

The art of medicine

Global health humanities: defining an emerging field

For more on **Kelley Swain and HGH** see <https://kelleyswain.wordpress.com/2012/09/11/teaching-humanities-in-global-health/>

For more on **Duke Health Humanities Lab** see <http://sites.fhi.duke.edu/healthhumanitieslab/>

For more on **Tom Phillips' A Humument** see <http://www.tomphillips.co.uk/humument>

For more on how **Imperial students Humumentised the Mid Staffordshire NHS Foundation Trust Public Inquiry** see <https://kelleyswain.wordpress.com/2013/05/21/summer-courses-at-city-lit-humumentizing/>

For more on the **Maria de Bruyn Collection** see <https://search.library.duke.edu/search?id=DUKE006604787>

For more on **Circle of Care** see <http://performingmedicine.com/project/circle-of-care/>

Since the mid-1970s, US medical students have studied biomedical science to define, diagnose, and treat disease, whilst simultaneously studying the humanities and arts to broaden and deepen their understanding of the illness experience. Medical humanities, an interdisciplinary field rooted in literature, philosophy, ethics, history, religion, and the visual and performing arts, is now an important part of training many US medical students. Joanne Trautmann's appointment in 1972 as "the first professor of literature to hold a regular full-time faculty position in an American medical school" has been described by Anne Hudson Jones as "the beginning of literature and medicine as a recognised subspecialty within medical humanities". Skills essential for good doctor-patient interactions and outcomes, such as observation, listening, interpretation, empathy, and self-reflection, are developed by reading novels and short stories, analysing paintings, and learning the art of storytelling by keeping diaries and studying those of their patients. Many UK and European institutions offer similar opportunities to study medical humanities, either as electives in a medical student's curriculum, or as an entire course of study welcoming students from all backgrounds, medical or not.

As it develops its curriculum and training pedagogies, global health is in some respects where biomedicine was in the mid-1970s: beginning to recognise that the humanities and arts can inform its primary mission of reducing health disparities. The core skills for global health practitioners do not focus on the doctor-patient dyad, but rather on understanding that the health of a patient is enmeshed in a complex system of individual behaviours, family and community relationships, environmental surroundings, economic limitations, and structural injustices. Yet individual stories and the methods of narrative medicine are central to global health, too; situating an individual's experience as a microcosm within a macrocosm helps to resolve the tension between "thinking globally", and "acting locally". Paul Farmer's first book, *AIDS and Accusation: Haiti and the Geography of Blame* (1992), set the standard for weaving together storytelling and global health analysis. Farmer guided readers to a deeply nuanced understanding of the causal links between globalisation, political history, and HIV/AIDS not through numbers and statistics, but through the eyes of three Haitians living and dying with AIDS. Over two decades later, the standard now includes innovative collaborations between social scientists, creative artists, and local residents, for example João Biehl and Torben Eskerod's 2005 ethnographic and visual essay of poverty, mental health, and the state in southern Brazil.

These exceptional examples of humanities-inspired global health scholarship are generally limited to the work of anthropologists. Few global health students

today pursue that kind of research, most probably because global health training is concentrated in masters, not doctoral, degree programmes. However, a 2015 USAID survey of major global health employers reported that the top skills non-clinical global health job seekers lack are "flexibility, adaptability, creativity, cultural sensitivity, and cross-cultural communication skills". These are some of the key skills students gain when they engage with the humanities. It is time to make explicit what is often undervalued in global and public health training: humanities content and methods, critical modes of analysis, and creative thinking.

Some of the earliest efforts to integrate global health and humanities in the classroom appeared simultaneously in the UK and USA; for example, at Duke, the Massachusetts Institute of Technology, Stanford, and the University of Aberdeen. To our knowledge, however, one of the first explicitly global health humanities courses was Humanities in Global Health (HGH), introduced in 2012 as a component of the global health BSc at Imperial College London, UK. Modelled after Imperial's successful BSc in medical humanities, run by Giskin Day, Kelley Swain developed and taught HGH from 2012 to 2015. She drew on themes from medical humanities and the history of medicine, linking them to key global health topics such as the global burden of disease and infectious and non-communicable diseases.

