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THE DALHOUSIE UNIVERSITY MEDICAL HUMANITIES PROGRAM



Figure 1. Healing Hands by Robert Pope.

Laurette Geldenhuys

Mount Saint Vincent University

A thesis submitted to the Department of Education

in partial fulfillment

of the requirements for the degree of

Master of Arts in Education

May, 2005

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I dedicate this thesis to my mother,

Nina Geldenhuys.

ABSTRACT

Although interest in the role of the humanities in medical education is increasing in Canada, literature on the subject is scanty.

The following is a case study that describes and analyzes the Dalhousie Medical Humanities Program. The aim of this study is to add to the literature on the humanities in medicine; provide information for others elsewhere in Canada and internationally who would like to develop their own medical humanities programs; illustrate the benefits of the program to encourage ongoing support for the program; and enable participants to set new goals for the program.

Review of the literature reveals a renewed interest in the medical humanities. This thesis identifies reasons for, obstacles to, and models for introducing the medical humanities into medical curricula.

A detailed description of the history and components of the Medical Humanities Program at Dalhousie University illustrates that, in keeping with the trend elsewhere in the world, there is a strong presence of the medical humanities at Dalhousie University. The program was the first of its type in Canada, and the only program in the world that boasts a well-developed medical music program.

Review of the results of a survey of the medical community on their awareness of, involvement in and opinions on the program, shows that among the responders there was great enthusiasm for the program. Survey participants felt that the program was excellent and essential. Dalhousie was seen to be a national leader in the medical humanities, and the program is a great attraction for some prospective medical students.

Compared to other medical schools in Canada, Dalhousie is indeed a leader in the medical humanities in Canada.

Future opportunities for the program include developing a stronger presence of the history of medicine in the medical curriculum; developing a master's program in the medical humanities; and formal evaluation of the program.

A more in-depth study of medical humanity activities at other medical schools is needed in order for us to place ourselves in the context of our peers, and for us to learn from one another in order to continually improve the quality of medical education in Canada.

I would like to acknowledge the enormous support, encouragement and great wisdom of Dr. Jock Murray, my supervisor. I also sincerely appreciate the valuable insights given by Dr. Lorri Neilsen, committee member. I would like to thank Dr. Tom Baskett, committee member, for his support.

This thesis would not have been possible without the constant support of Dr. Blye Frank, Professor and Acting Director of the Division of Medical Education.

I appreciate the great interest shown in this endeavor by Dr. Ron Stewart, Director of the Dalhousie Medical Humanities Program, and the help of Roxy Pelham, secretary of the program. I would like to thank Dr. Harold Cook, Dean of the Faculty of Medicine of Dalhousie University, for his support.

I would like to acknowledge my father, Johan Geldenhuys, for his encouragement for all my academic endeavors, and my three beautiful children, Nicoletta, Angela and Isabella, for their loving support.

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Problem Statement

Although interest in the role of the humanities in medical education is increasing in Canada, literature on the subject is scanty.

Literature Review

In Matthew chapter four, verses 24 and 25 we read: “And his fame went throughout all Syria: and they brought unto him all sick people that were taken with divers diseases and torments, and those which were possessed with devils, and those which were lunatick, and those that had the palsy; and he healed them. And there followed him great multitudes of people from Galilee, and from Decapolis, and from Jerusalem, and from Judaea, and from beyond Jordan.”

This Great Healer did not study at the leading medical schools of the day, but it is evident that he possessed exceptional communication skills, a great understanding of human nature and a deep compassion for the sick.

Today, some medical educators are becoming increasingly aware of these essential healing skills, and are employing a vehicle to teach these skills to new healers: studies in the medical humanities.

The History of the Medical Humanities

Early History

The humanities have always played a role in medicine. Medical writings as early as the Corpus Hippocraticum addressed the tension between direct observation and philosophy. (Cassell, 1984)

In universities in the middle ages, physicians were trained in the arts, languages, mathematics, philosophy, theology, astronomy and astrology. (Cassell, 1984)

During the 18th and 19th centuries physicians were broadly educated and cultured. During the late 19th century great physicians such as Osler placed great emphasis on the role of the humanities. German education, which was highly regarded during this time, emphasized education, or “Bildung.” (Cassell, 1984)

United States

Flexner report.

During the late 19th century the standards of medical education in the United States were very poor. As a result the American Medical Association, through the Carnegie Foundation, requested that a schoolteacher, Abraham Flexner, examine medical education in the United States and Canada. In 1910 he produced a report that confirmed the poor quality of medical education at that time, and in which he recommended greater emphasis on training in the sciences. As a result there was a shift of emphasis away from the humanities and towards the sciences. But the exclusion of the medical humanities was not what Flexner had intended. (Cassell, 1884)

Recent history in the United States.

More recently there has been renewed interest in the medical humanities. This may be due to social changes such as the increase in personalized individualism accompanied by a turning away from science and technology, and an increased interest in alternative medicine.

Many reports in recent times have recommended a broader education, as opposed to a narrow vocational education, but the recommendations of these reports have not

always been followed. The General Professional Education of the Physician report of the Association of American Medical Colleges (1984) emphasized values and attitudes as selection criteria for medical students, and the importance of mentor relationships during medical training.

The medical humanities include a wide range of disciplines such as history, philosophy, ethics, theology, literature, art, music and language.

The first department of medical humanities was founded at Pennsylvania State University in 1967. There were five funded faculty positions. Students took two compulsory courses, selecting from death and dying, ethics, literature, religion, philosophy, and the history and philosophy of genetics. (Cassell, 1984)

By 1973 there were 40 humanities programs in the United States, and by 1982, 118 of 125 medical schools had some element of medical humanities. (Pellegrino, 1982)

In 1984 Cassell reported 4 medical schools with humanities departments and many with humanities programs either situated in other departments or in dean's offices. There were also a number of freestanding institutes.

