/economic problems. Health lag occurs because there is an unequal and undivided attention to health issues in contrast to medical issues that demonstrate themselves at theoretical, practical, and institutional levels and cause a gap between material and non-material culture.

The health lag is basically due to the enigmatic nature of health. Health conceals

itself from notice and simply "sustains its own proper balance and proportion" (Gadamer, 1996). Whenever health becomes an object of positive sciences, inevitably it converts or transforms to "normality" that is straightforwardly defined in statistics (Foucault, 1963). This is why public health, in contrast to individual health, is more objective and based on the concept of population and epidemiology. Replacing the concept of health with normality has caused health anxiety. This is due to the fact that in the age of technoscience, mobilizing public opinion, changing policies and attitudes, and allocating research funding requires scientificization and technicalization (Monajemi, 2018).

Theoretically, practically, and institutionally, public health is profoundly backward compared to medical sciences. These health sciences have been criticized as being atheoretical, divorced from their source of problems, theories, and applications (public health), the source of spurious, confusing, and misleading findings, and over-dependent on the 'black box' risk factor approach. Epidemiology proclaims itself as the foundation science of public health; however, rather than focusing on the applications of research, it has been too preoccupied with the design and methodology of research. Furthermore, the gap between public health sciences and public health practices may be widening as the designing and implementation of interventions in social and political contexts inevitably create tensions due to ill-structured health institutions (Bhopal, 2016).

Medicalization is a way to draw and maintain attention toward health issues

The medicalization of health is of importance as it is the way to fill in the gap between health and medicine (i.e., clinical). The process of medicalization of health problems means that medical diagnostics and managements are applied to non-medical (i.e., health) phenomena and experiences not previously within the conceptual or therapeutic scope of medicine (Goli, Monajemi, Ahmadzadeh, & Malekian, 2016).

Forcing people to take care of health issues by scaring them of getting sick and dying is like telling students that if you do not study well, you will end up in prison. In this view, health care systems are beeper systems. This is not to say that health systems have been retarded in nature, but that historical and social conditions have shaped the current situation. When health issues become medical issues, quick and accessible solutions must be provided for them, and sciences, practices, and the relevant institutions must be ready to provide solutions. Medicalization is simply using medical terminology and practice to solve a non-medical problem. This is the reason for overloaded clinical settings and growing health anxiety whenever we face a health problem.

Humanities and medicine should engage in a constructive and serious dialogue

On the one hand, human sciences scholars are ill-prepared/equipped and their contribution is usually confined to stating the obvious. It is surprising that despite the lack of any serious involvement with medical issues, they have high levels of confidence in commenting on matters beyond their expertise. On the other hand, whenever health systems get into trouble and there is no solution at hand, they turn to human sciences for a quick solution, unaware that in many cases the system itself is the problem.

Medical humanities form the genuine context for the dialogue between medicine and humanities. This is not a one-way street where only the humanities are supposed to reflect on and enrich medical practice, but medicine can also teach humanities a great deal; like the relationship between theory and practice, the structure of practical

science, the way of identifying and attacking problems, and etc. (Wieland, 2002). Human sciences and medicine should go back to their common roots as Foucault highlighted in The birth of clinic (Monajemi, 2020). The corona pandemic seems to draw increasing attention to medical humanities; however, without serious dialogue and research programs it may be "Much Ado About Nothing".

Conflict of Interests

Authors have no conflict of interests.

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References

Bhopal, R. S. (2016). Concepts of epidemiology: Integrating the ideas, theories, principles, and methods of epidemiology. Oxford, UK: Oxford University Press.

Evans, M., & Greaves, D. (1999). Exploring the medical humanities. BMJ., 319(7219), 1216. doi:10.1136/bmj.319.7219.1216 [doi]. Retrieved from PM:10550065

Foucault, M. (1963). Naissance de la clinique. Paris, France: PUF.

Gadamer, H. G. (1996). The enigma of health: The art of healing in a scientific age. The Enigma of Health: The art of healing in a scientific age. Stanford, CA: Stanford University Press.

Goli, F., Monajemi, A., Ahmadzadeh, G. H., & Malekian, A. (2016). How to prescribe information: Health education without health anxiety and Nocebo effects. In F. Goli (Ed.), Biosemiotic medicine: Healing in the world of meaning (pp. 151-193). Cham, Switzerland: Springer International Publishing.

Monajemi, A. (2018). Clinical practice in the techno-science age: Living in crisis. Int J Body Mind Culture, 5(2), 84-88.

Monajemi, A. (2019). The role of clinical medicine on the constitution of science of man: Birth of the clinic rereading. Philosophy of Science, 9(17), 139-162.

Monajemi, A. (2020). Philosophy of medicine: Reframing the past, rethinking the future. Int J Body Mind Culture, 6(4), 182-184.

Namazi H. (2018). Ten criticisms on professionalism**.** 2018; 5(2): 67-9. Int J Body Mind Culture, 5(2), 67-69.

Stempsey W.E. (2007). Medical humanities and philosophy: Is the universe expanding or contracting? Med Health Care Philos, 10(4), 373–383. https://doi.org/10.1007/s11019-007-9080-4.

Wieland, W. (2002). The character and mission of the practical sciences, as exemplified by medicine. Poiesis & Praxis, 1(2), 123-134. Retrieved from https://doi.org/10.1007/s10202-002-0014-1