BACKGROUND

The Oakland University William Beaumont School of Medicine is committed to an educational program that trains students to become scientifically and humanistically competent. Rapid progress in the sciences and technology has led to diminished emphasis on caring for the patient even as diagnostic efficiency has improved. Through our longitudinal course in Medical Humanities and Clinical Bioethics (MHCB) we hope to inculcate in medical students the interpersonal skills, ethical judgment, moral reasoning skills, and understanding of the healing arts that will enable them to meet the needs of patients and their families with compassion and appreciation of each person’s life story and values, even as they bring to bear the best science and technology.

METHODS

The MHCB course is taught throughout the first three years of medical school. In the first year, building on an intensive one-month course in communication/interviewing skills, there are 1-1/2 hour sessions on professionalism, formulating an oath to be taken at graduation (revisited each year), physician social obligations/modern challenges, research ethics, ethical issues in healthcare delivery, justice in health care, and social disparities in health care. This is followed by an examination of issues related to the physician-patient relationship and the culture of medicine. Each session is co-taught by an M.D. clinician and a Ph.D. in the social sciences or humanities. The sessions examine:

1. Moral tools utilized in moral reasoning
2. Normality, abnormality, and difference among persons
3. The experience of illness by patients
4. The effects of illness on social relationships
5. Basic skills in the physician-patient relationship
6. Maintaining healthy interpersonal relationships
7. Maintaining professional boundaries
8. Common ethical issues for medical students
9. Dealing with mistakes at the individual and system level
10. The student-teacher contract and inappropriate behavior
11. Religion and spirituality in the patient-physician relationship

In the first semester of the M2 year students choose two mini-seminars, each lasting seven weeks. The purpose is an in-depth study of a particular topic. Topics include: Mindfulness and Medicine, End-of-life Care and Death, Law and Bioethics, Careful Observation of Art, Religious Perspectives in Health and Disease, Stigma, Jewish Bioethics, Integrative Medicine, and Culture and Disease. In the second semester students explore the life and medical care issues of four marginalized populations through 2-hour seminars re a shelter for victims of domestic violence, a drug rehab facility, group homes for persons with intellectual/developmental disability, and a prison facility. The students learn about human behavior and health needs in those contexts, as well as healthcare resources in those settings.

During the M3 year there are monthly student-led, faculty facilitated sessions for case discussion of the following topics: Applied Medical Ethics, Bedside Rationing, Decision-Making Capacity, Confidentiality, Informed Consent, Advance Directives, Ethical Issues in Genetics, Professional Boundaries, Conflicts of Interest, and End-of-life Decision Making.

Each medical student selects a capstone project for completion prior to graduation. All projects will have a section which addresses ethical issues/concerns inherent in or arising from the project.

The emphasis in all classroom sessions is on a short didactic presentation followed by case discussion in groups of five students. After each group arrives at a consensus decision about a case scenario, opinions are shared in plenary with discussion among the groups. Assessment is accomplished through reflection papers on session topics selected by the students. There is no examination.

RESULTS

The results of this curriculum are preliminary and subjective.

1. Feedback from the M1 students confirmed the value of case discussion to reinforce topics in MHCB.
2. Students demonstrated increasing understanding of the complexity of clinical and ethical issues as the year progressed.
3. There was demonstrable growth in each student’s capacity to reflect on questions raised by the intersection of science and the humanities.
4. On an examination at the end of the M1 year drawn from the NBME question pool our 2012 M1 students scored better on questions related to MHCB content material than they did in other content areas.

CONCLUSIONS

It is too early to draw substantive conclusions about the long-term value of the Medical Humanities and Clinical Bioethics longitudinal course. There is initial evidence that the opportunity for medical students to consider the impact of the humanities and ethics on medical practice leads to a broader appreciation of the limitations of medicine when practiced solely as applied science. The larger and more significant question is whether a course of this kind can help promote humanism in medicine among its students and graduates. This could be measured by examining indicators of professionalism during clinical rotations in the M3 and M4 years, and beyond. It is planned that this will be the subject of future research.

REFERENCES

The Hebrew University of Jerusalem Medical School Program of Medical Humanities: *Adam U’Refuash* (*Man and Medicine*).