In 1925 the American Association of Medical History was founded. Interest in medical history increased greatly during the 40s and 50s, possibly as a result of a pride of profession at that time. In 1955, 88% of American medical schools offered courses in medical history. (Burns, 2000)

More recently the interest in the history of medicine has declined, with an accompanying increase in the interest in ethics. In 1972 the first national conference on ethics was held in the United States. Reports of the American Association of Medical Colleges have shown an increasing content of ethics teaching in medical curricula. The

interest in ethics may be the result of medical technology producing increasingly complex ethical dilemmas of concern to both the profession and the public. Ethical conflicts are also frequently portrayed in the media leading to a greater awareness. (Burns, 2000)

Britain

In Britain the General Medical Council Recommendations on Undergraduate Education (1993) recommends a move in emphasis from gaining of knowledge to evaluation of data and skillful interaction with patients and colleagues.

Reasons for Introducing the Medical Humanities into Medical Curricula

The discipline of medicine has elements of both the sciences and the humanities. The sciences and humanities are different ways of knowing reality. As Edmund Pellegrino (1982) said, medicine is the most humane of the sciences and the most scientific of the humanities.

The diseases, which are the subject of study of the sciences, are present in the context of a person situated in a context of a history and a community, and the study and understanding of that person is best achieved through the humanities.

In order to study scientific aspects of medicine, it is necessary for the student to dehumanize the object being studied, in order to cope with the sometimes emotionally stressful nature of the subject. But then, in order to make good medical decisions it is essential to bring the person back into the thinking process, and it is the humanities that enable that. (Cassell, 1984)

The humanities teach essential thinking skills. Edmund Pellegrino (1982) stresses the importance of the liberal arts, which are important for all professions. "The liberal

arts are attitudes of mind ... the intellectual skills needed to be a free man, free to make up one's own mind and take one's own position. The liberal arts comprise those skills most commonly associated with being human – the capability to think clearly and critically, to read and understand language, to write and speak clearly, to make moral judgments, to recognize the beautiful, and to possess a sense of the continuity between man's present and his inherited past."

Cassell (1984) states that medical decision-making requires two types of thinking: analytic reductionist and valuational synthetic, and these two combined constitute a powerful problem-solving tool.

Decision-making requires not only taking the "hard data" into account, but also the "soft data". This can be learned through years of experience, but can also be taught with exposure to and study in the concerns and issues of the humanities.

Cassell (1984) defines the art of medicine as acquisition and integration of subjective and objective information to make decisions in the best interest of the patient; using the doctor patient relationship for therapeutic effect; understanding how sick people behave; and possessing good communication skills. He believes that, even though some people are more naturally skilled than others at the art of medicine, and even though it can be learnt through years of experience, it can also be taught at medical school through the humanities.

Cassell believes that communication skills are central to the healing process. Patients' most frequent complaint is that physicians don't listen.

The study of literature shows how illness affects people, how physicians affect patients, and how the medical profession affects physicians. Literature can also be used to

explore the feelings of medical students about disease and aspects of their medical school experience such as dissection. (Bertman, 1979) Literature also puts the body in the context of its function. (Scarry, 1983)

History teaches an understanding of time and process, which is essential to obtain, process and present a clear history of the patient's present illness. It has been shown that more than 80% of diagnoses are made on the basis of the clinical history. An understanding of medical history also prevents cohort egocentricity in which physicians believe that today's medical technology is the best ever and that what we lack is just around the corner. With the increase in specialization and sub specialization, knowledge of medical history gives the diverse members of the medical profession a sense of common heritage. The famous surgeon Bilroth believed that "history and research are so inseparably connected that one is for me unthinkable without the other." (Cassell, 1984) We can only move into the future if the present is illuminated by our experience in the past.

The study of the humanities also enriches the physician as a person, and helps the physician cope with the stresses of the profession, and enhances the enjoyment of medicine and life.

The application of the humanities to medicine also enriches and develops the humanities. Medicine provides complex ethical and philosophical questions for study by philosophers and ethicists, and medicine is a fertile subject for literature. (Cassell, 1984)

Obstacles to Introducing the Medical Humanities into Medical Curricula

Introduction of the medical humanities into the medical curriculum faces a number of obstacles. Even though the skills that they teach are generally considered important, these are often taken for granted. (Murray, 1999)

Medical schools are faced with increasing lack of resources of money, time and space. In the United States the humanities enjoyed support from private foundations and national endowments, but these have decreased over time. Fortunately because the teaching of humanities does not require laboratories, space is not the most important problem. But due to the fixed amount of time available in medical curricula where certain core disciplines such as the basic sciences must be taught, it is difficult to introduce new elements. For this reason it has been easier to introduce the study of humanities into new medical schools where new curricula have been developed. (Cassell, 1984)

The limit to the number of positions in medical schools results in strong competition and increased emphasis on academic achievement in the sciences to the exclusion of the humanities. Medical students are exceptionally bright, motivated and hard working. They are overwhelmed by the amount of scientific knowledge they have to gain, and the great responsibility of their future profession, so that they are often impatient with the humanities, which appear not to add to their essential store of knowledge. Skills in the humanities are often not rewarded to the same extent as scientific knowledge and skills. Teachers of humanities in the medical schools do not have the same academic rewards and the community of like-minded individuals that teachers of other disciplines in the medical school do. (Cassell, 1984)

Medical humanity teaching has also been criticized for reinforcing stereotypes and being physician-centric and hierarchical to the detriment of non-physicians. (Rogers, 1995; Wear, 1992)

Models for Introducing the Medical Humanities into Medical Curricula

Even though the skills taught by the humanities are considered important, there is debate about whether it is necessary to teach these in medical school. Pellegrino believes that even though it is of benefit to study the humanities outside the medical school, it is important to reinforce these skills during medical training, and to be taught these skills in the relevant context. (Pellegrino, 1982)

The model proposed by Pellegrino (1982) includes an introductory course in first year, which may include ethics, human values and clinical decision-making. This is followed by integration during the clinical years in the form of grand rounds, weekly clinical cases in which ethical issues are discussed, and elective opportunities in ethics and the humanities. The best teachers would be a team of an experienced interested physician and a humanist or ethicist.

Cassell (1984) feels that initially the humanities should be offered as elective rather than core content. This would enable a seminar format, which is more suitable for the teaching of the humanities, and limit numbers to interested students. Over time this should lead to more widespread interest and an introduction into the core curriculum.

