



Prescription for Humanity: Iraqi Medical Education Adds a Dose of Art and Storytelling

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Abstract

In a move bridging the science-humanities gap, Al-Nahrain University Medical College in Iraq integrated storytelling, arts, and ethical reflection into their first-year English course, fostering empathy and cultural sensitivity in future doctors. This experiment, despite challenges like large class size, received overwhelmingly positive student feedback, highlighting the value of engaging content, creative methods, and skill development for well-rounded healthcare professionals. This pioneering effort offers valuable insights and challenges for educators seeking to implement similar medical humanities programs.

Keywords— *medical and health humanities, Iraq, medical education, empathy, cultural sensitivity, narrative medicine, ethics*

I. INTRODUCTION

Bridging the Gap: Medical Humanities Flourish in Iraqi Medical Education

For decades, medical education has adhered to a positivist, materialist paradigm, prioritizing scientific and technological foundations (Evans & Finlay, 2001; Macnaughton, 2000). This emphasis on objectivity and quantifiable data often overlooked the subjective human experience of illness and healthcare. However, a paradigm shift is underway, with medical and health humanities gaining increasing traction among educators seeking to cultivate well-rounded, empathetic healthcare professionals. This movement, far from marginal, is finding enthusiastic champions in medical colleges across the globe, including a pioneering experiment at Al-Nahrain University Medical College in Baghdad, Iraq.

Driven by the growing recognition of the limitations of a purely science-based approach, medical educators are turning to the humanities as a critical complement to the traditional curriculum. As A. Batistatou et al. aptly state, "the humanities share with medicine a focus on the

human condition. They provide insight into illness, suffering, self-perception, professionalism, and responsibilities towards oneself, others, colleagues, and patients" (2010). This resonance is particularly powerful in regions like the Middle East, where Islamic civilization's holistic approach to medicine, encompassing both physical and spiritual elements of healing, offers a rich historical and cultural foundation.

This article reports on a promising experiment at Al-Nahrain, where a dedicated team of educators embarked on a mission to bridge the gap between science and humanities. Inspired by the evolving landscape of Western medical education and drawing upon the wisdom of the past, they crafted a student-centered course immersing future doctors in the diverse world of medical humanities. Through interactive sessions, narrative medicine exercises, and creative explorations like drama therapy, visual arts, and graphic medicine, they challenged students to critically analyze the human experience of illness and healthcare beyond the confines of clinical data.

This journey proved to be more than an academic exercise. A visit to sick children at a nearby hospital allowed students to translate theoretical concepts into real-world empathy, offering gifts and creating awareness brochures alongside medical staff. Another visit to an orphanage in Baghdad provided further opportunities for experiential learning and connection. These impactful experiences resonated deeply within the students, highlighting the practical and transformative power of the humanities in shaping compassionate and effective healthcare professionals.

The success of the course, confirmed by student feedback and informal interactions, spurred further development. Inspired by both the English course and a program at AlFaisal University Medical College in Riyadh, an Arabic teacher at the college designed a new course on Islamic studies and Arabic studies. This course incorporates not only grammar but also three key areas: History of Medicine during the Islamic Civilization, Islamic Medical Ethics, and Arabic Medical Poetry. These courses have cemented medical and health humanities as an integral part of the college's curriculum. Joint workshops for teaching staff and students at other stages were conducted, and plans are underway for future conferences and the establishment of a research center in medical and health humanities in Iraq and the Middle East.

Despite challenges such as large class sizes and limited infrastructure, the overwhelming positive feedback from students underscores the effectiveness of the student-centered approach and their desire for deeper engagement with the field. This experiment demonstrates that integrating the humanities into medical education is not a fleeting trend but a crucial step towards a more humane and holistic approach to medical practice. In the following pages, we delve deeper into this experiment, exploring its successes, challenges, and the boundless potential it holds for the future of medicine in Iraq and beyond.

A Tapestry Rewoven: Medical and Health Humanities Restitch Science and the Soul in Medicine

For millennia, medicine and the humanities have woven an intricate tapestry, where narratives of illness resonate in ancient myths and philosophers ponder the mind-body connection. The Islamic civilization, for instance, stands as a testament to this holistic approach, blending scientific advancements with spiritual and ethical considerations. Even in the West, medical giants like William Harvey saw a co-existence between science

and faith, reflecting a worldview where understanding human life and suffering encompassed both (Zanatta et al., 2017; Grant, 2002).

