

A need to develop medical humanities in Nepal

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Dear Editor

I read with interest the editorial by Adhikari RK¹ arguing the case for the inclusion of Medical Humanities in the medical curriculum to produce a more well-rounded and complete doctor.

The author has stressed the importance of a liberal education and wider reading for doctors. I am a clinical pharmacologist and a medical educator and am presently doing a part-time PSG-FAIMER fellowship in medical education. During a study carried out at Pokhara, I and my colleagues had found that medical students have a positive attitude towards the Medical Humanities (MH) and read widely beyond their course.² At the Manipal College of Medical Sciences (MCOMS), Pokhara, Nepal I had developed and conducted a voluntary MH module for medical students and interested faculty members. The module was divided into three units titled 'Medicine and the Arts', 'Ethics and Medicine' and 'Contemporary Issues in Medicine'. The specific intended achievements of the module were to promote the skill of reflective thinking among the participants, foster cultural sensitivity, self-awareness and the 'ethical' practice of medicine, introduce participants to Medical Humanities, and model and nurture attitudes important for clinical practice in a social context.

The participant opinion regarding the module was positive. The students enjoyed working in groups with faculty participants and analyzing the literature and art excerpts and exploring case scenarios through role plays.³ The module was developed following the 'felt' need of the medical students and the Medical Education department at MCOMS for a certain amount of teaching of MH. The community also felt the need for such a module to strengthen humanistic values of doctors.⁴ Certain topics covered were empathy, the patient, the care giver, the doctor-patient relationship, breaking bad news, obtaining informed consent, the HIV-positive patient and

dealing with the mentally ill. Interactive discussions, brainstorming sessions, role plays, analysis of excerpts from the literature and the arts and case scenarios were among the different learning methodologies used.⁴ We had also conducted sessions on social issues in use of medicines for both medical and pharmacy students (of Pokhara University) which was appreciated by the participants.

MH programs are common in the United States, the United Kingdom, Europe, Argentina, New Zealand and also in Israel. In certain schools MH is a voluntary module while in others it is a part of the curriculum. Many medical schools offer a number of elective MH courses and students can select a particular one according to their interest and aptitude.

The Kathmandu University (KU) has the mission to promote all-round development of students' abilities and personalities.⁵ The curriculum aims to provide for acquisition of desirable characteristics and attitudes ingrained in the medical profession. The curriculum is student centered and electives embodied. MH would be a great help towards achieving the objectives of KU and of other Nepalese universities. MH could be introduced as a voluntary module and a case made for its eventual inclusion in the curriculum. MH programs have been created for a western context and reorienting them towards the requirements of Nepal would require effort.

At present, I am conducting a MH program as a part of the training program for doctors, nurses, laboratory technicians and health assistants at the KIST Medical College. I have had to reconfigure and reframe the program which I developed at MCOMS to meet the requirements of the present institution.

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Nepal attracts students from other countries like India, Sri Lanka among others and 'medical education tourism' is earning Nepal a substantial amount of foreign exchange. MH programs may have to be tailored to meet the requirements of students from these countries also. As said by the author, removal of what is redundant in the curricula will let us add newer and more relevant material. I would suggest that we explore the possibility of 'electives' for medical students. MH holds a lot of promise and relevance for Nepal. It should be our endeavor to transform that promise into reality!

References

1. Adhikari RK. Humanities in education of doctors. Kathmandu Univ Med J. 2007;5(20):443-444
2. Shankar PR, Dubey AK, Mishra P, Upadhyay DK. Reading habits and attitude towards medical humanities of basic science students in a medical college in Western Nepal. Teaching and Learning in Medicine (in press).
3. Shankar PR. Conducting a voluntary module – Personal experiences. Journal of Medical Sciences Research 2007;2:55-58.
4. Shankar PR. A voluntary Medical Humanities module at the Manipal College of Medical Sciences, Pokhara, Nepal. Family Medicine (in press).
5. Kathmandu University. Curriculum for Bachelor of Medicine and Bachelor of Surgery (MBBS) Third version. Dhulikhel: 2001.