When teaching subjects such as philosophy, instructors must not attempt to make philosophers out of medical students, but rather philosophical doctors. (Clouser, 1978)

In some disciplines such as history there tends to be a tension between the amateur medically-trained physicians and the professional historians. But in the end what is effective is a good teacher who knows the subject, and who understands that the allegiance of the students must be won. (Hudson, 1975)

Schneiderman and Schneiderman (1995) recommend the study of literature as a means to enhance the quality of practice and enjoyment of life of physicians in practice. They recommend the use of short stories, and reading groups, which include non-physicians.

Conclusion

It is very difficult to measure the positive effect of the teaching of medical humanities, but as Pellegrino said about the teaching of ethics: it cannot be guaranteed that a person will be more ethical, but it is more likely than not (Cassell, 1984). And as Dr. Jock Murray, founder of the Dalhousie Medical Humanities Program said: "...the balance of the humanities with the traditional educational emphasis on skills and knowledge...will benefit both the healers and those who need to be healed." (Murray, 2003b)

Purpose Statement

The purpose of this case study is to describe and analyze the Dalhousie University Medical Humanities Program.

Research Question

Central Question

Describe and analyze the program.

Sub Questions

1. Describe the history of the program.
2. Describe the components of the program.
3. Discuss attitudes of participants to the program.
4. Compare the program to others in Canada.
5. Discuss insights gained from this study.
6. Identify actions that may arise out of the findings of this study.
7. Identify new questions that this study raises.

Limitations

Since this is a qualitative case study, validity and generalizability are not relevant in the same way as they are in positivist and interventionist research.

METHODS

Knowledge Claim, Strategy of Inquiry and Research Methods (Creswell, 2003)

The study is a case study based on a socially constructed knowledge claim and uses a qualitative approach.

The Researcher's Role

I have been an active participant in the program since I came to Dalhousie in 1999.

I attend:

1. Presentations at the Dalhousie Society for the History of Medicine monthly meetings
2. The Annual Dalhousie Society for the History of Medicine Conference
3. The Medical Humanities Brown Bag Lunch and Lecture Series
4. Presentations by the Dr. TJ Murray Visiting Speaker in the Humanities
5. Dr. Jock Murray's presentation on Robert Pope
6. The annual student art show

1. Presented three times at the Dalhousie Society for the History of Medicine monthly meetings.
2. Presented a poster at the Annual Dalhousie Society for the History of Medicine Conference.
3. Member of the Music-in-Medicine Program

4. Member and co-chair of the Dr. TJ Murray Visiting Scholar in the Medical Humanities committee
5. Member of a committee that reviewed applications for a number of humanities scholarships and awards
6. Supervisor for a summer humanities project by Roetka Gradstein, recipient of the Robert Pope Summer Research Studentship in Medical Humanities for a project related to the arts for 2004
7. Member of a committee that reviewed the program
8. Involved in the medical humanities outside of Dalhousie, as member of a number of medical history societies, and have published and presented on the history of medicine at a number of meetings
9. Involved in the music and arts community of Halifax
10. Strong supporter of the humanities in medical education

Data Collection Procedures

Site: Dalhousie University Medical School Campus

Actors: Participants of the program

Events: Events of the program

Process: See below

Types of data

Observations

1. I recorded my observations over the past 5 years, by making notes of my personal experience of the program.
2. I was a participant observer. My observer role was secondary to my participant role.

Advantage: This role enabled me to gain a detailed and intimate knowledge of the program.

Documents

I made use of the following documents:

1. The report of a committee that reviewed the program in 2003
2. Literature that the program produced for the medical community and the public, in paper form, and on websites
3. Articles on the program by Dr. Jock Murray
4. An article on Dr. Jock Murray in *MacLean's Magazine*
5. An article on the Music-in-Medicine Program in the *Halifax Commoner*
6. Websites of the 15 other medical schools in Canada

Advantage: Documents are a convenient source of information.

Disadvantage: I was able to report on personal communications with participants only indirectly.

Audiovisual Material

1. A compact disc of the Music-in-Medicine Program
2. Annual medical student art show booklets
3. A PowerPoint presentation on Robert Pope produced by Dr. Jock Murray

Advantages:

1. The material is auditorily and visually interesting.
2. It gives readers of the study direct experience of some elements of the program.

Data Recording

I made notes of my observations and from the documents, and collected audiovisual material.

Data Analysis

Being a case study, the thesis includes a detailed description of the program with identification of specific themes and issues. I identified a number of disciplines that are represented in the program, such as music, art, history, literature and spirituality. I also identified awards and avenues for academic activity.

Data Interpretation

I discuss:

1. Insights gained from this study
2. Actions that may arise out of the findings of this study
3. New questions that this study raises

Strategies for Validating Findings

My close involvement with the program and my commitment to the medical humanities may lead to a biased interpretation of the data. Since it is a qualitative study, reliability and authenticity are important. Strategies which may contribute to accuracy of findings, include:

1. The prolonged period of observation
2. Peer debriefing

Discussions with Dr. Jock Murray, thesis supervisor, and founder and former director of the program; Dr. Ron Stewart, current director of the program; Dr. Ian Cameron, participant in the program and chair of a committee which recently reviewed the program; and Dr. Harold Cook, Dean of the Faculty of Medicine

3. Input from an external auditor

Discussions with Lorri Neilsen, a professor at Mount Saint Vincent University, with expertise in the arts and qualitative research

Narrative Structure

The thesis includes a detailed description of the program, enhanced by music and images to illustrate elements of the program.

Ethics

This study was discussed with a number of participants to ensure that the study would not jeopardize the program or the participants in any way. These individuals include Dr. Jock Murray, thesis supervisor, and founder and former director of the

program; Dr. Ron Stewart, current director of the program; Dr. Ian Cameron, participant in the program and chair of a committee which recently reviewed the program; and Dr. Harold Cook, Dean of the Faculty of Medicine.

The study was discussed with Dr. Blye Frank, the coordinator of the Master's program, and it was felt that, since formal interviews were not a part of the study, no ethical approval was required.