However, the European Renaissance ushered in a shift. Secularization erected a wall between "science" and "humanities," relegating ethics, spirituality, and cultural awareness to the periphery of medical practice. While this era brought undeniable scientific progress, the 20th century witnessed a medical education landscape heavily tilted towards technical skills and scientific knowledge, often at the expense of nurturing empathy, cultural sensitivity, and ethical grounding in future physicians (Dolan, 2015).

The consequences of this imbalance became increasingly evident. Doctors, armed with scalpels but lacking the tools to navigate the emotional and spiritual dimensions of illness, found themselves ill-equipped to address the holistic needs of their patients. This disconnect not only impacted patient care but also contributed to a decline in professional fulfillment among healthcare practitioners (Jones, 2014).

This recognition spawned the emergence of medical humanities in the late 20th century (Wailoo, 2022; Brody, 2011). This interdisciplinary field, encompassing literature, history, philosophy, and the arts, aims to integrate humanistic perspectives into healthcare and medical education (Hurwitz, 2003; Coulehan, 2008). The roots of this approach can be traced back to antiquity, but it truly began taking shape in the 1960s and 1970s, with scholars like Edmund Pellegrino and Rita Charon advocating for its inclusion in medical training (Kollmer Horton, 2019; Pellegrino and McElhinney, 1981).

This momentum has spread globally, with countries like Qatar and Saudi Arabia actively implementing medical and health humanities into their medical education curriculums. Conferences held at Weill Cornell Medicine - Qatar and reports by Saudi educators on their experiments serve as invaluable resources for Iraq, as it embarks on its own similar journey (Abdel-Halim & Alkattan, 2012).

The 21st century has witnessed a vibrant evolution in the field of Health Humanities, a transdisciplinary space where the arts and humanities intersect with healthcare and well-being. Health Humanities prioritizes understanding health experiences over clinical data. It integrates diverse fields like narrative medicine, history, and the arts to explore illness, culture, and ethics (Bedford, 2022; Weber & Yyelland, 2022). This blossoming field owes much to pioneering figures like

Professor Joanne Trautmann, who in 1972, she broke ground as the first professor to teach literature at an American medical school, paving the way for deeper academic integration of the humanities into medical education (Dolan, 2015). In 2009, the University of Nottingham became a key institutional catalyst by recognizing Health Humanities as a distinct and valuable academic discipline. At that university, Professor Paul Crawford, with unwavering dedication, has committed his considerable intellectual expertise to advancing the study of health and its complexities through the prism of the humanities.

Professor Paul Crawford exemplified the vital role of health humanities in bridging the gap between science and patient experience.¹ This renowned academic spearheads research and projects showcasing the transformative power of the arts and humanities in healthcare. Notably, his "What's Up With Everyone" campaign uses animation to address mental health challenges for young people, demonstrating the practical application of these fields. Crawford's work serves as a testament to the ongoing integration of humanities into medicine, fostering a more holistic and compassionate approach to patient care.

Al-Nahrain University Medical College's innovative experiment stands as a testament to this global trend. Recognizing the limitations of a purely scientific approach, they sought to reweave the severed threads of the medical tapestry. By integrating storytelling, arts, and ethical reflection into the fabric of medical training, they strive to equip their students with the tools to become not just technically proficient, but also compassionate, culturally aware, and ethically guided healers.

Are We Witnessing a New Trend in Medical Education?

A burgeoning movement is sweeping through Western medical schools, introducing humanities courses alongside traditional scientific curricula. This trend extends beyond history of science and ethics, now encompassing diverse subjects like religious studies, literature, poetry, and legal perspectives. This shift aligns with growing recognition of the limitations of pure scientism in healthcare. As Martyn Evans and Ilora

Finlay eloquently state in their book *Medical and Health Humanities* (2001):

We are not simply physical beings with a merely additional psychological, personal or spiritual aspect. Our nature is one in which the personal is integrated with the physical, so that the natural sciences on their own, cannot tell the full story even about our physical *selves*. Our bodily tissues inform our personal identities, appearances, motives, desires, appetites, abilities, hopes, and fears but these personal aspects of us in their turn drive what happens to us physically and exert a powerful influence over the ways in which we fall ill and the ways in which we recover our health.

This holistic approach recognizes the vital role of humanities in fostering empathy, communication, and ethical decision-making in healthcare professionals.

Medical Education in the Arab World: Lagging Behind or Pioneering a Different Path?

