

Medical Humanities Reveals the Neglected Aspects of the Covid 19 Pandemic

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Theoretical Study

Abstract

The Olympiad for Medical Sciences Students has been held in the field of medical humanities for several years in Iran. This year, with the outbreak of the corona pandemic, the question arose as to whether this student competition could be adapted to this new and complex situation. This article will explain the joint efforts of the scientific committee and biomedical students to address this challenge. The main question we had to answer was whether the medical humanities have anything to say in the face of the corona pandemic. The danger we felt was that as the corona pandemic crisis deepened, the biomedical narrative would fill the entire discourse, and this would ultimately lead to the ineffectiveness of corona interventions and policies. This paper shows how these questions were addressed through an action research that the scientific committee, as an interdisciplinary team, and several groups of medical students have worked on together. The result showed that criticism of classical medical humanities, return to the roots of interdisciplinarity, attention to the role of technology, and the crucial role of biopolitics are the neglected aspects of the Covid 19 pandemic.

Keywords: Covid 19 pandemic; Medical humanities; Olympiad for medical students; action research; Philosophy of medicine

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Introduction

The Olympiad for Medical Sciences Students has been held in the field of medical humanities for several years. This year, with the outbreak of the corona pandemic, the question arose as to whether this student competition could be adapted to this new and complex situation. This article will explain the joint efforts of the scientific committee and biomedical students to address this challenge.

The Olympiad for Medical Students has been designed to highlight the importance of reasoning and problem-solving in medicine that have been ignored in formal education in respect of education and assessment. This is because, in addition to the formal curriculum in medical schools, other educational interventions are required to develop meta-competencies relevant to healthcare. Since the contemporary formal educational settings mostly develop students' biomedical knowledge, but rarely consider their non-biomedical higher levels of thinking such as problem-solving and reasoning, one of these interventions could be planning a competition which is focused on thinking and problem-solving (Monajemi et al., 2012).

Medical humanities is an interdisciplinary field, which consists of various conceptions and models that have been formed over almost 5 decades. The movement sought to criticize the dehumanization of medicine and the reduction of the patient to a disease, and to humanize medicine once again. The pioneers in this field believed that the humanities (e.g., philosophy, history, literature, etc.), social sciences (e.g., sociology, anthropology, psychology, etc.), and arts could help solve this medical crisis. Various interpretations and models, such as integrative, concrete, supplementary, and complementary, have been proposed for the interaction between the humanities and medicine (Evans, 2007; Evans & Macnaughton, 2004; Greaves, 2018; Monajemi & Namazi, 2020a)

The main question we had to answer was whether the medical humanities have anything to say in the face of the corona pandemic. Does the medical humanities provide frameworks for understanding the corona crisis outside the biomedical paradigm? The danger we felt was that as the corona pandemic crisis deepened, the biomedical narrative would fill the entire discourse, and this would ultimately lead to the ineffectiveness of corona interventions and policies. This paper shows how these questions were addressed through an action research to provide a theoretical basis for how medical humanities approaches the Covid 19 pandemic and what are the neglected parts of this pandemic that medical humanities could reveal.

Methods

The present qualitative study was performed with an action research approach (Hatch, 2002; Insch, Moore, & Murphy, 1997; Denzin & Lincoln, 1994). This style of research is performed in a context where authorities focus on promoting their organizations' performance and is carried out in the form of participatory action research (PAR) (Hatch, 2002; Insch et al., 1997; Denzin & Lincoln, 1994). PAR is based on cooperation and mostly deals with the challenges of organizations; it simultaneously focuses on the problems and their solutions.

First, literature and databases were extensively reviewed, and then, analyzed through content analysis (Insch et al., 1997). In the next stage, the main issues were determined after holding several sessions (about 100 two-hour sessions) with experts (i.e., medical philosophers, medical ethicists, medical educators, clinicians, and philosophers of science and technology). The group discussed the various

dimensions of the corona pandemic from the perspective of the medical humanities and what has been overlooked in terms of the biomedical approach. An aspect that received special attention in the discussions was its significance for clinicians and medical students. The ultimate goal of these discussions for the scientific committee was to determine a range of issues that students could reflect on and find approaches to frame or recommended solutions for health problems. Finally, all the issues were summarized, categorized, and reviewed by the Scientific Committee and the following results were obtained.