Significance

1. This study will add to the literature on the humanities in medicine.
2. A description of the program would be useful for others elsewhere in Canada and internationally, who would like to develop their own medical humanities programs.
3. An analysis of the program illustrates the benefits of the program and may encourage ongoing support for the program.
4. It may also enable participants to set new goals for the program.

RESULTS

History of the Dalhousie University Medical Humanities Program (Murray, 2003a; Stewart, 2004)

The Dalhousie Medical Humanities Program was founded and built under the leadership of Dr. Jock Murray, previous dean of the medical school and world-renowned neurologist and humanities scholar. (Figure 2)

In 1991 a Humanities in Medicine Symposium was held at Dalhousie following a year of Humanities in Medicine as a theme in the medical school. The symposium occurred over a weekend, and 268 physicians and students participated. In 1992 the Dalhousie Medical Humanities Program was begun, incorporating many already existing humanity activities at Dalhousie, such as the Dalhousie Society for the History of Medicine.



Figure 2
Dr. Jock Murray

Components of the Dalhousie University Medical Humanities Program

Currently the program is situated in the Division of Medical Education. A director, who is assisted by a secretary, leads the program. The first director was Dr. Jock Murray. The current director is Dr. Ron Stewart. The components of the program include formal, assisted and spontaneous elements. The components are the following:

The Music-in-Medicine Program (MacDonald, 2003)

Dr. Ron Stewart, who is the new director of the medical humanities program, leads this unique and award-winning program. It was founded in 1999 and currently has over 150 participants. (Figure 3)

The program includes the Dalhousie Medical School Concert Chorale, the Dalhousie Medical School Concert Ensemble and the New Ultrasounds. Participants perform at *Euphoria*, a medical revue concert; *Music – The Best Medicine*, an annual spring concert; and the annual St. Luke's Day Service. Every June the group tours in North America. The program collaborates with the St. Cecelia Concert Series and the Nova Scotia Youth Choir. Proceedings from performances contribute to many causes, including the Nova Scotia Youth Choir and the Nova Scotia Talent Trust. The first musician in residence will be announced this year.

The spring *Music – The Best Medicine* concert is attended by more people than any other event in the medical school, even Convocation.

Attached (appendix 1) is a compact disc recording of the choir.

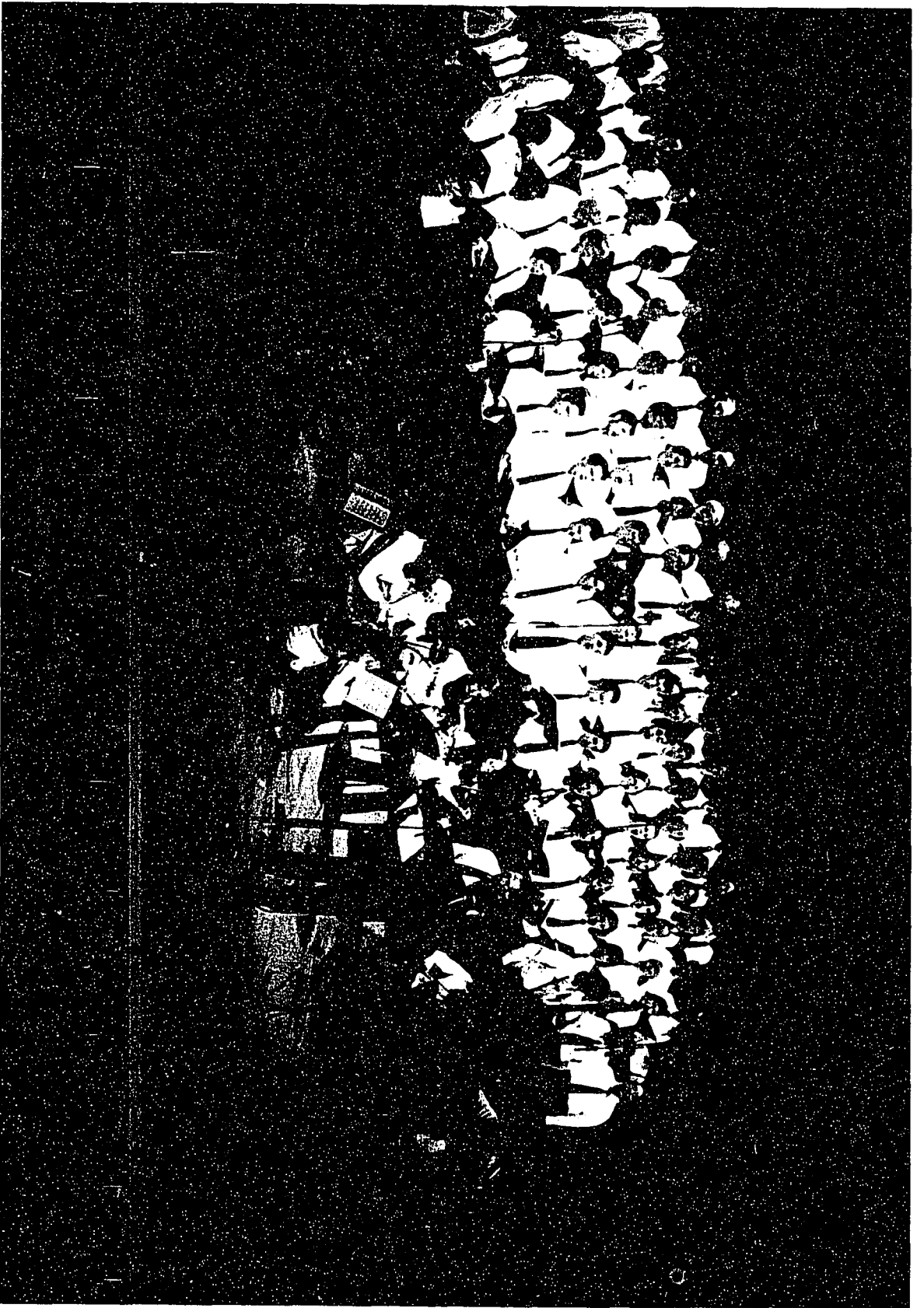


Figure 3

The Dalhousie Medical School Concert Chorale and Ensemble

The Tupper Concert Band

Although not an official part of the program, the Tupper Concert Band, led by Dr. Bernie Badly reflects the strong humanistic spirit at Dalhousie Medical School. It was founded in 1979 and performs at annual Christmas and spring concerts.