While Western medical schools embrace this shift, the Arab world presents a contrasting picture. Medical education here predominantly adheres to the pre-postmodern principles of Western medicine, with humanities largely absent from the curriculum. Exceptions exist, such as incorporating medical ethics into community medicine modules or offering Islamic and Arabic studies as university general requirements.

However, amidst this relative stagnation, a glimmer of hope shines in regions like Asia. Countries like China, Japan, Indonesia, India, Korea, and Singapore have witnessed a rapid proliferation of medical and health humanities programs in recent years. While Hooker and Noonan (2011) caution against the marginalization of diverse cultural traditions in favor of a "quasi-Western canon," these developments underscore the burgeoning global interest in this field.

Bridging East and West: Cultivating Empathy Through Medical Humanities

While the emphasis on scientific knowledge and skills remains paramount in medical education across the globe, a growing wave of medical and health humanities is bridging the gap between East and West (Banaszek, 2011). This movement recognizes the crucial role of the

¹ Professor Paul Crawford is a renowned academic in the field of **Health Humanities**. [He is a Professor of Health Humanities at the School of Health Sciences, University of Nottingham, UK](https://www.nottingham.ac.uk/healthsciences/people/paul) ¹ (<https://www.nottingham.ac.uk/healthsciences/people/paul>).

crawford). [He is also the founder and world's first professor of the field of health humanities](https://institutemh.org.uk/about/meet-the-team/655-professor-paul-crawford) ² (<https://institutemh.org.uk/about/meet-the-team/655-professor-paul-crawford>).

humanities in cultivating well-rounded, empathetic healthcare professionals, capable of navigating the complex emotional and ethical landscapes of illness and healing. This trend is evident not only in Western medical schools and emerging hubs like Australia, but also in the burgeoning Middle Eastern interest, exemplified by the pioneering program at Al-Nahrain University's College of Medicine in Iraq.

Al-Nahrain's unique experiment, targeting first year students, showcases the adaptability and richness of medical humanities across diverse cultural contexts. Engaging students within the framework of their regular English language course, the program seamlessly integrates art, literature, ethics, and historical perspectives into the medical curriculum. This innovative approach uses these humanities topics to teach writing, listening, vocabulary, and grammar, all within the context of medical and health issues. This holistic approach empowers students to develop critical thinking, communication skills, and empathy, enhancing their English language proficiency while simultaneously fostering the essential qualities for effective patient care and ethical decision-making in a culturally diverse world. In essence, Al-Nahrain's program exemplifies the burgeoning global dialogue on medical humanities, weaving together threads from East and West to cultivate the empathetic and articulate doctors of tomorrow.

English for Medical and Health Humanities

English for Medical and Health Humanities is the title of the course which was designed to provide first year students with a strong foundation in English language skills while introducing them to the emerging field of medical and health humanities.

The Course Aims and Learning Objectives:

As first year medical students, they are already known for their intelligence and capabilities. This course, set at an intermediate level, is specially crafted to prepare them for their forthcoming medical studies conducted in English. Here are the course learning objectives:

Observing (Remembering & Understanding):

- Identify main themes and ideas in medical narratives and humanities texts.
- Recognize essential English grammar, vocabulary, and terminology for healthcare settings.

- Understand the principles and benefits of medical and health humanities approaches.

Listening (Analyzing & Evaluating):

- Listen attentively and ask clarifying questions to patients and healthcare professionals.
- Analyze ethical dilemmas in healthcare practice from various perspectives.
- Evaluate the impact of artistic and literary elements in healthcare interactions.

Reflecting (Creating & Applying):

- Reflect on personal experiences and connect them to course concepts.
- Apply knowledge of medical and health humanities to improve patient care and communication.
- Generate written and spoken communication (emails, reports, presentations, brochures) in various healthcare contexts.
- Make ethical decisions in healthcare practice informed by humanities perspectives.

Overall Learning Outcomes:

- Analyze and interpret medical narratives and humanities texts critically.
- Write effectively in diverse healthcare contexts (formal/informal, emails, reports).
- Communicate effectively with patients, colleagues, and healthcare professionals.
- Apply medical and health humanities to enhance empathy, cultural sensitivity, and patient care.
- Make ethical decisions in healthcare practice considering various perspectives.

