



Healing Arts

The next generation of doctors will strive for a more holistic approach to healthcare that focuses on the whole patient, and a new physician-patient relationship.



AUB Faculty of Medicine students are learning what it means to be on the other side of the stethoscope. A new course, Physicians, Patients, and Society 1 (PPS 1), highlights the value of the patient's narrative and "becoming a doctor," adding studies in literature, art, and history to the traditional science courses that still form the backbone of medical school.

Student reaction to the new course was overwhelmingly positive (only one student said he found it useless for medical students): Rasha Raslan wrote, "I think this course is crucial to remind us of the human and social aspect of medicine that often isn't taught in our curriculum. . . . This course was an important reminder of the humanistic side of this field, a side often ignored." Jacqueline Attallah said, "This course aims at helping us understand the patient as a whole within his/her social and economic background [and] helps us understand . . . and recognize the subtle cues that the patient might give [as to] how the disease affects the patient and how that patient affects the disease." Savo Bou Zein Eddine wrote, "The blend of the artistic, social, and scientific aspects of medicine . . . sets the basis for the creation of better doctors who can appreciate the feelings of the patients . . . and

draws out subtle signs that might not be noticeable on the patient's face." Most students agreed they "were pushed to leave behind the objective nature of science [to come to terms with medicine as more] a reflection of human diversity."



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Made up of four separate modules on literature, art, history, and patient shadowing, AUBMC's new course is in line with changes taking place in major medical schools throughout the world. The creation of PPS 1 was motivated by the belief that "purely scientific forms of knowing are no longer deemed adequate to the practice of medicine." The widespread changes have even affected the MCAT, the medical school

admission exam, suggesting that similar changes will soon be seen in pre-medical school courses. “Becoming a doctor” takes on added meaning as the new exam (for medical students expecting to graduate in 2016) continues to test the physical sciences, but also tests critical reasoning, reading skills, and how well those who wish to become doctors “understand the social and behavioral side of medicine.”

PPS 1, was planned, designed, and coordinated by Thalia Arawi, PhD (BA '90, MA '96), founding director of the Salim El-Hoss Bioethics and Professionalism Program at the AUB Faculty of Medicine. The course reflects changes taking place throughout the medical curriculum: the broadening of the historic emphasis on science to embrace the humanity of the patient by using a “more holistic approach that focuses on the whole patient,” on the student’s “becoming a doctor,” on treating illness vs. disease. Method as well as content is stressed: “Practicing medicine requires an understanding of the human condition through use of analytical, critical, and speculative approaches traditionally employed in [teaching] the humanities.”

Significantly, when the course was launched in fall 2013, two of the four modules were taught by Faculty of Arts and Sciences professors. Roseanne Khalaf, EdD (BA '72), English Department, taught the literature module in which students discussed patient and physician narratives—from a depressed patient’s autobiographical report on her life to a physician’s description of an agonizing decision on whether or not to amputate a young girl’s leg in light of the possible diagnosis of a rare life-threatening, flesh-eating disease. Students wrote their own narratives, writing assignments which “allowed us” said one student, “to re-experience ourselves as writers, giving us a chance to express our artistic side” and appreciate the value of the patient’s narrative.

Rico Franses, PhD, of the Department of Fine Arts and Art History, said his art module was definitely not a course on medicine in art. His aim was rather to enhance the students’ knowledge of both themselves and other people by exploring, through close analysis of painting and sculpture, “the question of what it means to be human,” thus supporting the new emphasis on knowing and respecting the value of the patient’s perspective. “Although at first sight one may wonder what exactly art has to do with becoming a better MD,” wrote one student, “I strongly believe that not only does [this course] add to our personal culture, making us more well-rounded individuals, but it also has implications for how we learn to read the emotions and see deeper into a given situation.”

The history module was taught through online lectures and discussions with extensive use of the elearning platform, Moodle, by Duke University School of Medicine’s Jeffrey P. Baker, MD, director of the History of Medicine Program at the university’s Trent Center for Bioethics, Humanities, and History of Medicine. His presentation of the history of medicine described the holistic emphasis of early times giving way to a focus on disease, how “medicine was

transformed from an art to an applied science.” The path medicine has taken to become what it is today fascinated the students. Many, heavily burdened with the oppressive demands of med school studies, appreciated the opportunity to follow the course online at times of their own choosing. The Caring Spotlight Experience (CSE) module, designed and coordinated by Thalia Arawi, pursued the humanization of the profession from another route: students were assigned specific AUBMC outpatients to shadow through their clinical experience. Accompanying the patient from check-in to waiting room, from MRI to mammography, and finally to the MD’s office, the students actually walked in the footsteps of the patient, vividly participating in his/her visit to the Outpatient Department. The CSE module, wrote one student, “makes us know what the patient might think, feel, be afraid of during a check-up . . . , a surgery, so we would know how to communicate with patients [and] address their fears and concerns.” Tarek al Ariss noted how deferential patients are to doctors. The students documented everything they witnessed: both patients’ and family members’ attitudes and responses, encounters with staff, and time spent in waiting rooms and at other facilities. The module also included a two-hour anatomy lesson that promoted a more respectful attitude toward the human cadaver. In January, having completed their four modules, Med 1 students held a memorial for the cadavers, honoring their “first patients” with a moment of silence and prayer lit by candles.

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Each module offered many “eye-openers;” “becoming a doctor” was quite different from what students had expected. Focusing on illness rather than disease, playing down “cure,” stressing “a more comprehensive restoration of wholeness to the patient’s person and being”—all suggested an entirely new physician-patient relationship.

The new course is part of restructuring and renewal of the entire medical school curriculum begun in 2007 under the leadership of Assistant Dean for Undergraduate Medical Education Ramzi Sabra (BS '81, MD '85). Students, faculty, members of the administration, and education experts from the United States and Canada are taking part in the ongoing process. Currently PPS 2 is under development and will be offered to second-year medical students in the future.

-J.M.C.