Annual Student Art Shows

Medical student Jonah Sampson organized the first student art show in 1999. The topics over the past few years include:

1. Transplantation, 1999
2. Alzheimer's Disease, 2000 (Figure 4)
3. Attention Deficit Hyperactivity Disorder, 2001
4. Sexual Dysfunction, 2002
5. Osteoporosis, 2003
6. Eating Disorders, 2004

The Dalhousie Society for the History of Medicine

The society meets on the first Monday of the month for dinner at the faculty club. Two speakers are invited. It also organizes an annual conference. The president is Dr. Ian Cameron. Attached (appendix 2) is a schedule of events for 2003 and 2004.

Annual Reading Weekends

Literature pertinent to medicine is discussed annually one weekend in the fall at a picturesque venue in Nova Scotia. These weekends are arranged by Dr. Ian Cameron and

Dr. Michael Cussen. Attached (appendix 3) is a reading list for the reading weekend in October 2004.

The Narrative Medicine Program

This program was established in 2002 under the leadership of Linda Clarke.

The Medical Humanities Brown Bag Lunch and Lecture Series

This is a series of lectures in the medical humanities held during lunchtime at the medical school arranged by Dr. Elizabeth Gold. Attached (appendix 4) is a schedule of events for 2003 and 2004.

The Dr. TJ Murray Visiting Scholar in Medical Humanities

Annually a world-renowned humanities speaker is invited to give a series of lectures at Dalhousie Medical School. These lectures are open to the public. Previous speakers include Roberta Bondar, astronaut, photographer and neurologist; and historians Michael Bliss and Jacalyn Duffin. Attached (appendix 5) is a brochure for the 2004 speaker, Lord Walton of Detchant, British neurologist.

Artists in Residence

The current artist in residence is the painter Jeffrey Burns from New Brunswick. (Figure 5) He collaborated with medical students in an art marathon to produce a large canvass, displayed in the medical school.



Figure 4
The Caregiver by Jonah Sampson



Figure 5

Jeffrey Burns
Selection, 2002

Oil on acrylic on canvas

142.9 x 107.3 cm

Presentations to the Medical Students of “Illness and Healing: Images of Cancer” by Robert Pope, and a Book of Essays by Sir William Osler

Robert Pope was an artist in residence of the program who died from Hodgkin’s disease, and portrayed his experience of his illness through art. Exhibits of copies of his paintings are displayed in the foyers of the Centennial Building of the QEII Health Sciences Center and the Clinical Research Center of the Medical School. (Figure 6)

Dr. Jock Murray gives a lecture on Robert’s life, accompanied by examples of his beautiful and touching paintings. Representatives from the Robert Pope foundation present a copy of a book by Robert to each first year medical student. Each student also receives a copy of a book of essays by Sir William Osler.

St. Luke’s Day Service

This is an annual event in which medical students and faculty take part.

Awards

There are a number of humanities awards.

1. The Gold Headed Cane – Dr. Gerald and Gale Archibald Faculty Award in the Medical Humanities was established in 2002, and is awarded to a faculty member who is an outstanding role model for medical students in the field of the medical humanities.
2. The Hunter Humanities Award is awarded to a graduating medical student who has shown involvement in the medical humanities throughout medical school.

3. The KimRilda LeBlanc Award is awarded to a graduating medical student for excellence in writing in the humanities.

Summer Studentship Awards

Summer studentship awards are available to students who wish to complete a research project in the medical humanities during the summer. These include:

1. The Gosse Summer Studentship in Medical Humanities
2. The Robert Pope Summer Research Studentship in Medical Humanities for a project related to the arts
3. The Hannah Institute for the History of Medicine Award for a project related to medical history

Electives

Medical students have the opportunity to complete electives in the medical humanities.

Presentations at Calgary History of Medicine Days and Royal College History

Presentations

Many medical students present their projects at these venues.

Ethics

The program does not officially include ethics, since a separate Department of Bioethics was founded in 1996.

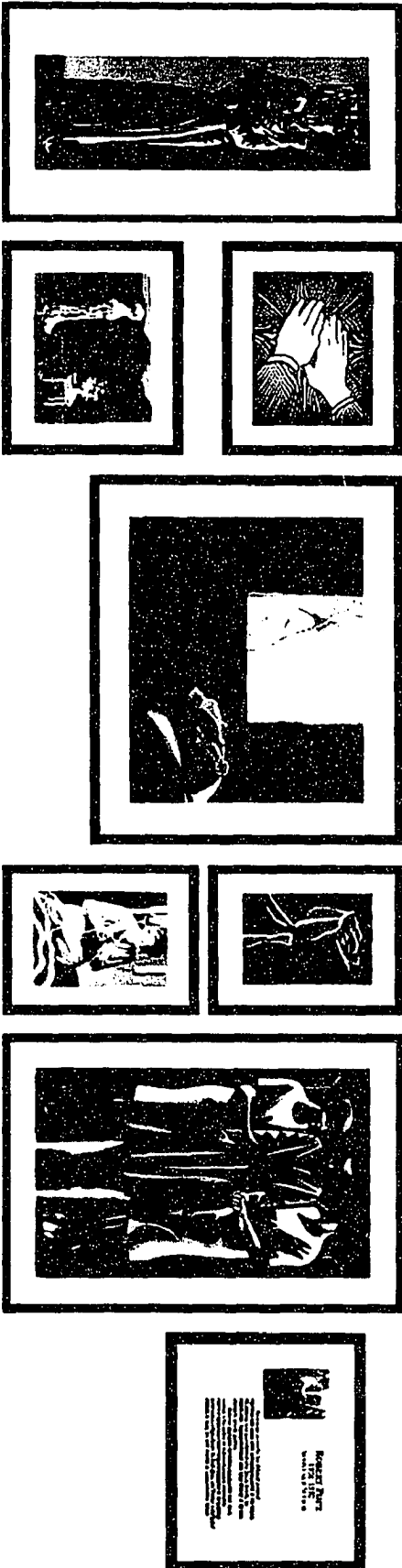


Figure 6

Robert Pope display

Attitudes of the Medical Community to the Dalhousie University Medical Humanities Program

In 2003 a committee of the Faculty of Medicine surveyed the program on request of the Dean of the Faculty of Medicine. A portion of the report includes the results of a survey of the medical community on their awareness of, involvement in and opinions on the program.