Course Outline

- This course dives deep into your journey through medical and health humanities, probing your understanding of key concepts, your ability to navigate complex English texts within this realm, and your aptitude for expressing your insights clearly and concisely. It seeks not only to gauge your grasp of medical terminology and writing skills, but also to illuminate the core message embedded within this field: that medicine flourishes when its scientific brilliance is interwoven with the

richness of human experiences, cultural perspectives, and ethical considerations. By mastering these skills, you become not just adept readers and writers in English, but also compassionate and articulate healthcare professionals, ready to bridge the gap between scientific fact and human value. So, embrace this exam as an opportunity to showcase your transformative journey in medical and health humanities, and unleash your potential to shape a more holistic and humane future of healthcare.

II. METHODOLOGY

The course will be divided into four sections, each focusing on a different language skill: reading and writing, listening and speaking including vocabulary, and grammar. The sections will be integrated to allow students to practice all of their language skills in a variety of contexts. This course will also use a communicative language teaching (CLT) approach, which focuses on developing students' ability to use English to communicate in real-world academic and professional contexts. CLT emphasizes the importance of authentic language use, meaningful interaction, and learner autonomy. The course will likely cover a variety of topics, including:

- Reading comprehension: Students will need to be able to engage in active reading of medical and health humanities texts, asking critical questions, making connections, and drawing insightful conclusions.
- Medical terminology and vocabulary: Students will need to be able to understand and use medical terms and phrases accurately.
- Grammar and writing skills: Students will need to be able to write clear and concise English, both in formal and informal contexts.
- Listening and speaking skills: Students will need to be able to listen to and understand lectures, presentations, and conversations about medical and health humanities topics.
- Critical thinking skills: Students will need to be able to analyze information, identify problems, and propose solutions in a healthcare context.
- Cultural awareness: Students will need to be aware of the different cultural perspectives on

health and illness, and how these perspectives can affect the delivery of healthcare.

Some specific teaching methods and activities that may be used in this course include:

- **Task-based learning (TBL):** TBL involves giving students tasks to complete that require them to use English to communicate in a meaningful way. For example, students might be asked to write a case study, design a brochure, give a presentation on a medical topic, or participate in a debate about a medical ethics issue.
- **Content-based instruction (CBI):** CBI combines the teaching of language skills with the teaching of medical subject matter content. For example, students might read and discuss medical journal articles, write research papers on medical topics, or create educational materials for patients.
- **Medical and health humanities activities:** Students will be engaged in a variety of activities to learn about and explore the field of medical and health humanities. For example, they might read and discuss works of literature about illness and healing, analyze medical images from an artistic perspective, or reflect on the ethical implications of medical advances.
- **Reflective learning activities:** Students will be encouraged to reflect on their learning throughout the course. This may be done through journaling, class discussions, or individual and group presentations.

This course is designed to help students develop the English language skills, knowledge, and skills they need to succeed in their medical studies and to contribute to the advancement of medical education in Iraq.

Assessment:

Students' understanding and skills are assessed throughout the course through a variety of methods to cater to different learning styles and overcome potential limitations:

- Midterm Exam (10 marks): Multiple-choice questions to gauge their comprehension of key concepts and terminology.
- Case Studies (2 marks each): Individual writing assignments applying course concepts to analyze real-world healthcare scenarios.

- Brochure Design (2 marks): Collaborative project utilizing research and communication skills to create informational materials for patients or the public.
- Out-of-Classroom Activities (1 mark): Participation in film screenings, hospital visits, orphanage visits, or other activities exploring the human face of healthcare.
- Final Exam (50 marks):
 - Multiple-choice questions covering course topics, grammar, and vocabulary.
 - Unseen passage analysis with comprehension and critical thinking questions.
 - Dedicated section on medical and health humanities topics covered in the course.
- We sought alternative engagement strategies, inviting students to participate in non-classroom activities:
 - Visiting children at Al-Kadhimiya Teaching Hospital during New Year, fostering empathy and social connection.
 - Visiting an orphanage, documented on social media platforms like Instagram, promoting public awareness and community engagement.
 - Watching film excerpts of "Patch Adams" and "Five Feet Apart" sparking discussions about the human experience of illness and the importance of patient-centered care.

The 35 marks of the students' overall course grade go towards practical English skills taught separately with the Oxford English for Careers - Medicine textbook.

Challenges and Limitations

Integrating medical humanities into a traditional medical curriculum presents unique challenges, as evidenced by our experience teaching a one-hour-per-week course to a large class of medical students at Al-Nahrain University.

