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Commentary

What's the point of a humanities education in medical school?

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The voices of medical students are underrepresented in the long-running debate over the role of the humanities in medical education. This commentary describes the experience of a student at the University of Southern California, who believes the humanities are often neglected but could make students into better doctors.

One of the reasons I was excited to be a medical student at the University of Southern California, or "Keck," as we often call it, was because I thought the school considered the humanities a serious part of our education. For one thing, we train at Los Angeles County Hospital, a large safety-net hospital and a magnet for doctors who think about who gets resources and why. We are also in L.A., the storytelling capital of the planet. Our auditorium is named for Louis B. Mayer, a titan of early Hollywood. The day I interviewed, the dean of admissions, Dr. Raquel Arias, talked about how without the Great Society or Civil Rights Act, she might never have become a distinguished gynecologic surgeon, much less help run the school where she was once the only Latina in her class. At our white coat ceremony, we were told that Keck aspires to train "physician-citizen-scientists." I was thrilled before I was disappointed.

The most memorable speaker at my first-year orientation told a story about resilience, which for him meant turning down a prestigious art history fellowship after he got into medical school. During our preclinical years, we had weekly lectures on social issues like gang violence and homelessness, followed by small group discussions. Attendance was mandatory, but participation was not. "I want this session to be interactive," speakers would say to a silent grid of a hundred black ZOOM boxes. They were often non-profit administrators, who we had never seen and would never see again. Even before COVID, discussion was constipated. In my small group, six students would passionately agree that racist housing policy was bad as the other eighteen would sit quietly, some doing flashcards on their phones. Later, in breakout groups, we could gossip with each other after breezing through questions on how to treat homeless patients with dignity. We learned factoids about the unfair systems that make people unhealthy, but it was unclear what we were supposed to do with them.

Continuity was rare, even with more engaging material during clinical rotations. On my psychiatry clerkship, for example, we learned about substance use disorder and had a few sessions on motivational interviewing, in which clinicians ask patients open-ended questions about harmful behavior, like methamphetamine use, and work with them to make marginal change. It was only a start. We had little time to develop our skills because we had notes to write and practice questions to churn through.[1] At the end of these sessions, I often felt confused. What was the point of a humanities education in medical school?

A generous view is that it exposes us to many different things. A more precise view is that it teaches us the dilettante's defensive crouch, where we are not ignorant, but not very engaged, either. In private, many administrators have told me they do not envy our slog but say there is only so much they can do. They have other priorities and think we do, too. That is too bad. A good humanities class in medical school can change your life without keeping you from learning the different types of heart failure. I know this firsthand.

The fall of my second year, 11 classmates and I took a writing elective called "Medical Memoir," with Dr. Sunita Puri, a palliative care expert and accomplished author. For three months, we read and discussed books like *The Year of Magical Thinking* by Joan Didion and short stories by Richard Selzer. For the first 90 minutes, Dr. Puri pushed us to talk about loss without looking away or falling back on cliché, something she does in her own writing.[2] We had time to compare the ways grief can warp the brain and read the personal accounts of doctors willing to admit they could not tame their own emotions.

We got to write our own essays, too. For the second 90 minutes, we workshopped them in class. Most of us told stories about a patient encounter or how we came to medical school, but our stories were longer and thornier than a one-liner or a personal statement. Tender and uncertain, we rifled through baggage we did not know we carried and laid out what we found. While Dr. Puri paid close attention to our essay's structure and tone, more important than any piece of advice was the way she showed us that she cared about what we had to say. She wanted more detail but less varnish. "What is this piece REALLY about," she often asked us. These were only first drafts, and she wanted to help us find the right words.

The class became therapeutic. It was the Fall of 2020, and I could not see my friends indoors because of COVID or outside because of California's fires. The presidential election hung in the balance and our medical education had withered

into an expensive YouTube channel. But my classmates and I felt giddy at the end of Medical Memoir. Our other humanities lessons were frantic surveys, but with Dr. Puri, we could linger. While most medical school seminars are one-offs, in Medical Memoir we got to keep the conversation going week after week. One of our favorite essays was Dr. Lisa Harris' column in the New York Times on her day as an abortion provider.[3] Her clarity and eye for detail—like a mother of three crossing herself before taking mifepristone—reminded us of Joan Didion's description of grief after her husband's heart attack in *The Year of Magical Thinking*.[4] When the class ended, we knew what we'd had was precious. As the world around us grew darker, the stories we shared were rays of light through ash.

I took what I learned in that class with me into the hospital. A year later, I was following a patient younger than me, whose chemotherapy had wiped out all his neutrophils but done little to shrink the tumors growing in his body. He had a fever and spoke little English. He was surly, but it was fine with me that he did not want to talk. I had other patients to see and present, I told myself. We would give him cefepime and leave him alone. It was probably what he wanted, I thought. I was ignoring the obvious, of course. His youth and suffering insulted my sense of invulnerability. I read in his chart about the awful parade of tumors followed by chemo followed by surgery followed by more tumors and more surgeries and more chemo. And still I did not really talk to him because I did not want him to tell me how little there was that I could do.