The following results are from the report. (Report of the Medical Humanities Program Survey Committee, Faculty of Medicine, Dalhousie University, 2003, quoted with special permission from Dr. Harold Cook, Dean of the Faculty of Medicine)

The committee conducted a survey via mail and e-mail to determine:

1. Whether the members of the medical community were aware of the activities of the Medical Humanities Program
2. To what extent they were aware of these activities
3. What their degree of involvement was
4. Their opinion on the effect of the program to date
5. Their opinion on the future role of the program
6. The respondents' current position in the medical community
7. The manner in which they received notification of events, and the manner in which they would like to receive notification, in order to assess publication of the program

They were also invited to submit written comments on the program to the review committee or book an interview with the committee.

This survey was administered to:

1. Members of the Faculty of Medicine, including clinical and non-clinical staff, medical students, graduate students, and medical residents
2. Members of the Faculty of Health Professions
3. Individuals on the Dalhousie Society for the History of Medicine and Medical Humanities mailing list

Results

Students

This group included 946 medical students, graduate students and residents.

The response rate among medical students was 14%.

90% of respondents were aware of the program. Respondents were aware of a wide range of the activities. The best-known activity was the Music-in-Medicine Program.

Approximately half of respondents had participated in the program. A wide range of activities was subscribed to. The activity most subscribed to was the Music-in-Medicine Program.

Most respondents (71%) received notification by e-mail and most would like to receive notification in this way. Notice boards and word of mouth were common and popular manners of notification.

All comments, except for one, were very enthusiastic about the program. Generally it was felt that the program was excellent and essential. Many students referred to Dalhousie's national reputation in the humanities, and stated that the program was the reason that they came to Dalhousie.

Some of the perceived benefits of the program, most of which were repeatedly mentioned, include:

1. Patient focused medical education
2. Training of balanced physicians
3. Reduction of the stress of medical school
4. Enhancement of the enjoyment of medical school
5. Opportunities for social networking

Recommendations include:

1. Growth of the program
2. Wider publication of events, especially to include graduate students and residents
3. Suitable timing of events, such as having evening events
4. Inclusion of the humanities in the formal curriculum, including ethics
5. Creation of a master's program
6. Increased funding for the program
7. Involvement of experts in the arts

Faculty and Other Subjects

The members of this group totaled 906. The response rate among this group was 10%, slightly lower than the student group.

94% of respondents were aware of the program. Respondents were aware of a wide range of activities. The best-known activity was the Music-in-Medicine Program.

Approximately half to a quarter of respondents had participated in the program. A wide range of activities was subscribed to. The activity most subscribed to was the Music-in-Medicine Program.

Most respondents (59%) received notification by e-mail and most would like to receive notification in this way. Notice boards and word of mouth were common and popular manners of notification.

Even though the vast majority of comments were positive, there were more negative comments from this group compared to the student group. Generally it was felt that the program was essential and excellent. Many respondents referred to Dalhousie's national reputation in the humanities.

Some of the perceived benefits of the program, most of which were repeatedly mentioned, include:

1. Patient focused medical education
2. Training of balanced physicians
3. Reduction of the stress of medical school
4. Enhancement of the enjoyment of medical school
5. Opportunities for social networking
6. A sense of community
7. An intellectual atmosphere in the medical community

Recommendations include:

1. Growth of the program
2. Wider publication of events
3. Suitable timing of events, such as having evening events
4. Accessibility to participants in remote locations
5. Inclusion of the humanities in the formal curriculum, including ethics, communication skills and spirituality

6. Increased funding for the program
7. Increased humanities component in faculty development and continuing medical education
8. Inclusion of the humanities in grand rounds
9. Formal evaluation of the program to demonstrate its impact
10. A strong leader to replace Dr. Jock Murray
11. Involvement of the wider medical community, including dentistry, the health professions and law

Conclusion

There was great enthusiasm for the program. It was felt that the program was excellent and essential. Dalhousie was seen to be a national leader in the medical humanities, and the program was a great attraction for some prospective medical students.

The low response rate biased the results of the survey in favor of the opinion of respondents with an interest in the humanities, but the survey nevertheless highlighted important benefits of the program and made good recommendations.

Comparison with Other Programs in Canada

An Internet survey of 15 other medical schools in Canada reveals a variable degree of activity in the medical humanities. (References for Canadian Medical Schools, end of references)

Medical Ethics

It appears that most medical schools have a body for medical ethics. These include:

1. W Maurice Young Centre for Applied Ethics, University of British Columbia
2. Bioethics Centre, University of Alberta
3. Joint Centre for Bioethics, University of Toronto
4. Biomedical Ethics Unit, McGill University
5. The University of Western Ontario has a narrative based ethics program.

History of Medicine

Some medical schools have a course in the history of medicine that forms part of the undergraduate medical curriculum.

1. The University of Calgary has a voluntary course in first year.
2. The University of Manitoba has a course in first year.
3. McMaster University has a History of Health and Medicine Unit.
4. The University of Toronto has an academic unit for the history of medicine.
5. The University of Ottawa offers electives in the history of medicine.

6. Queens University has a history of medicine course throughout medical school, including lectures, assignments and elective opportunities.

Medical Humanities Programs

Very few medical schools have an official medical humanities program.

1. The University of Manitoba has a very well organized medical humanities program that includes the history of medicine. This program was designed with the aid of Dr. Jock Murray, founder of the Dalhousie program.
2. The University of Western Ontario has a Medical Humanities and Arts Society.
3. Memorial University offers medical humanities in a clinical skills course.

Music

It does not appear that any of the universities has a program similar to the Music-in-Medicine Program at Dalhousie University.