1. Classroom Time Constraints:

- Limited weekly session duration (one hour) restricted in-depth discussions and interactive activities.
- National, religious, and weather-related holidays further reduced available teaching time.
- Students often prioritized exams for other courses, impacting attendance and engagement.

2. Large Class Size:

- Engaging such a large number of students simultaneously proved difficult.
- Classroom activities requiring active participation often became impractical.

3. Overcoming Obstacles:

4. Positive Responses and Future Directions:

- Students embraced these non-classroom experiences, creating short videos and actively engaging on social media.
- Watching film excerpts provided a shared, engaging platform for exploring complex themes related to medicine and humanity.

Lessons Learned:

- Implementing medical humanities in a large class setting requires creative approaches to overcome time constraints and foster student engagement.
- Non-classroom activities and interactive media like film excerpts can be valuable tools for sparking discussion and promoting empathy in medical students.
- Further research and evaluation are needed to optimize the integration of medical humanities into traditional medical curricula.

III. STUDENTS' FEEDBACK

Gauging Student Perspectives: A Midterm and Final Look

Engaging 316 first-year students in Medical and Health Humanities was an enriching experience, and their feedback provided valuable insights. To gauge their thoughts and learning progress, two online questionnaires were conducted: one after the midterm exam and another after the final.

While the participation rate differed, both surveys reflected overwhelmingly positive feedback on the course. This was a promising outcome, especially considering the challenges encountered with class size and limited time constraints.

The positive feedback offered valuable details about what resonated with the students:

- Engaging and relevant course content: Many students appreciated the blend of medical knowledge, humanities perspectives, and real-world applications.
- Creative learning methods: They enjoyed activities like film screenings, patient visits, and brochure design, which helped them connect with the material on a deeper level.
- Development of valuable skills: Students felt they gained essential skills in critical thinking, communication, and empathy, which are crucial for future healthcare professionals.

These insights are a testament to the effectiveness of the Medical and Health Humanities course in fostering not just academic understanding but also well-rounded healthcare professionals. As we move forward, incorporating student feedback and exploring further creative approaches will remain a priority to ensure a consistently enriching learning experience.

Let the students speak for themselves: Hear from the students themselves! In the next section, we'll share some of their representative feedback comments on the course:

Sample 1:

The initial impression of Medical and Health Humanities? Not exactly riveting. But boy, was I wrong! This course turned out to be a game-changer.

Narrative Medicine: This blew my mind! It can empower patients to become better partners in their own healthcare, fostering understanding and trust with their doctors. It's all about truly *listening* to the patient, which I believe is key – respect for everyone, healthy or ill, is essential, but patients deserve that extra layer of support.

Drama Therapy: This is actually something I know a bit about, and its potential is vast. I see myself using it in the future to bridge communication gaps and navigate emotions, both personally and professionally. Think team-building with a twist, or even supporting emotional healing during tough times.

Visual Arts and Medicine: The art-healthcare connection is fascinating! Art can be a powerful tool for both mental and physical well-being. From art therapy's impact on self-expression to visual arts enhancing motor skills and hand-eye coordination, even medical education gets a boost with comics and cartoons. Websites like Graphic Medicine are a treasure trove of insights and resources showcasing this exciting intersection.

Case Studies: Diving deep into a patient's social, financial, cultural, and religious background? That's the key to truly understanding them and delivering truly personalized care. Unveiling lifestyle factors, assessing treatment affordability, and respecting cultural values – this holistic approach lets doctors tailor recommendations to each unique individual.

And the Brochures? Fun City! We divided work, researched like crazy, and finally landed on multiple sclerosis as our topic. It was a blast!

Values Gained: As I mentioned, empathy and understanding patients' emotions – that's huge. My personality shifted too. Studying my dad's diabetes through that case study, I finally truly *get* what he's going through.

Beyond Compare: Unlike other university English courses, ours feels real-world relevant. Our amazing teacher deserves a standing ovation, and I hope they stay teaching here!

Physician or Teacher?: I don't think the teacher needs to be a physician, but what if she brought some in to talk to us? That'd be pretty cool!

