

## "CLIO AND THE DOCTORS"

by Todd Savitt, East Carolina University

In recent years interdisciplinary studies programs have mushroomed around the country. Most of these programs link various subjects within the traditional arts and sciences. East Carolina University (Greenville, N.C.) is one of a handful of schools in the nation that integrates humanities courses with professional medical education. As a required part of their curriculum, first and second year medical students take two courses which explore the social and ethical issues facing today's physicians.

The vast majority of pre-medical students, knowing that competition for spots in medical schools is keen, concentrate their efforts in what is perceived by them as "safe" areas -- the sciences. When they move beyond biology, chemistry, physics, and mathematics, it is usually to such medically related social science courses as psychology, physical anthropology, and perhaps medical sociology. Few are willing (some with real regrets) to risk a good grade point average on "soft" or seemingly unrelated courses in philosophy, history, or literature. It is ironic that students' perceptions of medical school admissions policies foster hard-driving competitiveness in college and a concomitant self-imposed emphasis on grades rather than on learning, and on the biological, physical, and social sciences to the exclusion of the humanities. Furthermore they are often deprived of historical, philosophical, ethical and literary perspectives on the human condition and on their future careers.

Medical school humanities programs attempt to introduce students to issues of special relevance. At East Carolina University, the primary vehicles for such exploration are the two required "issues" courses. First and second year students use interdisciplinary readings to inform discussion of such topics as the right to health care, the organization of health care delivery, confidentiality, genetic screening, medical education, death and dying, and abortion. By allowing free expression of ideas both orally and verbally, these courses do more than simply introduce new subjects to medical students. They also encourage critical thinking and clarification of beliefs and ideas about issues facing the medical world.

Having gained some perspective from the two interdisciplinary courses students then may choose to probe more deeply during their fourth and final year of training into one or another area during intensive month-long electives offered by Humanities Program faculty. Some devise their own topics while others take courses such as electives in "History

---

\*Synopsis provided by Professor Savitt. Portions of his remarks appeared in "Medical History and Medical Humanities: A Commentary," in Jerome L. Bylebyl, editor, Teaching the History of Medicine at a Medical Center (Baltimore, 1983), pp. 41-55.

of American Medicine," "Literature and Medicine," and "War and Medicine: The Physician's Role and Responsibility."

The Humanities Program faculty also meet students in various other settings during the year. Beginning anatomy students meet their cadavers immediately after hearing a slide and film talk on the history of anatomy and grave robbing. "Perspectives talks" are offered over the noon hour. Humanities Faculty are also involved in third year student's clinical experiences.

There is a special appeal about the medical humanities for historians. Medical humanities offers historians a way to bring history to students not ordinarily exposed to its glow, and a way to influence the education of our future physicians. Professional students bring their unique perspective on medicine (and their sharp sense of humor) to the classroom. Shifting back and forth from undergraduate to medical school classrooms during a day's work is challenging, stimulating and most rewarding for the instructor. Historians should be prepared, in teaching medical humanities courses, to sacrifice a bit of depth to get students thinking about the professions they are entering. Overcoming the distaste for "spot teaching," medical historians must command a knowledge of events and ideas from ancient primitives to the germ theory and beyond. Medical history is appealing enough that some students will always be attracted to go further and gain more historical depth.

Integrated and cooperative courses can do wonders for both students and teachers. Faculty development is well served by interdisciplinarity. Instead of working solely with other historians, we work also with clinicians, philosophers, theologians, and social scientists. We share office space, face common problems, read each other's papers, discuss issues from differing perspectives, and broaden the thinking of all involved. These new ideas may then be transmitted to the students. Historians do not cease being historians simply because they teach humanities. On the contrary, they learn from their new colleagues. They may find the differences in thinking and approach of some of their new nonhistorian colleagues unacceptable or not understandable. The "mind set" of the social scientists, for example, may seem terribly, almost treasonably different from that of the humanist-historian. But one can learn from these differences.

By becoming involved in medical humanities courses, we historians do not, of course, become experts in medical literature, medical ethics or health policy, but we can help students think through their own ideas and opinions on a variety of topics. We can also provide them with sources and an historical view of the questions they pose. Medical history does teach human values just as philosophy, ethics, and literature do. Without losing our professional identities historians can and should work more closely with other humanities disciplines to better ourselves, our chosen profession, and our future physicians.