

A Once-in-a-Century Crisis Can Help Educate Doctors

The horrors of Covid-19 may give proponents of the liberal arts an unexpected opening.



By Molly Worthen

Dr. Worthen is a historian at the University of North Carolina at Chapel Hill who writes frequently about the changing nature of higher education in America.

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Over the past year, ordinary medical research [nearly ground to a halt](#) as researchers focused on coronavirus vaccine trials and treatments. Single-mindedness paid off. Drugmakers developed lifesaving vaccines [in record time](#), and now [a third](#) of Americans are at least partially vaccinated.

But ultimately, the pandemic is a once-in-a-century crisis that may force health professionals and medical schools to look beyond the traditional tools of modern medicine and think more broadly about how we train doctors to grapple with public health catastrophes.

There were signs of a reckoning at the very start of the pandemic. When Covid-19 hit the Northeast, the Yale School of Medicine moved classes online and pulled many students off clinical rotations. “The dean sent an email that said, go home, take this time to study,” Max Jordan Nguemeni Tiako, a Yale medical student, told me. “I thought, oh my God, I can’t imagine studying for an exam right now.” Mr. Tiako and a small number of the faculty and students worked together to create new courses that students could take instead, including an intriguing elective called “Covid-19: A History of the Present.”

The class — convened over Zoom, of course — gave the 65 students who signed up an opportunity to document and analyze their pandemic experiences. Some were helping friends and family sift through unreliable medical information; others were caring for children or volunteering in underserved communities in New Haven. But the course was also a beachhead for the medical humanities, a broad field that includes disciplines ranging from philosophy and history to visual art, creative writing and film. The medical humanities focus on a question: “What does it mean to

make a healer, to train people who can attend to suffering?” Joanna Radin, a Yale historian who helped teach the new class, told me.

The course was “a pilot project to demonstrate that the humanities are an essential part of what a medical education should be — not just a luxury, but foundational,” Dr. Radin said. One student wrote her final essay on the practice of Judaism during the pandemic. Another wrote a short story about working as a contact tracer in New Haven. Some took photos or made short videos. It’s true that none of these projects saved Covid patients dying of respiratory failure. But in the long run, the pandemic may give proponents of the humanities an unexpected opening to change the way we train doctors and think about health care.

Some humanistic disciplines, like history and philosophy, have long had a foothold in medical education through the fields of social medicine, the history of medicine and biomedical ethics. Penn State’s College of Medicine [established](#) the first humanities department within a medical school in 1967. In recent decades, the institutional growth of the medical humanities has accelerated. My informal survey of North American and British higher education turned up about 50 stand-alone centers, medical school programs and departments focused on the medical humanities — and [nearly 60](#) undergraduate programs.

Yet even as the research centers, journals, conferences, master’s programs and other marks of academic legitimacy proliferate, my conversations with humanities scholars working in medical schools suggest that the humanities remain off the beaten track, engaging a small, self-selecting group of students. “They recognize a gap in their education, and I create a safe space to wrestle with deep questions,” said Lydia Dugdale, who teaches a philosophy seminar for medical students and directs the Center for Clinical Medical Ethics in Columbia University’s department of medicine.

There is one obvious reason for this. The U.S. Medical Licensing Examination, better known as the boards, contains no humanities component (the test questions described as covering “social sciences” primarily [concern](#) bedside manner and basic [ethics](#)). The exam’s priorities are symptoms of a more deeply ingrained assumption: the notion that the humanities may be an enjoyable forum for speculation and self-expression but have little to do with the discovery of medical knowledge or the nuts and bolts of care. The prominent British medical journal *The Lancet* features a section called “The Art of Medicine,” focused on how medicine is “inextricably bound up with history, literature, ethics, religion and philosophy” — which the editors [described](#), somewhat condescendingly, as “those branches of learning traditionally identified more with analysis and interpretation than with empiricism and evidence.”

That false dichotomy — the evidence-based hard sciences that produce perfectly objective knowledge versus the fuzzy humanities that gesture at feelings — has hampered the medical humanities. Their role in the curriculum at most medical schools remains marginal: occasional lectures on history of medicine or ethics, art museum tours and outings to the symphony, which often strike students (and science faculty) as relaxing time off, rather than as an introduction to new, challenging ways of thinking.

“To make it more than mere art appreciation is a real challenge,” Dr. Dugdale told me. “You butt up against people in medicine who see no value in this, or see it as a little bit of an ornament, because of the two things that determine anything of value in medicine: whether it brings in money and whether it can be quantified. People say the arts make you feel good and reflect, but there are patients to see, there’s revenue to generate. So, do your wellness thing and then come back to reality.”

Yet the time may be right for the medical humanities to gain a new hearing — even though they represent, in some ways, a return to a very old approach to understanding health. For ancient and early modern thinkers, medicine was not wholly distinct from theology or natural philosophy: an imbalance in the physical body or environment troubled the soul and vice versa. We can be grateful for scientific progress since the days when feeling sick might bring you to your local surgeon-barber for a [bloodletting](#) — while also acknowledging that earlier societies grasped something about the human condition that modern medicine has lost.

“For two thousand years we had an interdisciplinary approach, a mind-body idea of health that was fluid and holistic,” Fay Bound Alberti, a historian of medicine at the University of York in Britain, told me. “It was only in the 19th century that medical specializations emerged — dermatology, cardiology, disciplines that go down to the most precise detail of the body, and that bring detachment and separation.”

