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## HUMANITIES IN MEDICAL EDUCATION—THE PAST TEN YEARS

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What has always fascinated me is an historical account that ends triumphantly but whose start-to-finish is riddled with reversals and hostile obstacles and haunted by anguishing circumstances. The history of “humanities in medical education—the past ten years” in the United States is just such a story. In the last ten years there has been a continually wider acceptance of humanities in United States medical schools, i.e., a growing number of schools introducing the humanities, a growth in the quality and scope of programs being offered, and a greater acceptance of the humanities as an integral part of the medical curriculum. I propose to unfold the history of this growth, and I hope I am able to render it as captivating as it deserves to be told.

A surprising demand for an introduction of humanities into pre-professional and professional schools hit the United States around 1963. Some concerned Americans detected that our learning institutions were placing emphasis upon scientific data and the technical skills and overlooking other values obtained through exposure to the humanities: history, literature, philosophy, theology, law, languages, and the social sciences which make use of historical and philosophical values, namely, sociology, political science, international relations, and cultural anthropology.

This was a time when our government and most private foundations were pouring money into scientific research laboratories and centers. People were mesmerized because miraculous discoveries were promised, university faculties and administrators welcomed the influx of new dollars, and students were drawn into the biological revolution where money, fame, and success were assured rewards. A pocket of opposition to this trend in medicine started in 1963 by a handful of humanists, headed by Ronald W. McNeur, now the Executive Director of the Society for Health and Human Values and the Institute on Human Values in Medicine. The need for humanities in most post-high school training programs was evident to a number of educators, but to this group the

greatest single need was to introduce humanities into our medical schools. It was all too evident to them that medical students were being trained to treat diseases scientifically, and no effort was made to train physicians who would administer to human beings.

Dr. McNeur’s small group engaged itself in a number of activities for six years, but in 1969 it increased its forces with a number of medical educators and humanist teachers who supported the group’s central idea. Together they formed a sizeable membership and called themselves the Society for Health and Human Values. In order to become active promoters of the development of humanities in medicine they started a project in 1970 called the Institute on Human Values in Medicine which was to develop new understandings, concepts, and programs for the Society’s goal.

Today the Institute fulfills a much needed service and the Society is honored and respected. But for all this to come about, it was necessary that the humanities be introduced into the medical schools.

There were some medical humanities programs earlier than ten years ago, but they had little effect on the tremendous growth that has taken place since 1968. An event occurred in Gainesville, Florida, that triggered a rapid national growth in these programs. This event was a meeting which was called to discuss the feasibility of introducing the humanities into medical schools. The host was Florida Medical School, which invited seven medical school deans interested in humanities and twenty clergymen who were employed by their churches to be chaplains to medical students. A humanities program had started in this school five years previously, so it was a perfect place to visit for those who wanted to introduce a program or strengthen an existing one.

At this meeting, Gainesville, 1968, all agreed that any humanities program would be effective and lasting if the

medical school administrators, faculty members, and students could be convinced that the humanities should be introduced into medical education as an integral part of the curriculum. This was essentially a problem of selling the notion that physicians and patients would be better off if physicians learned to treat the whole person. Everyone at the meeting was convinced that the whole person could not be treated by scientific knowledge and technological skills exclusively. Yet, when the guests heard that the humanities faculty at Florida had a most difficult time performing this PR task, they realized that they would need a lasting courage and unlimited strength if they were to accomplish their goal.

Here is what they were told. In 1963, a humanities program was introduced to the seniors in the belief that they would be the ones most apt to appreciate the benefits. The seniors rejected all attempts to start a program because for three years no one ever mentioned the need, and they did not want something being added to an already crowded curriculum.

The following year the program was introduced to the incoming freshmen, and they accepted it as a worthwhile adjunct to medical education. Each succeeding year to 1968 these same students took humanity courses and lectures, and evaluated them as profitable. However, many faculty in the basic sciences believed the program to be an encroachment upon the scientific preparation for medicine, while many faculty in the clinic believed that humanities should be taught at the bedside by physicians who acted humanely, and not by a faculty trained in the humanities.

So, after five years the Florida Medical School had educated the students and administration to recognize the benefits of a humanities program. The faculty, however, continued to offer strong resistance. Their reactions caused the students to look upon the humanities as an adjunct to medical education and not as an integral part. To overcome this impression, the humanities faculty, which had been an independent unit in the school directly responsible to the dean, allied itself with the Division of Ambulatory Medicine and Community Programs in the Department of Medicine in 1968. This division achieved departmental status in 1971 and was named the Department of Community Health and Family Medicine. In 1974 this department split along divisional lines and the humanities program was under the Division of Social Sciences and Humanities, where it remains today. With this new status the program became an integral part of the medical curriculum (McElhinney, 1976).