Results

Results are presented in the 4 sections of criticize classical medical humanities, interdisciplinarity, the role of technology, and biopolitics.

Criticize classical medical humanities: Contemporary medical humanities has not been well prepared to engage with pandemics. Medical humanities has been traditionally focused on the doctor-patient relationship and has been aimed at humanizing this relationship. However, in the current pandemic, we need a type of approach to critically scrutinize and evaluate public health issues and the relationship between medical and health institutions. Therefore, the major challenge for us is to formulate and highlight parts of medical humanities that are more relevant to our approach. Thus, it initially seems that this action research is a sort of self-criticism (Monajemi & Namazi, 2020b). For this reason, the field of critical medical humanities that has been introduced in 2000 and continued with greater vigor since 2015 received greater attention and some of the relevant articles were added to the students' references. In other words, to deal with the corona crisis, what we need is not classical medical humanities, but a critical approach.

Interdisciplinarity: One of the most important issues to consider was interdisciplinary theory per se. The issue of combining disciplines and emerging disciplines in the field of medicine and health has created a historical and epistemological background for the humanities of health. The transition from mono-disciplines to multi-disciplines occurred because problems became complex and multifaceted, and single disciplines could not solve new problems. Several disciplines also encountered various problems over time. The problem of summarizing and conclusion, the problem of compatibility, and the problem of conflict between their epistemological and methodological foundations caused the disciplines to abandon some of their foundations and to merge with each other. For this reason, different fields of interdisciplinary studies were created. These interdisciplinary studies presented new educational and research considerations, which we will address in the next chapter. What matters here is that the emergence of interdisciplinary studies is the result of a fusion of a humanities discipline with the medical sciences. Medical education, medical ethics, medical sociology, medical aesthetics, medical history, medical hermeneutics, medical anthropology, and medical philosophy are some of these interdisciplinary studies. However they built great walls between themselves and other disciplines and instead of solving the problems of medicine, care, and health, they sought to solve their academic and bureaucratic problems.

Threads of medical humanities: Some of the most important threads in applying medical humanities in the corona pandemic are bureaucratization, technicalization, and over-ethicization of all concepts (Ethicalization). To overcome these problems, the humanities should address the following three issues.

a) Interaction: Interaction means that the interdisciplinary studies break down the

walls between disciplines and create dialogue between them to solve the problem. The pattern of interdisciplinary forums, each of which hosts other disciplines, is helpful in this regard.

- b) Integration: As mentioned earlier, an integrated model is important in several ways in the humanities. Instead of simply giving ready-made answers to pre-prepared questions, a field called health humanities should be based on distinguished problematics. For example, an integrated approach to an additive approach here means, instead of inviting a sociologist to comment on health problems, to seek the formation of a research field in health sociology that has distinct issues, methods, and answers. The second aspect of integration is to integrate interdisciplinary fields in the field of health and create new interdisciplinary or transdisciplinary fields.
- c) Critical approach: The result of interaction and integration should be to critique each other in the field of health and to form a critical dialogue. For example, the critique of medical philosophy on medical ethics, critique of medical ethics on medical education, critique of medical literature research on medical sociology, and critique of medical ethics on medical anthropology is one of the goals of health humanities. Hence, health humanities as an interdisciplinary field seek to create an umbrella to focus the interdisciplinary field of health, to create new interdisciplinary fields, and to drive philosophy as a driving force, and critique the basic concepts of medicine and health.

The negligence of history of medicine in pandemics: The Covid 19 epidemic demonstrates the importance of interdisciplinary dialogue in the field of health humanities. In the meantime, the history of medicine, which used to be considered as a decorative and ultimately identity-creating/pride-creating thing among physicians and health professionals, has found a high honor and a pivotal role in the discussion of health humanities. Re-examining the Spanish flu pandemic and its effects on medicine and health has shown that the pandemic, despite its prevalence and lethality, has not received much attention in health history. It seems that the wound of the memory of epidemics is such that it is preferable to forget them. Medical historian, Mark Hoenigsbaum, points out that the Encyclopedia Britannica in 1924 "did not even mention this epidemic in the most adventurous years of the twentieth century" and that the first history books on the disease were published around 1968. Hoenigsbaum says no special memorial service was held even on the 100th anniversary of the epidemic. Only a few cemeteries held programs to honor the sacrifices of doctors and nurses. It seems that reflection on many questions in health humanities requires a rethinking of the role of medical history and its various conceptions. Covid-19 has been instrumental in reminding us of this (Hoenigsbaum, 2020).