Sample 2

I loved this course! It felt super important for future doctors like me, and it kept getting better the whole time. Listening to patients' stories blew my mind. It's not just about what they say, but how it helps understand their illness and even figure out the best treatment. I can't wait to talk to patients more and really hear their stories. Everything I learned won't just sit in a book. I'll use it all, from the cool cartoons that explained hard stuff to writing reports about real patients (that part was tricky, but super helpful!). The hospital visit was awesome! I got to see how things work and even meet some cool kids. And our teacher? The best! She knows her stuff, cares about us, and even runs events to help people. One last thing: keep those awareness activities going! We all get busy and forget things, so those reminders are important. This course was a total win! Thanks for making it so cool and useful!

Sample 3

When I first heard the title of the course:

- I felt that it was a distinctive, exciting, and new thing of its kind that not many people have touched on, and yes, my enthusiasm for the topic increased later on, as if I was researching more about this topic.

Benefits of narrative medicine:

- I felt that it was a distinctive, exciting, and new thing of its kind that not many people have touched on, and yes, my enthusiasm for the topic increased later on, as if I was researching more about this topic.

Does reading the patient's body language help the doctor to diagnose and prescribe treatment?

- Yes, by observing the patient's looks, the way he moves his body, and the way he expresses his emotions, it helps to delve deeper into the best treatment methods.

Do you consider the patient to be less important than the doctor?

- Of course not, it is the basis of this profession to respect the human being, the patient is a person like all people, and no one should belittle his status.

Is your knowledge of therapeutic theater useful?

- Yes, it is possible to use it, especially when dealing with child patients, and I have also used it in my personal life to enhance social skills.

What role can visual arts play in medical education and training?

- Medicine is in itself an art, and the doctor, if you will, is an artist, and this has been associated with visual arts, painting, and theater, as they touch the feelings of people.

What about comics and medicine?

- Yes, they are an easy, close, and enjoyable way to connect medical topics that may be complex with images and drawings to facilitate their understanding and digestion by the person opposite.

Was writing a case history assignment useful?

- We learned that many diseases can be diagnosed through case history by taking information from the patient about his social

status, previous treatments, hereditary diseases, and so on.

Was making a brochure useful?

- Yes, in fact, it was very enjoyable and was a great opportunity through dividing work, cooperation, and giving opinions.

What was the topic of the brochure?

- Yes, it was a mental illness called PTSD. We chose it because it was a distinctive topic that attracted our attention, and I don't think anyone else chose it, I don't know for sure.

As for studying language and medical and health humanities courses together?

- Yes, of course, especially since we are first-year students.

Was the voluntary hospital visit useful?

- Of course, it was a wonderful and humane gesture from the professor of the subject and all the professors for these good humanitarian activities.

Did the course affect you?

- To appreciate the responsibility that has been entrusted to me and to preserve this profession in the future by adhering to the ethics of the doctor and the rules of the profession. Of course, I have become more attentive to people and feel their pain.

What would you feel if you knew that your college is the only one that teaches this course?

- Yes, it is the first medical college in our country to offer this course, and yes, I definitely feel proud and distinctive.

The teacher of this course is a wonderful person, distinguished in her way of dealing with us, she has given us a lot of humanitarian and pure activities, and she mixed pleasure and fun with it, which is something very special and rare. She is a cheerful, kind-hearted, and tolerant person, and she is great in presenting the scientific material.

Would you prefer the teacher to be a physician?

- I don't think that's necessary in the first place.

Any notes?

- It is possible to increase the medical terms in the future to help us remove the burden from us in the medical subjects.

Sample 4

I really liked the idea because this topic is very important and is at the heart of our specialization. We never had any idea about this topic before. I have never studied, read, or heard about this material in the English language course about how to deal with patients. In my opinion, a successful doctor is not only good at science, but also knows how to deal with patients in a nice way. Narrative medicine helps to reduce the patient's fear because we will make them feel that they are not the only ones in the world with a disease. Consequently, the patient will accept the idea of the disease and even become prepared to accept treatment with a positive spirit. When I become a doctor, yes, I will listen to the patients' stories because this is part of the treatment. I will also try to develop myself in reading the body language of the patient. Through the course, I have begun to look at patients in a different way because they are, after all, humans who are suffering from the disease. Knowing therapeutic theater will, of course, add to the skills of dealing with people, not only with patients. Consequently, I will become a popular figure in society, and this will benefit me in my life. The treatment of some patients involves the use of visual arts, so it is important to know visual arts in addition to medication. This is the case for patients with Alzheimer's disease and mental illnesses. Of course, the illustrations and comics that talk about medicine are very important because they help us understand medical terms in a simple way. Writing a case study gave me an idea of the information that a doctor must know before diagnosing the medical condition and writing the treatment. Making a brochure was useful. My topic was about drugs and addiction because it is a topic that is widespread among young people these days. My colleagues were the ones who chose this topic, and I accepted it because I didn't have another topic in mind. It is not important for the teacher to be a physician in order to get us out of the medical study atmosphere. We hope for more extracurricular activities.