It is difficult to obtain exact information about all medical humanity activities at medical schools across the country, because medical humanities include a wide range of activities, such as ethics, history, literature, art, religion and others. These activities may occasionally not be part of the formal curriculum, or may be situated in faculties other than the faculty of medicine.

There is clearly a need for further in depth comparative studies of medical humanity activities across Canada and internationally.

DISCUSSION

In this case study of the Dalhousie University Medical Humanities Program, I demonstrated in a review of the literature that the humanities have always played a role in medicine. But during the early 20th century the humanities became overshadowed by an increasing emphasis on the sciences. More recently there has been renewed interest in the humanities, both in the public domain and the medical profession.

Since the late 60s there has been development of medical humanities departments and programs throughout the United States. There was a great increase in the interest in medical history during the 40s and 50s, possibly as a result of a pride of self and profession at that time. Since the early 70s the interest in the history of medicine has declined, with an accompanying increase in the interest in ethics. The interest in ethics may be the result of medical technology producing increasingly complex ethical dilemmas of concern to both the profession and the public, and frequently portrayed in the media.

I discussed reasons for introducing the medical humanities into medical curricula, including teaching an understanding of a person situated in a context of a history and a community; teaching essential thinking skills and good communication skills; teaching an understanding of the historical context of the profession; and facilitating the enrichment the life of the medical student and the physician.

I mentioned some of the obstacles to introducing the medical humanities into medical curricula. The medical humanities are often taken for granted. Medical schools are faced with increasing lack of resources of money, time and space. Medical students are overwhelmed by the amount of scientific knowledge they have to gain. Efforts by

students and teachers in the humanities are often not rewarded to the same extent as the sciences.

I mentioned a few models for introducing the medical humanities into medical curricula, including that of Pellegrino, which has a great emphasis on ethics; the philosophy of Cassell who feels that initially the humanities should be offered as elective rather than core content; and the recommendations of Schneiderman and Schneiderman on the study of literature as a means to enhance the quality of practice and enjoyment of life of physicians in practice.

I provided a detailed description of the history and components of the Medical Humanities Program at Dalhousie University. The fact that the program is situated in the Division of Medical Education is advantageous, since in that position, similar to medical education, it can have connections with all the departments and levels of the medical school, and avoid being isolated in a separate department.

It has grown exponentially since its foundation in 1992. It comprises formal, assisted and spontaneous elements. A good balance between these elements should be encouraged. Formal elements would provide a secure basis for the program, whereas assisted and spontaneous elements would keep it alive and growing according to the needs of the participants.

It is very broad, including music (the Music-in-Medicine Program), art (the annual student art show and artist in residence), history (the Dalhousie Society for the History of Medicine), literature (annual reading weekends), narrative medicine (the Narrative Medicine Program), religion (the St. Luke's Day Service) and miscellaneous other multidisciplinary humanistic events (the Medical Humanities Brown Bag Lunch

and Lecture Series, the Dr. TJ Murray Visiting Scholar in the Medical Humanities, and presentations of books by Robert Pope and William Osler to medical students).

It acknowledges and encourages excellence in the medical humanities by awards (the Gold Headed Cane, the Hunter Humanities Award and the KimRilda LeBlanc Award). It also encourages and facilitates opportunities for research (summer studentship awards, elective opportunities, and opportunities for presentations at conferences).

As mentioned before, at Dalhousie University, ethics officially resides outside of the Medical Humanities Program in a well-established Department of Bioethics.

Review of the results of a survey of the medical community on their awareness of, involvement in and opinions on the program, shows that among the responders there was great enthusiasm for the program. It was felt that the program was excellent and essential. Dalhousie was seen to be a national leader in the medical humanities, and the program was a great attraction for some prospective medical students.

The cited benefits included patient focused medical education, and enhanced quality of life for members of the medical community.

Responders wished for the program to grow with an increased presence in the formal curriculum, development of a master's program, adequate publication of events, adequate funding of the program and formal evaluation of the program.

When the program is compared to other medical schools in Canada, it seems that Dalhousie is indeed a leader in the medical humanities in Canada. No other medical school, apart from the University of Manitoba, has a formal medical humanities program such as this program. And the program in Manitoba was developed with the aid of Dr. Jock Murray, founder of the Dalhousie Program.

No other music program similar to the Music-in-Medicine Program appears to exist elsewhere in Canada, or, it appears, elsewhere in the world.

Similar to Dalhousie, many other Canadian medical schools appear to have medical ethics situated in a separate department, centre or unit.

History of medicine at Dalhousie is offered mainly in the form of presentations at the Dalhousie Society for the History of Medicine and elective opportunities. History of Medicine courses are also taught in other faculties of Dalhousie University, but not in the medical school. The presentations at the Dalhousie Society for the History of Medicine are only moderately well attended by medical students. Medical students thus do not have much exposure to the history of medicine.

In contrast in medical schools such as Queens University, the University of Calgary, the University of Manitoba, McMaster University and the University of Toronto, history of medicine forms part of the formal curriculum. The best-known example is the course at Queens University developed by Dr. Jacalyn Duffin, where history is integrated throughout the medical school years in the form of lectures, assignments and elective opportunities.

CONCLUSION

Insights Gained from the Study

This study reveals that in keeping with the trend elsewhere in the world, there is a strong presence of the medical humanities at Dalhousie University in the form of its Medical Humanities Program, the first of its type in Canada, and the only program in the world that boasts a well-developed medical music program.

The study confirms that there is a need for the medical humanities. This need was strongly expressed by responders to a recent survey on the program. This need is also expressed in the goals of the Dalhousie Medical School curriculum, which stress the development of the skill of critical analysis, appropriate values and attitudes, and an awareness of the importance of the social environment in medical students. (Holmes, 2004)

The study demonstrates that the program meets the need for the medical humanities in many ways. The program is broad with a good balance between the formal, the assisted and the spontaneous. In the above-mentioned survey respondents confirm that the program encourages patient centered medical education and that it enhances the quality of life of the medical community.