Hospital as a treatment machine and medical knowledge production technology: The hospital, according to modern medical theory, classifies people according to their disease and places them spatially within different sections, in such a way that the separation is clear; this leads to patient individuality and disease visibility.

The hospital organizes patients in time by dividing the time, planning the operation, and analyzing the patients' behavior. In this way, the hospital, as a machine, organizes the spatial units in which patients are distributed in such a way that they are always under care. This, in turn, leads to order and economy in time. This condition leads to two important features in the hospital:

- a) Patients in the hospital are controlled by the medical staff, authority. On other side, doctors are controlled by the rules and regulations of the

hospital, and the treatment and diagnosis devices.. That is, patients and the doctors in the hospital are both under the control of this treatment machine.

- b) The hospital is the place where both the professor and the student observe the disease. It is like a laboratory in which new diseases are discovered and new treatment techniques are tested, and in the process, the medical teacher practically teaches the students to diagnose and treat patients. The hospital is a place for observation, experience, education, and treatment, and medical knowledge is the result of this process.

Political power and medicine: According to Foucault's analysis, quarantine in house arrest- the death of blacks in the fifteenth century - created a set of distinct individualities who were not allowed to mingle with each other. Nevertheless, the function of quarantine was not only to isolate individuals, but also to place them under house arrest with a general system of surveillance mechanisms that enable spatial observation and immediate identification. Everyone in the city was constantly watching the subject. In other words, the quarantine created a network of power in which all the inhabitants of the city were visible. Quarantine guards monitored each detainee at home and recorded their health and illness. The dead were separated from the living and their statistics were collected. Thus, the epidemic became an object of observation and one of the important results was the emergence of knowledge of statistics and information about the population.

In fact, what made the quarantine technique important was its ability to preserve public health as the plague, with its outbreak in the late Middle Ages, dealt a terrible blow to the European population and severely shook the continent's economy and politics. Although its importance had been shown with the outbreak of the Black Death in the late Middle Ages, it had not yet become a serious issue for the government. Centuries later, in the late eighteenth century, we see that "population does not simply mean a large group of human beings, but a living being whose biological processes and laws encompass and dominate them." The population has a birth and death rate, has an age curve and an age pyramid, has a disease prevalence rate, and has a state of health, and the population can decline or increase (Foucault, 2003, p. 190). In other words, it was in the eighteenth century that population became a topic of concern.

Hence, complete set of observation techniques led to new type knowledge such as statistics. This new knowledge was not just a byproduct, but a basis for better monitoring and care of the population. In other words, statistics became the main technical factor or one of the main technical factors of governing the population. "Statistics ... gradually discovered and showed that population has its own rules: the number of deaths, the number of diseases and the order of events. Statistics show that the population has special effects on accumulation ...: massive infectious diseases, the spread of indigenous diseases, the spiral of work and wealth" (Foucault, 2003, p. 256).

3 important goals of declining death rates, increasing life expectancy and longevity that are all linked to population. While quarantine was a technique used after the outbreak of epidemics to control and break the transmission chain of an epidemic. Water, sanitation and hygiene interventions were the attempts to prevent epidemics. In the nineteenth century, quarantine provided the ideal medical-political plan for a good health institution in cities. According to Foucault, the plan "includes the political power of medicine; distribute people so that they are together.a) Separation them, b) Individualize them, c) View them one by one, d) Monitor their health status, d) Control whether they are alive or not. "Putting society in a segmented space that can be easily

seen and controlled by recording the details of events" (Foucault, 1997a, p. 146).