One afternoon, I passed by his room before rounds and went inside where I saw that he was crying. "Sorry," he said. I froze, knowing I couldn't just leave, and then sat down. "How are you," I asked. His face crumpled. "I want to go home," he said, voice breaking. He missed Mexico, missed his mom and his wife. It had been months since he'd last seen them. He scrolled through wedding pictures on his phone. He and his wife beamed, their faces full and giddy. "I'm never going to be able to have children," he said. He told me he thought he would have more time.

"Why am I dying?" he asked. He had always been good—never drank or smoked, went to church and never cheated. When he moved far away to install windows, he thought it would be temporary, just a way to make money for his family back home. I told him I didn't know and that I was sorry he was suffering. It felt inadequate.

"What do you want to do," I asked him, "if your time is short?" He was quiet for a second. "No more chemo," he said. "I'll do a surgery if I have to, but I just want to go home. Maybe install a few windows." He wanted to feel human again, even if it was only for a little while. My eyes were red and wet when I looked at my watch and saw that I was already late for afternoon rounds. I told him I had to go, and he said he understood. He said thanks, and I think he meant it. Even when medicine fails, we can still make each other feel human.

A better humanities education could offer medical students two things. The first is that it could help us be better to each other. I have only started training and I have been surprised at how impersonal medicine can be. I have been on so many rounds where we rush, and the patients feel ignored and ignore us right back, and then we go back to the work room and fume. Resignation sinks in. Why do they just not take their meds, or exercise, or eat better, or remember their appointments? Well, maybe they have an oppressive work schedule. Maybe no one taught them how. We do not know because we often do not ask more than the first few questions. We rarely get to the floaty, feely questions because we also have oppressive work schedules and no one really taught us how to ask them, either.[5] Sharing stories can help us linger with each other and better see each other's humanity in the finite time we have.

The humanities can make us feel less alone in a field that is punishingly individualistic. One of the first things I learned in medicine was the hierarchy: between doctors and non-doctors; between MDs and DOs; between more and less competitive specialties and hospitals and publications; and between student, resident, fellow, and attending. We learn to be commanding or deferential. We become grateful for scraps of kindness. It is exhausting and lonely. But it is not the way that things need to be.

Reading the stories my classmates wrote in the Medical Memoir seminar was a balm. They came to life on the page, fully dimensional in a way that rigors of practicing medicine can flatten. Performing that same alchemy for them felt intimate even when we were all remote.[6] Stories can help us gain a clearer sense of how it feels to be both dean and the only Latina in your class, to be the wife of a man dead too soon, or to be young and in scrubs and nervous you might lose control. There have been many times someone up the rungs from me has begun to tell a story—a real story, where they might reveal a bit of themselves—before they buttoned back up. What a shame. They might have given us a sense of purpose or made us laugh. Sometimes the right words can offer solace that the right medicine cannot.

And I know that doctors lack the time or emotional bandwidth to give every patient and colleague this kind of attention. There are so many forces beyond our control. But the second power of the humanities is to help people understand and solve problems that are bigger than one person. We could learn from history and politics how medicine became so impersonal and exhausting.[7] We could learn how healthcare became so expensive but still leaves so many people so sick. To a student, all the things that are broken in medicine can seem overwhelming because they are reflected in every hospital and medical school in the country. But studying the humanities can give us a clearer sense of what things we can change and what we can't quite yet.

This has helped me take things less personally. For example, one less-than-friendly fellow on my team became more sympathetic to me when I realized her job likely hadn't left her with enough time to sleep, much less see the people she loves, for the better part of a decade. The forces draining her were bigger than any presentation I gave on rounds, no matter how succinct or rambling.

Medical school is hard is because our sense of possibility expands so much faster than our control over the world around us. In the past couple of years, many of my classmates and I have donated and petitioned, posted, and marched,[8] and it may have all felt good at first, but for me the feeling goes away when the problems do not. A humanities education could make us better citizens

and of more use to the causes we care about, whether that means joining a push for national reform or lobbying our own school to set more civil working hours for trainees. The humanities are not just ideas, but ideas applied. And for medical trainees, trying to apply our ideas means bumping up against hierarchy. This is scary for us. It is hard to know when we are right, and even when we know for sure, no one wants to risk upsetting the wrong person. Trainees are often afraid that one bad letter can foil a decades-long dream, but we forget that when we work together, we have power that can't be ignored. (And though we might never have learned it, student activism is usually on the righteous side of history.[9]) The most empowered I have felt in medical training was when I sat with dozens of my classmates at a talk with a union organizer who represents our hospital's residents. As she told us concrete ways in which we could use our stubby little white coats to make the world around us more decent, I felt that transcendent click between what I had read in books and what I could see in front of me. The humanities can make us uncomfortable, but they can also make us brave.

Practicing medicine asks so much of us. Every day we try to deduce the truth and see stories from many sides. We strive to assemble evidence from a body as deftly as we learn from the past and present. We make decisions for people at their most unshielded, relying both on what we know and what we feel. Today, most medical students get an education that belabors the former and neglects the latter. This is a great loss and a great opportunity. As we become healers in a splintered world, we will need both.

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DECLARATION OF INTERESTS

The author declares no competing interest.

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