

# **GLOBAL PERSPECTIVES**

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# Developments in medical humanities in Sri Lanka: A call for regional and global action

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#### Abstract

**Introduction:** Medical Humanities is the interface of health sciences and humanities and an emerging field of interest. Several papers have outlined the status of this field in the Asian region where a diversity of teaching and learning approaches have been used. We share developments initiated in a Sri Lankan medical school and discuss its relevance to the southern Asian region, especially in using arts in medical humanities.

**Methods:** Historical records, narratives, grey literature, and published resources were collated to describe the initiative in the Faculty of Medicine, University of Colombo. The data was collected, synthesized and described especially in the context of the region.

**Results:** We observe a structured development of medical humanities in the curriculum. The novelty of the curriculum is that it evolving to include wider experiences from the visual and performance arts, in order to achieve the goal of promoting humaneness. The contents were locally developed, based on needs with an indigenous cultural bias giving rise to a unique southern Asian perspective of medical humanities.

**Conclusion:** There are diverse experiences and initiatives in medical humanities in Asian, and some are not captured in published literature. It is challenging to follow these diverse trends in different locations, share experiences and learn from each other, and place medical humanities in the regional and global maps of health professional education.

# Practice Highlights

- Asia has seen several developments in the field of medical humanities.
- Sri Lanka has made significant progress and introduced it to medical education.
- One key innovation is the integration of arts to its teaching-learning.
- Southern Asia has rich and diverse religious, cultural and artistic traditions.
- The region could give a unique perspective to medical humanities.

#### I. INTRODUCTION

A recent scoping review traced the history of developments in the teaching / learning of humane care and recognition of its importance in medical training (Zhu et al., 2021). This paper also outlined the need to develop culturally relevant, effective, and integrative curricula that would promote humanistic attitudes and behaviours among medical students and physicians in Asia. There were developments of this field in Nepal that were shared in a subsequent correspondence (Shankar, 2022). These papers and several other publications have highlighted the developments in the field with a diversity of experiences.

We share a few developments from Sri Lanka that demonstrate a widening interest in the field in southern Asia and opportunities to use its unique heritage to move forward.

## II. SCOPE AND BACKGROUND INFORMATION

The Faculty of Medicine, University of Colombo is one of the oldest continuously functioning medical schools in Asia (from 1870). It has the distinction of pioneering an integrated curriculum in the country in 1995 and establishing the first Department of Medical Humanities in 2016.

For decades, the curriculum was based on Flexner's structures and was a conventional discipline-based curriculum with little inputs from the humanities. The reforms in 1995 led to a more integrated modular system with a longitudinal input from Behavioural Sciences (BS). The BS program had modules that focused on teaching / learning in topics related to personal development, communication skills, medical ethics, health management and professionalism (Jayasinghe, 2017). It was organized by appointing a group of academics to a Behavioural Science Stream (BSS) to coordinate the teaching / learning programs through the 5-year MBBS course.

However, inputs from the arts were minimal though it flourished outside the formal curriculum in the form of concerts, art festivals, photography exhibitions and musical events organized by the student body. These activities were heavily influenced by the urbanized Western culture and activities such as ball-room dancing, predominantly British literature, and Western models of theatre played a predominant role.

A qualitative change in the range of activities was observed around 1974 with the establishment of an Arts Circle in the Faculty of Medicine that promoted infusion of local culture. Interestingly, this coincided with changes in the admission criteria to universities that resulted in student intakes from diverse of social groups and a significant increase in entry from a wider range of districts and more rural schools.

In 2011, the BSS began to organize internal workshops to review its curriculum and propose future developments. During these discussions, participants expressed the need to promote more humaneness, empathy and compassion among students (Jayasinghe, 2017). This led to discussions on the potential role of the arts to meet these needs. The first lecture on "Illness from the perspective of humanities" was introduced in 2012. Soon a consensus view emerged to establish a Department of Medical Humanities in order to deliver a heavier educational input from humanities and thereby promote humane values in students. In August 2016, the Faculty of Medicine, University of Colombo, formally established the first Department of Medical Humanities in the country. In 2020 the BSS was renamed Humanities, Society and Professionalism Stream (HSPS) to reflect the introduction of new content to the curriculum.

#### III. EDUCATIONAL STRATEGIES

In order to identify contents for its new curriculum, the Department organized a series of invited lectures and discussions targeting the academic staff. It was titled "Exploring the Role of Humanities in Health". The resource persons were experts on medical humanities and a diverse range of topics included "Role of Arts in Medicine"; "Approaches to teaching humanities to medical students"; "Medical narratives"; "Using poetry to inculcate attitudes"; and "Humanities in medicine: The Ruhuna Experiment". Other opportunities, such as invitations to deliver guest lectures in conferences, were used by the authors to stimulate discussions on the potential role of the arts in health professional education (Jayasinghe, 2018).

