



Medical Humanities and the Arts

DEI and the Medical Humanities: Necessary Medicine for Health Care's Challenges

Adjoa Boateng, MD, MPH Laurel S. Braitman, PhD

In the past five years, the landscape of medicine has changed drastically for patients and providers, from the rising use of informatics to the widening gap among the iron triangle of access, quality, and cost of care laid bare by the COVID-19 pandemic. This is coupled with the challenges of caring for an aging population, rendering the practice of medicine, and anesthesiology in particular, more complex, necessitating creative solutions. Moreover, the post-pandemic era of medicine has highlighted the impact of burnout among health care professionals and the need to infuse empathy into medical settings for both patients and providers. Challenges like these require creative problem-solving, a practice that is best achieved through a diverse workforce that brings multiple perspectives, life experiences, and varied insights to bear on issues at hand. The burgeoning field of medical humanities, built upon a foundation of creative practice, comfort with ambiguity, and unique approaches to challenging topics and subjects, can be used as a springboard for diversity, equity, and inclusion (DEI) as well as a tool to tackle some of health care's most pressing challenges, particularly within anesthesiology.

Anesthesiologists as artists

At the crux of the anesthesiologist's practice is the nexus of high-stakes communication and real-time decision making. We narrate complex data to surgeons, to one another, and to patients in ways that each require a distinct voice. In doing so, anesthesiologists adeptly combine evidence-based medicine with storytelling. In the few minutes an anesthesiologist has to gain rapport with a patient or discern a diagnosis, it is the skill of persuasive, effective communication that can help bridge the gap between patients and providers or even provider to provider. These conversations must be compelling, clear, and moving. During the early stages of the COVID-19 pandemic, the chasm of information and misinformation between the public and health care professionals became especially salient. Conveying health information to the public requires communicating in ways that others can understand and also use as motivation to



change or modify behavior. It is this ability to simultaneously distill complex data into a digestible story as well as communicate health information that can be strengthened through the practices of the medical humanities. At Stanford, this practice takes myriad forms and has been effective from the level of trainee to senior faculty. Whether through writing workshops and courses, live storytelling training, or discussions of captivating literature, the effects of these experiences mirror those published by institutions offering similar programming: positive impacts on patient-centered care (*Patient Educ Couns* 2013;91:280-6).

The role of medical humanities in DEI efforts

The medical humanities have also been effective in conveying intangible and hard-to-teach subjects of medical training, including the relational, reflective, and interpretive care necessary for professional development and appropriate patient outcomes among diverse patient populations

and on diverse teams. It is the ability to genuinely understand another's plight that facilitates DEI efforts and positive patient outcomes more generally. Health care professionals cannot truly advocate for a group with whom they bear no emotional understanding. Given the breadth of disparities anesthesiologists have the opportunity to impact – pediatric racial mortality, maternal racial mortality, and even the use of certain anesthetic techniques – we must understand the immense impact our roles can have in bringing justice to medicine each day (*Pediatrics* 2020;146:e20194113; *Anesth Analg* 2016;122:472-9). Yet, most DEI instruction is built on informational lectures that lack the self-reflection, transparency, and introspective discussion necessary to spark change. In one pilot using narrative medicine to educate medical school faculty on DEI, participants wrote, “During the workshop I realized how much I brought into and accepted blatantly racist systems without critical thinking. I thought I was doing good, but really I was doing harm. I knew antiracism work was work



Adjoa Boateng, MD, MPH
Clinical Assistant Professor,
Department of Anesthesiology,
Perioperative and Pain Medicine,
Stanford University, Palo Alto,
California.



Laurel S. Braitman, PhD
Director, Writing and Storytelling,
Medical Humanities and the Arts
Program, and Adjunct Professor,
Anesthesiology, Perioperative and
Pain Medicine, Stanford University
School of Medicine, Santa Paula,
California.

and required conscious thought and analysis. But I guess I'm still realizing the scope” (*Teach Learn Med* 2022;24:1-10). Thus, the marriage of literature, art, writing, and conversation can become a powerful tool for advocacy within medicine and beyond. We foster this approach through a complementary curriculum to the Stanford medical students' clerkship curricula by delivering seminars, workshops, and discussions on topics ranging from medical sustainability and psychological trauma to health care of the incarcerated and LGBTQ health.

How the medical humanities foster healing

The process of writing and storytelling can also be an effective tool in building resilience among health care communities and systems struggling with dissatisfaction, depersonalization, frustration, and attrition. The rise of burnout among health care professionals has made attempts at promoting employee wellness increasingly challenging. This is due to many factors, including the fact that well-intended efforts offered by institutions often do not strike the core of physician burnout. Namely, the misalignment of one's daily work with one's purpose or value system can lead to resentment that too much time is spent on activities that aren't meaningful rather than those that bolster long-term patient and provider well-being. Creative practices, such as reflective writing sessions, live storytelling opportunities, and communication workshops, encourage participants to share both positive and negative experiences,

help elucidate one's professional passions, remind individuals of their purpose, and offer space to work through the emotional challenges of anesthesiology, where the time to process our high-acuity practice is both a luxury and often unavailable. The efficacy in this approach is that it shifts the onus of wellness from the individual to the collective. Furthermore, many storytelling and writing opportunities inherently require an audience, and it is audiences who facilitate change and hold institutions accountable.

Beyond potential improvements on individual and collective well-being, medical humanities training, especially creative writing and speaking opportunities, supports a more informed population in matters of public health. Physicians and other dispensers of public health information who are able to share information in clear, accessible, and moving ways make for a lay public that is less vulnerable to medical misinformation. Physicians and other clinicians must learn to be engaging, agile, authentic communicators because

what is at stake is humanity's understanding of, and interest in, public health and medicine.

Where do we grow from here?