The strategy used in quarantine was based on "accurate analysis of the city and continuous recording of information" (Foucault, 1997a, p. 146). In fact, urban medicine in the eighteenth century, which was based on public health, was the continuation and development of the medical-political organization (plan) of quarantine in the late Middle Ages. The basic premise of the plan was "to study the concentration and accumulation of unemployed people who could cause disease in urban areas and to study the places where the endemic and epidemic phenomena multiplied and spread" (Ibid). In other words, "the public health program was introduced as a health regime for the population that required a certain number of authoritarian medical interventions and controls" (Foucault, 1997b, p. 282).

In the nineteenth century, the formation of the authoritarian medical institution was a limited model of the application of the universal view of medicine and health in society. At the same time, the idea of a nationwide prison was proposed by Jeremy Bentham. The two proposed mechanisms necessitated the establishment of a continuous, precise, and particle-like power. In this way, there was a transition from a general, concentrated, and slavish power to a continuous, particle, and individualizing power that, instead of macro and general controls, controlled each individual in himself, in his body and health, and in his social movements.

Running the Olympiad: Based on the results, both references for students' studies and the content of webinars were identified. We believe that the Olympiad is not just a competition, but is a platform to attract and educate interested students.

In the first stage, to familiarize universities with the Olympiad, each medical school participated in an online workshop. In this workshop, participants were familiarized with basic medical humanities concepts. The webinar also introduced students to resources they had to study to take the screening test. After conducting an initial screening test based on a knowledge assessment test with multiple choice questions (MCQ), a number of students were selected for the next round. Admitted students participated in the final exam in teams of 3 or 4 individuals. In the 6-month process, the teams were trained and asked to write critical analytical essays on a topic related to medical humanities and the corona pandemic. The teams were given 3 months to write papers. After the deadline, the articles were uploaded to a platform and reviewed by a scientific committee. The method of judging was similar to that of journal articles (peer-review), and issues such as innovation, analytical power, the use of medical humanities frameworks, the ability to formulate problems, the ability to apply theory to practical issues, and the academic style of writing were considered by the jury. In addition, concept map exams were taken from the students to assess their analytical abilities to read and understand texts.

Table 1. The process of holding and conducting the Olympiad in medical humanities

| Topics | |
|--------|--|
| 1 | Webinar on the basic concept of medical humanities |
| 2 | Knowledge exam (MCQ, KF) |
| 3 | Webinar on medical humanities, Covid 19, and philosophical writing |
| 4 | Concept mapping |
| 5 | Essay writing |
| 6 | Essay evaluation and feedback |

MCQ: Multiple choice questions; KF: Key features

Table 2. Themes of critical reflective papers

| Theme | % |
|---------------------------------------|----|
| Politics/Biopolitics and pandemic | 35 |
| Doctor-patient relationship | 21 |
| Existential/Phenomenological approach | 16 |
| Technology and pandemic | 14 |
| Culture and pandemic | 14 |

Out of the 30 teams that submitted their papers to the jury, 10 teams made it to the finals, which included submitting an article to the jury. In the presentation phase, the rhetorical power and verbal expression of the group, the ability to analyze the questions of the jury, the ability for group work and discussion, and mastery of medical humanities knowledge were evaluated. The judges then provided feedback to the groups on the articles. Articles are to be presented in the form of a conference at the national level and be published in a book. In all these phases, health protocols have been strictly followed.

After the final modifications, the framework and structure was finalized in the form shown in table 1.

The 28 articles submitted to the jury were analyzed in terms of main themes as well as the thinkers and experts cited, a summary of which can be seen in tables 2 and 3. Among these, the issues of power and politics and their relation to the corona pandemic had received the most attention, and a thinker like Foucault had been cited more than others.

Conclusion: Lessons we learnt

This study showed that in a real health issues that are both challenging and have many unknown dimensions, the cooperation and participation of students and experts are very useful and insightful for both parties.

The scientific committee, which included medical philosophers, philosophers of science and technology, clinical physicians, and specialists in ethics and medical education, was a great example of what is called an interdisciplinary team. The scientific committee tried to analyze the issues based on their knowledge and professional approach and put them in the mine based on communication and dialogue with other members in order to reach a fusion of horizons. Of course, such an event was the result of the continuous and close dialogue and cooperation of the members of the scientific committee. Of course, it should be noted that such a mutual understanding cannot be reached through instrumental and bureaucratic approaches.