Every one of the guests at Gainesville who had tried to develop a humanities program was well aware of faculty opposition. Those who were only in the planning stage minimized the depth of faculty hostility that could occur. But these latter were to learn later that faculty resistance was the biggest obstacle of all to overcome. I have since discovered

that faculty antagonism to the humanities programs is deeply embedded in the philosophy of education accepted in medical schools. Expressed in words, it is: Medical education must train physicians to give quality care. This can be obtained only if the training is based on scientific data and scientifically approved procedures. Since knowledge to reach this goal is so vast, every minute of the four years allotted must be filled with learning the basic sciences, the scientific testing necessary for an accurate diagnosis, and the scientifically approved treatments. To select another approach or add elements that are not scientific is to give an inferior medical education.

Ten years ago many administrators in our medical schools functioned academically along the same philosophical lines, but not all. There were the medical school deans at the meeting who sincerely desired to introduce humanities into their schools. And there was one outstanding dean, the ex-dean at Florida, who was convinced that the humanities played an essential role in medical education and used his authority to institute a program. Not only was he successful in Gainesville, but he accepted the dean's position at the Pennsylvania State University at Milton S. Hershey Medical Center in 1964; when the first students arrived in 1967, he started a similar program at Hershey Medical School. His name is George T. Harrell, M.D., Vice President of Medical Sciences Emeritus at the Milton S. Hershey Medical Center.

What was the status of humanities throughout the United States in 1968? There were ninety medical schools, and of these eight schools had programs within the curriculum. The programs in the Florida Medical School and Hershey have already been mentioned. In six other medical schools, church ministers had a role in directing the students in medical ethics. To be specific, the Reverend Kenneth L. Vaux was one of the six. He was chaplain to Rice University and the Texas Medical Center in Houston and an associate professor of ethics at Baylor College of Medicine attached to the Department of Psychiatry and Community Medicine. Five clergymen were assigned as faculty members to teach medical ethics at Creighton, Georgetown, Loyola of Chicago, Marquette, and St. Louis. Then there were other clergymen, perhaps twenty, who were financed by their churches to be campus chaplains at selected medical schools. Most of these conducted programs outside of the curriculum. Shortly after 1968 their number increased rapidly, so that in 1972 there were at least ninety in thirty-two medical schools (Duncombe, et al., 1971; Duncombe, 1972, 1976).

I was unable to find any listing of medical school humanities programs from 1968-1971 that claimed to be complete, so that my total of twenty-eight programs is probably inaccurate. If the number of schools having programs ten years ago is greater than twenty-eight, it is not much larger. It can be said that whatever else should be added to the statistics, nothing will make the scene more than colorless and lifeless.

Now, ten years later, the number of humanities programs has more than doubled and the number of programs integrated into the academic structure of the University has increased five times. Today there are about forty programs in the 118 medical schools and about 40 more are preparing to have them.

In the forty schools that have on-going programs, there is variety in the administrative structures of the programs, and yet in each school one finds recurring similarities. Briefly, I would like to describe some differences (McElhinney, 1976). Arbitrarily, I have made three categories: programs which exist exclusively for medical schools, those that are also open to other health sciences students, and those that are offered to the entire university student-body. The following are some examples of programs which are exclusive for the medical school.

Florida Medical School's program has already been described. The College of Medicine at Milton S. Hershey Medical Center, started in 1967, today has one of the strongest humanities programs in the fifty states. The Reverend E. A. Vastyan, professor and chairman of the Department of Humanities, heads the program. Each student is required to choose two three-hour courses during his medical training in such areas as philosophy, history, literature, sociology, and religious studies. The topics of some of the courses are: Philosophy of Medicine, Medicine and Ethics, Religion and Medicine, Major Medical Novels, Medicine and Social Reform in America, Americans in Families: Society and Medicine, Infectious Disease: An American Social History, and the History of Genetics.

At Yale University, there is a chaplaincy to the School of Medicine which is staffed by the Reverend David C. Duncombe and by Mrs. Darlene Gunn, who are directly under the dean. They are responsible for the "human side" of medicine through a pastoral approach.

In the University of Kansas Medical Center the freshmen students take a course called Clinical Process which gives them an early exposure to patients, but also opens up opportunities to establish humanistic values. The freshmen are divided into groups of eight or nine students, and two to three medical faculty members are assigned to each group. In conjunction with patient examination, the doctors discuss with the students problems in communication, roles in medicine, death and dying, human sexuality, ethical decision-making, and others.

Other schools have programs directed by medical school departments. The Florida University Medical School, where the Division of Social Sciences and Humanities is under the Department of Community Health and Family Medicine, was mentioned earlier. The Department of Family Practice directs a program at the Ohio State School of Medicine. In Albany,

at the Albany Medical College of Union University, in Louisville and at Dartmouth, the programs are under the direction of the Department of Psychiatry.

The second general type of humanities program is one that is found within a health center which has a program for other health professional students besides those in medicine. At the University of Tennessee Center for the Health Sciences, there is a dean in the College of Community and Allied Health Professions who coordinates a program in ethics for the Colleges of Medicine, Pharmacy, Dentistry, and Nursing. Though the dean has immediate responsibility, the Vice Chancellor is also responsible insofar as he is director of all interdisciplinary programs.

In Nebraska there are two medical schools which have programs in this same category. Under the Chancellor of the Nebraska Medical School there is a Center for Humanities directed by Walter J. Friedlander, which offers electives in the humanities to the medical, pharmacy, and nursing students. The Vice President for the Health Sciences, Robert P. Heaney, has appointed a director and employs twelve faculty members from the Arts and Sciences College who together offer as many as forty one-hour courses. Each student must take four of these units before graduation.