Sample 5

My First Impressions of this course: When I first heard about the course, I was skeptical. I'm not the type of person who mixes emotions with work, and I prefer to keep them separate. My opinion changed slightly when I considered that if I were a patient, I would want my doctor to listen to me and care about me. However, as a future doctor, I prefer to keep my conversations with patients formal rather than friendly. This helps them take the situation more seriously, although a little joke can help reduce tension. For example, when I go to a

doctor, I prefer them to be serious with me and maybe tell a joke or smile slightly. I find this more professional than a doctor who jokes a lot or tries to find out personal details that are not relevant to the illness.

The Benefits of Narrative Medicine: Narrative medicine can be useful for people whose health problems are related to their mental state, such as irritable bowel syndrome, which can be caused by stress and anxiety. The doctor can find out the cause of the problem from the patient and reassure them to stay away from it and try to relax by giving them some painkillers along with reassuring words. Similarly, thyroid disease, which results from depression or repeated suppression of emotions, may require the patient to talk to someone about their problems and the causes of their illness. The best person in this case is the treating doctor because they know who they are dealing with.

I don't think I will listen to patients' stories in the future unless they are related to their medical condition.

The Importance of Body Language: I consider body language to be very important because it helps us to understand the nature of the patient. For example, if they are lying about a previous treatment or illness, or if they have a family member with them in the clinic who is worried about talking to them about these things, we can then help the patient by removing the companion and talking to them more comfortably.

In terms of the best treatment method for the patient, if there is more than one option, we can find out if the patient smiles or changes their hand movement from shaking to opening their palm, which shows that they feel more comfortable with this treatment method than the other. And so on.

Empathy and Compassion: Of course, I empathize with the patient. For example, when I see a patient in pain and in a difficult situation, I feel sorry for them because sometimes I imagine that if I or one of my family members were in their place, it would be a painful situation. So, I appreciate the patients and do not underestimate their value, and I will not do so because in the end we are all human beings, and I may be the patient one day and need someone to help me heal with all their might, and that is the doctor.

Drama Therapy: To be honest, I don't consider Drama Therapy to be a successful method, especially in our society. People in our society are conservative in their ideas about certain things. For example, when someone is depressed, most people in society describe the depressed person who may go to a psychiatrist or take other treatments such as drama therapy and seeing

different things that may take them out of their deep and dark thoughts as a crazy or insane person. This is unfortunately a reality. So even if these methods exist in our society and there are people who may benefit from them, society itself is a source of fear for those people from taking this step.

Visual Arts: I learned from the visual arts that it is possible to express a certain topic through art, such as using ink blots to find out what the psychiatric patient thinks about them. The doctor can then analyze some things through them. Or it can be used in an educational way, such as pictures of body parts in the form of comics that explain their functions better to people. This gives them simplified information about them that may be useful to them when talking to the patient about them, such as when going to a cardiologist, the patient will see a cartoon drawing of the heart on the clinic wall with bright colors showing the veins, arteries, and four chambers of the heart. When the patient enters the doctor's clinic and the doctor tells them, for example, that they have hardening of the arteries, they will remember the shape of the artery in the drawing and thus understand where the problem is better.

Graphic Medicine: I don't think I have used this type of graphic medicine yet, except for the ones I used when printing the brochure to make the topic clearer to the readers.

Case Study: I learned how to take information from the patient in a useful, specific and concise way. The benefit of knowing these aspects of a person's life helps in the diagnosis. For example, a patient with a poor financial situation may be suffering from malnutrition or lack of resources. A patient from the Mandaean religion who is infected with an unknown bacteria may have contracted it from water immersion, a ritual of their faith.

Creating a brochure was helpful. My topic was meningitis, a disease with many cases. We aimed to raise awareness and reduce the number of cases. I accepted the topic because it benefits people. The more ideas and perspectives we have, the better people will understand the issue from different angles.

Visiting the hospital and orphanage was beneficial. It taught us how to interact with people as friends before becoming doctors. For example, interacting with a sick child can make us want to become better doctors to help them and many other patients. It motivates us and helps people in the future when they interact with us.