It should be noted that due to the background of students, which is mainly biomedical sciences, training them to work on medical humanities is a difficult task and requires special training. Since the number of people who can accurately transfer this material to students in medical universities in Iran is small, this has become one of the main challenges in this endeavor.

Table 3. Scholars cited in critical reflective essays

| Scholars | Percentage* |
|---------------|-------------|
| Foucault | 17% |
| Heidegger | 14% |
| Žižek | 10% |
| Agamben | 3% |
| Rawls | 3% |
| Nietzsche | 3% |
| Merleau-Ponty | 3% |
| Deleuze | 3% |

*The percentage is not cumulative.

The Olympiad seems to be a platform for building a network of scientists in the field of health and for expanding the discourse of medical humanities in medical universities. The experience of the Olympiad showed how it is possible to involve scholars and students in the national context by understanding and focusing on solving the problems of the field, which can be considered as a huge social capital.

Conflict of Interests

Authors have no conflict of interests.

References

- Denzin, N. K., & Lincoln, Y. S. (1994). *Handbook of qualitative research*. Thousand Oaks, CA, US: Sage Publications, Inc.
- Evans, H. M., & Macnaughton, J. (2004). Should medical humanities be a multidisciplinary or an interdisciplinary study? *Med Humanit.*, 30(1), 1-4. doi:30/1/1 [pii];10.1136/jmh.2004.000143 [doi]. Retrieved from PM:23671234
- Evans, H. (2007). Medical humanities: An overview. In Ashcroft R. E., Dawson, A., Draper, H. & McMillan, J. (Eds.), *Principles of health care ethics* (pp. 199-206). Chichester, UK: Wiley.
- Foucault, M. (1997 b). The politics of health in the Eighteenth Century" in Power: Essential Works of Foucault. In M. Foucault & J. D. Faubion (Eds.), *Power: essential works of Foucault, 1954 - 1984*. New York, NY: New Press.
- Foucault, M., Rabinow, P., & Rose, N. S. (2003). *The essential Foucault: Selections from essential works of Foucault, 1954-1984*. New York, NY: New Press.
- Foucault, M. (1997a). The Birth of Social Medicine', in idem, Power, J.D. Faubion (ed.), (New York: The New Press.
- Greaves, D. (2018). The nature and role of medical humanities. In Greaves, D (Eds.), *The Healing Tradition* (pp. 125-134). London, UK: BMJ Books
- Hatch, J. A. (2002). *Doing Qualitative Research in Education Settings*. State University of New York Press.
- Honigsbaum, M. (2020). Revisiting the 1957 and 1968 influenza pandemics. *Lancet.*, 395(10240), 1824-1826. doi:S0140-6736(20)31201-0 [pii];10.1016/S0140-6736(20)31201-0 [doi]. Retrieved from PM:32464113
- Insch, G. S., Moore, J. E., & Murphy, L. D. (1997). Content analysis in leadership research: Examples, procedures, and suggestions for future use. *The Leadership Quarterly*, 8(1), 1-25. doi:doi:10.1016/S1048-9843(97)90028-X. Retrieved from Elsevier Science.
- Monajemi, A., Arabshahi, K. S., Soltani, A., Arbabi, F., Akbari, R., Custers, E. et al. (2012). A comprehensive test of clinical reasoning for medical students: An olympiad experience in Iran. *J Educ Health Promot*, 1, 10. doi:10.4103/2277-9531.94420 [doi];JEHP-1-10 [pii]. Retrieved from PM:23555113
- Monajemi, A., & Namazi, H. (2020a). Health lag: medical philosophy reflects on COVID-19 pandemic. *Journal of Medical Ethics and History of Medicine*, 13(Suppl), 28. Retrieved from <https://jmehm.tums.ac.ir/index.php/jmehm/article/view/918>
- Monajemi, A., & Namazi, H. (2020b). Medical/Health Humanities: Critical analysis of theoretical and practical foundations of medicine. *Philosophy of Science*, 10(20), 225-249. Retrieved from http://philosophy.ihcs.ac.ir/article_5954.html
- Monajemi, A., & Namazi, H. (2020c). Medical Humanities Meets Corona Virus Pandemic: A Report of the Webinar on the Dialogue between Medicine and Humanities. *Int J Body Mind Culture*, 7(1), 44-47.