The pandemic has made disciplinary boundaries blurry again. This is the moment for champions of the medical humanities to strike. To make sense of disproportionate Covid death rates in Black and Latino communities or white evangelicals’ vaccine [resistance](#), researchers need to consider everything from the history of [redlining](#) to theologies of God’s [judgment](#). They cannot afford to stay in highly specialized lanes or rely solely on the familiar quantitative methods of the medical sciences.

The humanities and social sciences do more than shed light on the cultural context of disease. They can also help doctors connect with patients as multidimensional beings. Skyler Kessler, a medical student at Washington University in St. Louis, has known he wanted to be an emergency room doctor since high school. As an undergraduate at the university, he minored in the medical humanities, taking courses in ethics and the history of medicine.

“I figured it would be incredibly useful in my future career as a physician,” he told me. “I knew a large portion of medicine would involve listening to patients’ stories, and that’s a skill you have to develop, to be able to listen and hear, and better communicate. I knew I would gain that skill by writing papers, making arguments and engaging in discussion. In large science courses, I wasn’t engaging in discussion.”

Since the early 2000s, the rise of a field called narrative medicine has exposed students to creative writing, history, film, anthropology and other disciplines to teach “radical listening and creativity” to “improve outcomes for both patients and caregivers,” in the words of Columbia University’s Narrative Medicine [program](#).

This approach has long roots. Some of our civilization’s best chroniclers of the human condition have been doctor-narrators who decided to start telling stories

themselves: Anton Chekhov, William Carlos Williams, Walker Percy, Oliver Sacks — and today, gifted writers like Atul Gawande, Daniela Lamas (a Times Opinion contributor), Siddhartha Mukherjee and Vincent Lam. It has been a huge loss to the humanities, and to readers in general, that relatively few doctors think of themselves as storytellers. But perhaps that is beginning to change.

It's worth noting that the most famous doctor in Covid-era America is a committed humanist. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, fell in love with the humanities in high school and majored in classics at the College of the Holy Cross in Massachusetts. When he pondered life after college, "there was this tension: Would it be humanities and classics, or would it be science?" he [told](#) *The New Yorker* last year. "And as I analyzed that, it seemed to me that being a physician was the perfect melding of both of those aspirations."

As these humanist M.D.s well know, history, literature and philosophy aren't just good training grounds for an empathetic bedside manner. They shed light on the big questions of healing and suffering. But it's hard to make the pitch that humanists have something meaningful to say about big questions when so many of us have fallen prey to ever-narrower research interests and make no time for general exploration of the world.

C.P. Snow, an English novelist and chemist, wrote in his seminal 1959 [lecture](#) "The Two Cultures" that the humanist intellectuals he knew dismissed scientists "as ignorant specialists" — yet most of them couldn't define the Second Law of Thermodynamics. "Their own ignorance and their own specialization is just as startling," he wrote. The cultural authority of the hard sciences has mushroomed since Dr. Snow's time — and humanists are paying an even higher price for their own parochialism.

What about the charge — partly vindicated, I admit, by the small number of radical postmodernists in our ranks — that humanists in academia downplay "empiricism and evidence," as *The Lancet* put it? It's more accurate to say that humanists take evidence so seriously that they emphasize viewing it from multiple vantage points and recognizing one's own limited perspective.

This epistemological caution has value for medical professionals too. Like all experts, they are captive to their discipline's current fallible paradigm and hidden assumptions. Such paradigms are crucial to scientific work, but at the same time, a paradigm can "insulate the community from those socially important problems that are not reducible to the puzzle form, because they cannot be stated in terms of the conceptual and instrumental tools the paradigm supplies," Thomas Kuhn, the philosopher of science, [wrote](#) in "The Structure of Scientific Revolutions."

Such an attitude is not well suited to cutthroat courses preparing students for board exams. "What we're learning in basic science courses is that this is objective, this is 100 percent correct, this is the only way to see it," Mr. Kessler, the medical student at Washington University, said. "The humanities could not be farther from that. There are many ways to interpret people's cultural upbringings and interpret their stories, and seeing them in multiple lights is important to providing everyone with equitable care."

Some top medical schools [require](#) undergraduate coursework in the humanities and [welcome](#) nonscience majors. “A few medical schools do require humanities courses before you apply, but I think it needs to be adopted as a requirement overall,” Mr. Tiako, the Yale medical student, told me. “Learning that science and data have life of their own — that they’re not apolitical — that’s a thing that you learn in the humanities that you don’t learn in science classes.” Mr. Tiako and Mr. Kessler both said that their humanities interests put them in a small minority among their classmates, but they may represent the leading edge of a trend: [Increasing](#) numbers of pre-med students are majoring or minoring in the medical humanities.

As medical schools revisit their curriculums in the post-Covid age, they should follow the lead of these students — who grasp intuitively that medicine is not a science but an art that uses science as one of many tools. “Even before Covid, things have been changing,” Joanna Radin, the Yale historian, said. “Med schools are recognizing that accepting students on the basis of test scores alone isn’t necessarily the best indicator of the kind of health providers you want. There’s starting to be pressure from students coming in who want to make a difference.” The scale of the Covid crisis should force both scientists and humanists to ask new questions, to realize how much they don’t know — and perhaps to learn more from one another.

Molly Worthen is the author, most recently, of the audio course “[Charismatic Leaders Who Remade America](#),” an associate professor of history at the University of North Carolina at Chapel Hill and a contributing opinion writer.

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