The course taught me values. I learned that we must respect the patient's psychological state, thoughts, and principles. This makes them more open with us. For

example, a COVID-19 patient during the pandemic may be panicked and think the disease is deadly and that people will reject them. The doctor must consider their psychological state, calm them down, explain the nature of the disease, and assure them that they will be non-infectious after treatment. Yes, I have become more humane. I am now more humane with people who need me to be. The course was interesting. I talked about it with my family, and they were interested in it. The professor is kind and helpful, but sometimes I feel like she forgets that society can be an obstacle to some of the topics we discuss. This can be frustrating. I prefer the teacher to be a physician. They have more knowledge about the practical side of a doctor's life and can better convey this side to us. I don't hide my feelings, but I don't interact with people with kindness or strong emotions. Overall, I am grateful for the opportunity to have taken this course. It has made me a better person and a better future doctor.

Feedback from this medical course overwhelmingly praised its effectiveness in cultivating student-led learning. Students emphasized the significance of this approach in shaping them into critical thinkers, adept problem-solvers, and independent learners – essential skills for future healthcare professionals.

REFERENCES

- [1] Abdel-Halim, Rabie & Alkattan, Khaled. (2012). Introducing medical humanities in the medical curriculum in Saudi Arabia: A pedagogical experiment. *Urology annals*. 4. 73-9. 10.4103/0974-7796.95549.
- [2] Banaszek, A. (2011). Medical humanities courses becoming prerequisites in many medical schools. E441-E442.
- [3] Bedford, T, Abu Rasheed, H. M., Schneider, J., & Househ, M. S. (2022). Art therapy and beyond: Emerging practice innovations and implications for practice and research in the Arabian Gulf. *QScience Connect*, 2022:3. *Medical Humanities in the Middle East Conference*. doi:<https://doi.org/10.5339/connect.2022.medhumconf.6>: <https://doi.org/10.5339/connect.2022.medhumconf.6>
- [4] Batistatou, A., Doulis, E. A., Tiniakos, D., Anogiannaki, A., & Charalabopoulos, K. (2010). The introduction of medical humanities in the undergraduate curriculum of Greek medical schools: Challenge and necessity. *Hippokratia*, 14(4), 241-243.
- [5] Brody, H. (2011). Defining the medical humanities: three conceptions and three narratives. *The Journal of medical humanities*, 32(1), 1-7. <https://doi.org/10.1007/s10912-009-9094-4>
- [6] Coulehan, J. (2008). What is medical humanities and why? Comment, *Medical Ethics on Stage, Literature, Arts and*

- Medicine Blog. Available from: <http://medhum.med.nyu.edu/blog/?p=100> .
- [7] Dolan, B. (2015). *Humanitas: Readings in the development of the medical humanities*. University of California Press.
- [8] Grant, V. J. (2002). Making room for medical humanities. *Medical humanities*, 28(1), 45.
- [9] Hurwitz, B. (2003). Medicine, the arts and humanities. *Clinical medicine (London, England)*, 3, 497-498. doi:10.7861/clinmedicine.3-6-497
- [10] Jones, D. S. (2014). A complete medical education includes the arts and humanities. *Virtual Mentor*, 16(8), 636-641. doi:10.1001/virtualmentor.2014.16.8.msoc1-1408.
- [11] Kollmer Horton, M. E. (2019). The orphan child: humanities in modern medical education. *Philosophies, Ethics, and Humanities in Medicine*, 14(1). doi:10.1186/s13010-018-0067-y
- [12] Macnaughton, J. (2000). The humanities in medical education: context, outcomes and structures. *Medical Humanities*, 26(1), 23.
- [13] Pellegrino, E. D., & McElhinney, T. K. (1981). Teaching ethics, the humanities, and human values in medical schools: A ten-year overview. Institute on Human Values in Medicine Society for Health and Human Values.
- [14] Wailoo, K. (Summer 2022). Patients are humans too: The emergence of medical humanities. *Dædalus, the Journal of the American Academy of Arts & Sciences*, 151(3). https://doi.org/10.1162/DAED_a_01938: https://doi.org/10.1162/DAED_a_01938
- [15] Zanatta, A., Zampieri, F., Basso, C., & Thiene, G. (2017). Galileo Galilei: Science vs. faith. *Global cardiology science & practice*, 2017(2), 10. <https://doi.org/10.21542/gcsp.2017.10>: <https://doi.org/10.21542/gcsp.2017.10>