Medical Humanities In Geriatrics:
The Art (and Heart) Behind Caring for Older Adults

Herbert B. Rosenbaum, M.D. and Deborah Lee, D.O.
Fellows, Geriatric Medicine
University of California, San Diego
2 June 2021
Disclosure

- HR: (Former) volunteer assistant editor for Society of General Internal Medicine’s online medical humanities publication “The Living Hand” and chART, the medical humanities publication from The University of Arizona Phoenix College of Medicine
“Medicine is not merely a science but an art. The character of the physician may act more powerfully upon the patient than the drugs employed”

Philippus Aureolus Theophrastus Bombastus von Hohenheim (a.k.a.: Paracelsus, “Father of Toxicology”)

Sir William Osler, first Physician-in-Chief and a Founding Physician for Johns Hopkins Hospital (and controversial figure in gerontology…)

The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head

Edward Livingston Trudeau, founder of the Adirondack Cottage Sanitarium at Saranac Lake for the treatment of tuberculosis, on the physician’s duty

“To cure sometimes, to relieve often, to comfort always”
What is “Medical Humanities?”

Humanities
(literature, philosophy, ethics, history, religion)

Social Science
(anthropology, cultural studies, psychology, sociology)

The Arts
(literature, theater, film, visual arts)

Insight into the human condition; development of empathy and self-reflection

Medicine’s place in society and culture; individual experience of illness
Ars Longa: A New Column Featuring the Humanities and Aging

A. Mark Clarfield MD, FRCP©, Joseph G. Ouslander MD

First published: 25 November 2020 | https://doi.org/10.1111/jgs.16963 | Citations: 1
Seeking Answers To Tough Questions

“Justifiably, publications such as JAGS see as their primary mandate the elucidation of the science of aging and, via this exploration, seeking how best to care for the older individual and deal with a rapidly “maturing” population. Thus, we look to the basic sciences, to epidemiology, to clinical trials, and the like to find our answers. And many times, we do indeed discover them. But some questions cannot be approached using these methods alone. For example, what comprises a “good” death? Is it ageism to force older persons to stay “locked down” during the COVID-19 pandemic, causing them suffering from isolation and attendant loneliness in order to safeguard the stock of ICU beds? What about the ethics, costs, benefits, and utility of antiaging medicine and its close cousin “life extension”? Although “science” in the usual sense of the word can help inform the debate, it is the study of history, sociology, politics, literature, judgment, and—above all—values that will help us to arrive at the most humane decisions.”
Medical Education Does Not Shield Us From Evildoings

“Despite the hope that a study of the humanities will make us better, more well-rounded clinicians, one must never forget that doctors and organized medicine have all too frequently been involved in terrible human rights abuses. And many of these physicians were well educated, “cultured”, and—in their time—highly respected members of society.”
Examples For Submission And Goals For Ars Longa

“We welcome historical, anthropological, and sociological essays; nonmedical book and movie reviews; short stories; poems; original artwork; and photos […] The fundamental criteria for acceptance in this new section will be the quality of the writing or images and their relevance to aging and the practice of geriatric medicine. Above all, the most important gauge for acceptance will be whether the material makes us think differently about aging and geriatrics.”
What Are Signs of a “Good” Experience to Use for Medical Humanities?

- Elicitation of strong emotions
- Desire to tell the story to others
- “Natural” – allow the narrative to shape the piece, not vice versa
- Sense of uneasiness/restlessness/unanswered questions
- Sense of intuition
Which Medium To Use?

- Creator/Author’s preference “if you don’t like to paint, don’t!”
- Relationship with the emotion/experience
  - Abstract vs concrete
  - Perception vs judgement
- Words or images (or both)
- “How do you want your audience to interact with your emotion/experience?”
  - Essay – argument/personal POV, thesis-driven
  - Short story – “live” as a witness, narrative
  - Poem – emotions, abstract
  - Spoken word – emphasizes not just the story, but your storytelling, theatrical
  - Visual arts – cues (concrete or abstract) for desired emotional response(s)
"Algorithmic Stepwise Approach For The Publication Of Medical Humanities"

Allow Yourself To Feel Your Emotions And Brainstorm
brainstorming
Works Cited