Around this time, an interdisciplinary group of faculty at Duke University was exploring the possibilities for defining global health humanities as a new field of inquiry related to—but distinct from—the medical humanities. Initially through classroom experiments in co-teaching between global health and humanities faculty, and now in collaboration with a new Health Humanities Lab at Duke, the Global Health Humanities Working Group at Duke is developing innovative models and approaches to train a new generation of global health students and practitioners. We began with the following questions. What content is essential to a global health humanities curriculum? What theoretical and philosophical approaches will promote the most innovative and effective analysis of the stubborn health systems challenges facing global health practitioners? What types of active learning will inspire the most fruitful interdisciplinary conversations? Can focused collaboration between the humanities and global health strengthen the position of both the humanities and global health in the 21st-century academy? And most importantly, how can we motivate our students to engage in self-reflection and develop their own original critiques of the modes of inquiry, types of evidence, financial institutions, and power structures that govern global health?

To explore these disciplinary, methodological, and educational questions, Kearsley Stewart and Swain will

lead a global health humanities workshop simultaneously culminating in the inaugural launch event of the Duke Health Humanities Lab and commemorating World AIDS Day 2016. Bridging UK and US academe, Swain will bring her most successful global health humanities classroom assignment to Stewart's innovative global health seminar on visual narratives of HIV/AIDS. Swain's workshop takes as a starting point Tom Phillips' famous art book *A Humument*, a life-long project now in its sixth and final edition. Phillips collaged, painted, and deconstructed each page of a long-discarded Victorian novel to create a new text. Coined Humumentism, this inventive art form, according to visual poet Marvin Sackner, "discomforts the critical sector that interprets it". Humumentism is both subversion and collage, taking a block of text and selecting words, phrases, and letters so as to view the text in an unconventional way, revealing unexpected themes and ideas hidden within the original document. This boundary-pushing form of art, one deep in theory and simple in practice, is an excellent place from which to delve into global health humanities.

The potential of this art form was evident in 2013 when Imperial students Humumentised the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC, and presented it as a poster at the International Symposium on Poetry and Medicine in 2013. Duke students will replicate Phillips' methods, with archival material selected from the Maria de Bruyn Collection, a new acquisition of AIDS-related grey literature, in the History of Medicine archives at the David M Rubenstein Rare Book and Manuscript Library at Duke University. Creative work with sensitive material must, crucially, interpret rather than appropriate that material; students will be expected to consider the original grey literature in light of their artwork, creating a cycle of critique and contemplation. The completed student artworks will be displayed alongside the public debut of materials from the de Bruyn Collection for several months in the Duke Library. We anticipate that these works will stimulate interest and debate and, ultimately, demonstrate the possibilities for fresh perspectives in global health to emerge from the creative animation of archival HIV/AIDS material.

As global health humanities at Duke moves forward, we will engage additional critical issues: for example, the role of empathy in training global health-care professionals and the urgency of establishing archival materials as a key resource for teaching and research in global health. Empathy is an unexplored fault line that distinguishes medical and global health humanities. An initial driver of medical humanities was the concern that biotechnology was draining the healing profession of a doctor's empathy for the patient. In global health, we argue, there is a surfeit of unexamined empathy, particularly among American university students whose motivation to travel across the world is stoked by visual images of suffering and blog posts reporting on the work of young people "saving the world". Significantly, a point of



Humument project at Duke's Health Humanities Lab

Photo Susan Callaghan

resolution for both is emotional resilience: a grounded and productive scepticism that explores the origins of a student's empathy and motivations for global health action. The question of emotional resilience in all "spokes" of the health-care "wheel" is well illustrated in the Circle of Care framework of London-based programme, *Performing Medicine*. This is "a framework to help healthcare professionals think about and demonstrate high quality compassionate healthcare". While this cycle is, in traditional medical humanities terms, focused on health-care institutions, it is a useful blueprint for beginning to contemplate larger-scale, global health issues.

Global health humanities aims to help students describe the values they see in global health practice, define their own global health values, and develop a structure or strategy for examining their values in action, such as in the field. Through studying and engaging with diverse art forms, global health humanities can provoke a heightened awareness of the lived experience of people enmeshed in global health interventions. This can sensitise students to the presence of other values, as well as ignite a questioning and critique of the challenges they must confront throughout their global health practice. According to Farmer, the work of global health is a "just and equitable distribution of the risk of suffering and of tools to lessen or prevent it". As we further define and develop this field, global health humanities aims to draw on the disciplinary methods from the humanities, and provide a blueprint as to how to justly apply those tools "to lessen and prevent [suffering]".

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