The power of stories is part of the human spirit and inextricable from the practice of medicine. Nearly every encounter with a patient – every preoperative consult and postoperative follow-up – is an opportunity to engage one's humanity and communicate authentically, persuasively, and vulnerably in support of a good outcome.

The medical humanities are merely another way of referring to a practice that excellent healers have done for millennia, that is connecting powerfully in high-stakes situations in which the pathway forward isn't always clear. We believe the incorporation of medical humanities tenets into medical training, department team-building, and faculty professional development can serve as a powerful tool to equip anesthesiologists to tackle the greatest challenge of our times: equity in all its forms. ■

Anesthesiology Department Support

Continued from page 15

Professor in the University Medical Line, equivalent to the tenure line at peer institutions. Promotion in this line requires research that has significantly advanced the field, so her promotion confirmed that the arts and humanities are relevant fields of research for an anesthesiology department. The medical school has recently expanded its commitment to the arts and humanities by establishing the Dr. Audrey Shafer Medical Humanities and Arts Fund (asamonitor.pub/3INhLzM).

I have had the opportunity to participate in many of the above activities. The readings and group discussions on literature in medicine gave me a deeper appreciation of both the patient experience and the physician experience. Attending concerts expanded the benefits of being part of a major university. The year-long *Frankenstein@200* series of events made me reflect on the impact of technology and our interventions in the OR and the ICU. The university-wide COVID remembrance project made me remember the patients and their families I cared for in the ICU. The arts and anesthesia soirees showed me the talents of our residents, faculty, and staff in music, dance, writing, poetry, storytelling, photography, and even quilting and furniture-making and allowed me to know them on a more personal basis. Courses by our faculty, such as *Critical Illness Patients: Physicians and Society*, have emphasized the humanistic side of critical care. In this series of articles in the *ASA Monitor*, other members of the department will provide their personal accounts of these and other activities.

The arts and humanities are particularly relevant to us as anesthesiologists since the practice of anesthesiology can produce a feeling of isolation. In contrast to other medical specialties that involve continuous teamwork and prolonged periods of patient interaction, anesthesiologists may spend the majority of their time with a sedated or anesthetized patient and have extended periods with limited interaction with other health care providers.

Although the OR environment includes multiple people, the anesthesiologist may be isolated on the other side of the drapes. As physicians, our daily contributions to outstanding patient outcomes are professionally fulfilling, but as social beings, we need to share our experiences with others. The arts and humanities are an opportu-

“Although anesthesiologists find meaning in their profession, individual wellness requires involvement in other meaningful activities that refresh their lives. For many faculty, participation in the arts and humanities fulfills that need and allows them to continue their clinical, educational, academic, and administrative activities with greater enthusiasm.”

nity for us to achieve this critical goal. The practice of anesthesiology requires creativity, and the arts and humanities teach us to be creative. Finally, anesthesiologists deal with pain, suffering, and sometimes death, concepts that are explored in depth in the arts and humanities.

Some of the benefits of incorporating the arts and humanities in the department are listed below.

Recruitment of residents

Medical students greatly value the humanistic elements in the arts and humanities. In fact, the majority of medical students who apply to anesthesiology residency

have had accomplishments in areas such as music, literature, painting, photography, and dance, and they find that these areas of creative expression bring enhanced meaning to their lives. These medical students are interested in a career in a medical specialty that supports continuing involvement in these areas. Our departmental activities in the arts and humanities have been a major factor in recruiting medical students into our specialty, and connecting them with Dr. Shafer has helped recruit the best applicants to our department.

Retention of faculty

There is a high rate of burnout among anesthesiologists throughout the country, especially with the COVID pandemic and the current shortage of anesthesiologists. Although anesthesiologists find meaning in their profession, individual wellness requires involvement in other meaningful activities that refresh their lives. For many faculty, participation in the arts and humanities fulfills that need and allows them to continue their clinical, educational, academic, and administrative activities with greater enthusiasm. In addition, activities such as creative writing or discussion of relevant literature provide important perspectives on our clinical and academic roles, thereby enhancing career development and satisfaction.

Diversity, equity, and inclusion

Participation in the arts and humanities provides an opportunity for our departmental family, including faculty, trainees, and staff, to share their accomplishments and experiences. The resulting community enhances our commitment to DEI and helps promote activities to further our depart-

mental efforts in this area. Programs that combine diverse backgrounds and talents demonstrate the power of the arts to create community and commitment to diversity.

Connecting the department to the medical school and university

Although anesthesiologists are essential for surgery, deans and university leaders may not consider anesthesiology departments as essential to the educational and research missions of the school and the university. Other medical school departments such as medicine, pediatrics, and surgery do recognize the importance of the arts and humanities to their faculty and trainees, and the arts and humanities are obviously an essential component of the university. Therefore, having anesthesiology recognized as a leader in medical humanities elevates the status of the department throughout the medical school and university. Through her networking activities and programmatic contributions, Dr. Shafer has been an ambassador between the anesthesiology department and the medical school and university.

During the past three decades, Dr. Shafer has distinguished herself as a clinician, teacher, researcher, and leader. Her multiple activities in the arts and humanities in medicine, including directing the *Medicine & the Muse* Program at Stanford, her individual contributions in terms of poems, books, creative writing, and scholarly articles, and her extensive mentorship of undergraduate students, medical students, residents, fellows, and faculty, have made our department better in multiple ways. Our departmental investment in these programs has produced invaluable rewards. ■

Correction

In the February 2023 article “Caring for a Transgender Patient is More Than Using the Right Pronouns,” an error appeared in Figure 1. “Genderqueer” should have appeared as the definition of “identifies as neither gender, both, or a combination.” The *ASA Monitor* staff apologize for the error. The figure has been corrected in the online version of the article.