The series of lectures culminated in the First International Conference on Medical Humanities held in 2018, on the theme "Learning to be more humane: The role of Medical Humanities" (Colombo Medical Humanities News, 2019). It included a half-day workshop on "Arts in Health Professional Education". There was wide participation by experts in the field and the conference and workshop were used to refine the curriculum on medical humanities, especially on how to effectively introduce the arts to health professional education. This issue was further debated and discussed during seminars on Medical Humanities at the Colombo Medical Congress (in 2020) and orations dedicated to Medical Humanities (from 2021).

The knowledge gained from the above activities, were used to design an innovative curriculum that included a wider infusion from the arts and narrative-based learning. The main goals of the latter were to promote humaneness, encourage learners to develop a personcentred approach to clinical practice, and appreciate patient perspectives of illness. A range of educational strategies were used: assignment on appreciation of the arts and its relevance to empathy in care; student seminar to reflect on personal experiences of kind and unkind health professional behaviours, obtaining narratives from patients to highlight the humane and person-centered issues of illness; large-group lectures on topics such as "The Arts in Health and Illness" and "Empathy and Compassion". The latter focused on research evidence from neurophysiology to demonstrate links between art appreciation and traits such as compassion and empathy.

In 2021, during the COVID pandemic, the HSPS and the Department of Medical Humanities introduced an innovative programme aimed at the students. A series of interactive multi-disciplinary webinars termed *Humanitas* were organied to explore contemporary issues connected to health and have continued as part of

the teaching-learning programme. They have been held approximately at bi-monthly intervals and addressed a wide range of issues: life-experiences amidst environmental disasters, linguicism and decolonizing tertiary education, the world of animal welfare, lives of workers in the apparel industry, social and psychological issues faced by those with different sexual identities and orientations, and the emotional journey of a parent who lost her child to cancer.

Interviews from affected groups of people, artists, academics and intellectuals were creatively juxtaposed with short films, extracts from movies, selected musical scores. Examples of the latter included songs of peace sung during non-violent protests organised by Mahatma Gandhi and Martin Luther King Sr., and extracts of poetry and literature that drew attention to contemporary issues such as the plight of garment factory workers. Contributions were predominantly from Sri Lankan commentators reflecting our own historical and cultural context and local experiences.

Since the pandemic ended, *Humanitas* will be conducted in-person. The first for 2023 was titled 'Dance and Life', featuring live Indian and traditional Sri Lankan dance recitals by professional dancers. These performances were accompanied by commentaries by dancers on the emotions they felt while dancing, and the mechanisms of evoking feelings in the audience described by medical experts. These emotions and feelings were in turn linked to the ability of certain dances to generate compassion and empathy. The session ended with an expert dancer performing and describing how certain traditional dances of the Sinhalese (e.g. 'Thovil') were used as therapy for a diversity of illnesses.

The second recent innovation relates to activities on medical humanities organized for the 3<sup>rd</sup> Colombo Medical Congress in November 2022, an annual event in the University calendar and open to students. We organised a symposium exploring the neurophysiological correlates of music, poetry, and dance and complemented the academic program with a series of activities throughout the conference: free exhibitions of art, sculptures and photography, open-air musical events by students, and live sculpture and portrait sessions by professional artists. The latter live sessions enabled students and attendees to experience and interact with the process of artistic creations.

#### IV. DISCUSSION

Medical Humanities is an emerging field of interest in the interface of health sciences and humanities. The diversity of experiences in the Asian region has led to several initiatives. The initiative in Colombo used contemporary topics with contributions mainly from Sri Lankan commentators reflecting on our own historical and cultural contexts. We believe this enriched a field that is dominated by an allopathic or modern medical system that are predominantly Eurocentric and based on 'Western' values and culture.

We hope our experiences would diffuse in the Asian region. Southern Asia has a rich, historical and cultural heritage based predominantly from the Indian religions and include Hinduism, Sikhism, Jainism, Buddhism, and Islam that came from the Middle East and spread to the Indian sub-continent. The philosophical, cultural and religious foundations of this region give us a unique opportunity to give a novel perspective to the field. This will require a process of decolonizing our values and beliefs, and reconnecting to our own cultures and heritages. We also need to follow these trends in different locations, share experiences and learn from each other, often a difficult task because these initiatives may fail to reach mainstream journals or remain unpublished.

#### V. CONCLUSION

The paper highlights the need to have more collaborations within the southern Asian region and share knowledge that would be mutually beneficial. Southern Asia has a rich historical and cultural heritage. These roots could help develop a unique southern Asian version of Medical Humanities and place our version of medical humanities in the global maps of health professional education.

## Notes on Contributors

Saroj Jayasinghe conceptualised and wrote the initial draft.

It was revised and expanded by Santhushya Fernando. Both authors read and approved the manuscript.

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#### Declaration of Interest

The authors have no conflicts of interest, including financial, consultant, institutional and other relationships that might lead to bias.

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