In the last category, I have listed some of the schools which have programs outside the medical school, outside the Health Center, but within the University. For instance, at Harvard there is a program in the General Education Division which has been established by faculty members in the Schools of Medicine, Divinity, Public Health, Law, and the Arts and Sciences. The subjects taught are history, ethics, and law; the sessions are open to all students.

At the University of California, San Francisco, the Graduate Division administers an interdisciplinary course in bioethics, using faculty from Medicine, Pharmacy, Nursing, and Dentistry.

In Houston, Texas, there is an Institute of Religion and Human Development which is 80 percent funded by Baylor and Rice. The Institute offers courses at the Texas Medical Center in Houston and does research in religious and moral issues in medicine.

These examples should be sufficient to demonstrate that humanities programs do not follow any single structural model, and in all likelihood, the forty schools preparing to integrate the program into the academic structure will find different ways to go. For instance, Georgetown Medical School appointed Warren T. Reich Director of its new program several months ago. According to the description of the operation plans, there are elements in it which do not appear in other programs.

Not only do medical schools present a variety of structures, but they offer a variety of topics. Medical morals is offered in almost all of the programs, but the schools also present one, some, or almost all of the following: religion, history (ancient, medieval, and modern), literature (American and foreign), theology, law, fine arts, sociology, anthropology, economics, political science, and psychology. There is also a noted variance in the areas from which the faculty come and in the methods they have selected for their presentations.

In order to complete the picture, it must be mentioned that today there are still some programs offered by chaplains that are not as yet integrated into the academic structure of the school. For instance, at the University of California, San Diego, there is a campus minister who is employed by the United Ministries in Higher Education in Southern California. Eight denominations support the people involved in the programs at the University of Alabama in Birmingham. The Catholic Archdiocese and the Episcopal churches in Detroit support the project at Wayne State University School of Medicine, and the Episcopal Diocese of Georgia finances the program on the campus of the Medical College of Georgia.

In the past ten years at least one essential and significant change in medical education has taken place—the humanities are considered important in most medical schools. They are becoming an integral part of medical education. When one searches for the reasons for the change, he finds that the United States citizens were and still are anxious to protect the rights of patients. We have a strong public policy that holds scientific and technological advances can never override our cultural respect for the rights of man. Some people who have been spokesmen for this point of view have hurled invectives and scurrilous charges against medical researchers and practicing physicians, wounding some that do not deserve to be attacked, yet hitting others that rightly earned the opprobrium. Other people supported the policy by scholarly research. For instance, the Hastings Center, Institute of Society, Ethics and the Life Sciences was founded in 1969 to “fill the need for sustained, professional investigation of the ethical impact of our biological revolution” in such areas as human experimentation, prenatal diagnosis of genetic disease, genetic counseling and engineering, organ transplants, prolongation of life, and control of human behavior. The Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics, directed by André E. Hellegers, contributes to the same goal through the venture of interdisciplinary research and dialogue. There is also a large group of organizations throughout the country doing similar scholarly work in support of the public policy.

There is another group which has helped implant this policy in medical schools—these are the medical educators who want to improve the quality of medicine through a humanistic

approach and who want medical students to be prepared to face the demands society places upon physicians. The deans who met in Gainesville in 1968 were a major force in getting this policy accepted.

Then there are the footsoldiers who did the planning and conducted programs. These were the ministers in medicine, some of whom were also present at the same meeting. They were the ones who put the policy to work and helped to sell their programs to other medical schools.

In 1969 the Society for Health and Human Values organized two groups, the deans and ministers, and gave prominence to the development of humanities in medical education. Then in 1970, as a project of the Society, the Institute on Human Values in Medicine began to offer encouragement, finances, training for faculty, and expert guidance to any medical school which wanted to develop a program. This Society, with its Institute, has been the most forceful agent in bringing about the tremendous growth in the past ten years.

The United States government and private foundations responded to the growing public policy by encouraging the development of programs. They offered grants which helped medical schools through the expensive time of experimenting to find the right components and of training a faculty needed to make programs successful.

The plethora of magazine articles, timely books, and excellent audio-visual software, manifests the importance and success of the humanities in medical education, and really has aided in keeping interest alive.

So, there are many reasons for the great growth of the humanities in medical education. If any one of these elements just mentioned had been missing, the scene today would be as colorless and lifeless as it was in 1969, before the seed for growth was planted in Gainesville.

If one reads the historical data, he might pick out the trends which point to the future. What can one say about our public policy to prefer man's dignity to scientific advances? Will it continue? Will learned scholars continue to do research and publish? Will humanities programs increase to the point that they become part of the curriculum in every medical school? Will society continue to produce interested and dedicated faculties to staff the programs? Most of us would tend to answer all of these questions with the words “yes, yes, yes, yes.” Are we right? Perhaps. But one thing is for sure, we do have a strong movement going right now—the humanities in medical education are accepted and their growth has been outstanding.

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