The program has overcome many of the obstacles to the introduction of the medical humanities in the medical curriculum. The medical community is very enthusiastic about the program. An interest in the medical humanities is viewed favorably in the selection process for students entering Dalhousie Medical School. The Dean's Letter mentions students' involvement in the Medical Humanities Program. Increasing

funding is becoming available, including for summer studentships. A number of awards for students and faculty acknowledge excellence in the medical humanities.

Part of the success of the program has been due to the trend to introduce some components as elective, rather than formal, as advocated by Cassell.

Being situated within the Division of Medical Education, rather than in a separate department, the spirit of the program is able to perfuse throughout the atmosphere of the medical school.

Future Opportunities for the Program

The challenge that the program faces is to maintain its high standard and further build upon it to better serve the needs of the medical community.

Opportunities for the future include:

Developing a Stronger Presence of the History of Medicine in the Medical Curriculum

It will truly be a challenge in the face of the ever-crowded medical curriculum to find creative ways in which to expose medical students to this very important subject.

Developing a Master's Program in the Medical Humanities

A master's program would increase the academic profile of the program, and provide avenues for physicians to explore and develop their interests in the medical humanities in a formal way.

Formal Evaluation of the Program

Formal evaluation of the program will be very difficult, but very necessary to ensure that valuable resources are optimally employed, and that support, including much needed financial support for the program continues to grow.

Need for Further Study

A more in-depth study of medical humanity activities at other medical schools is needed in order for us to place ourselves in the context of our peers, and for us to learn from one another in order to continually improve the quality of medical education in Canada.

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Dalhousie Society for the History of Medicine
2003-2004 Schedule
6:00 for 6:30 pm
Dalhousie University Club

- October 6/03 **Sanatorium Treatment of Tuberculosis in the Early Twentieth Century:
An Indicated Intervention?**
 By Fiona Kouyoumdjian, Class of 2005
The Confederate Hospitals of Macon Georgia
 By Dr. Ian Cameron
- November 10/03 **The History of Marijuana as Medicine**
 By Dr. Jock Murray
The Evolution of Medical Illustration: The Legacy of Max Brodel
 By Monique Guilderson
- December 1, 2003 **Alexander Meisels and the Kiolocyte**
 By Dr. Laurette Geldenhuys
Signs of Character: The Legacy of Phrenology
 By Dr. Lara Hazelton
- January 12, 2004 **The Yellow Fever Saga: A Wrong Cause, A Wrong Vaccine**
 By Dr. John Farley
Third World Medicine Today
 By Dr. Tom Casey
- February 2, 2004 **Check Off System**
 By Chryssa McAlister, Class of 2006
**The Shifting Spleen: An exploration into the evolving medical and social
thought of Early Modern England as illustrated by the spleen.**
 By Robyn MacFarlane
- March 1, 2004 **Sam MacLaughlin: The Lord Nuffield of Canada**
 By Dr. Basil Grogono
An Arctic Tale
 By Dr. Tom Baskett
- April 5, 2004 **AZT Patent**
 By Dr. Ian MacLean
**Missionaries, Mercenaries and Misfits: 128 Years of Physicians in a
Subarctic Village**
 By Sarah Giles, Class of 2005



DALHOUSIE
University

Medical Humanities Program

Faculty of Medicine
Dalhousie University
Halifax, NS B3H 4H7

P - (902) 494-2514

F - (902) 494-2074

May, 2003

Autumn Readers:

RE: Autumn Reading Weekend, October 15 – 17, 2004

Ledgehill – Just Outside Middleton, Nova Scotia

The material is ready for this year's Autumn Reading Weekend, October 15-17, 2004 at Ledgehill. The themes for this year will be autism, existentialism, medical conditions and physicians. A tentative schedule is as follows:

Friday evening:

7:00 Supper at Ledgehill

Followed by discussion of:

The Hypochondriac by Graham Swift: Elizabeth Gold

Funes, The Memorious by Jorge Borges: Ian Cameron

An Enlarged Heart by Cynthia Zarin: Dr. H. Wightman

Daisy by Chang-Rae Lee: TBA

Saturday morning:

8:00 Breakfast

Followed by discussion of:

Notes from the Underground by Fyodor Dostoyevsky: Bob Anderson

10:00 Break

Followed by discussion of:

The Curious Incident of the Dog in the Night-Time by Mark Haddon: Janet Murray

Saturday afternoon is free.

Saturday evening:

7:00 Supper

Followed by *The Artist's Eye: A portrait of medicine in 50 paintings*. Jock Murray

Sunday morning:

8:00 Breakfast

Followed by discussion of

Our Cancer Year by Harvey Pekar: Mike Cussen

10:00 Break

Followed by discussion of

The Master and Margarita by Mikhail Bulgakov: Ian Cameron

Jock suggested an interesting addition to the weekend might be to have participants prior to the weekend, make a list of 10 books they would recommend others read – for whatever reason, personal favorites they would like to share with others. They could be ones everyone may have read, but are still important to list, or little treasures one has found, or just the latest find that was a wonderful read. Each person make a list of 10, make 25 copies of this list and bring it along to share with others.

Please let Roxy know if you are planning to attend (roxy.pelham@dal.ca, 494-2514). She will pass on your names to Ledgehill and will send you the shorter readings. Books are available at Frog Hollow Books on Spring Garden Road, 429-3318.

Accommodation is \$528 per couple, \$318 for single. This includes private rental facility, accommodation for 2 nights, 5 meals, 2 nutrition breaks, the use of meeting rooms and breakout areas, bottomless coffee/tea, use of overhead projector and flipcharts and gratuity. (Taxes, bottled beverages, rental of LCD projector and alcohol are extra.) You may visit the website at <http://www.ledgehill.com> to find out more about the facility and to get directions.

Medical Humanities Brown Bag Lunch Schedule 2003-2004

12:30 – 1:30 pm

<u>Date</u>	<u>Title/Speaker</u>	<u>Room</u>
2003		
Tue, Oct 28/03	Renee Forrestall, Artist in Residence Speaks about her Work	Theatre C
Mon Nov 10, 2003	The Art of Robert Pope Dr. Jock Murray	Theatre B
Wed Nov 19, 2003	Vignettes From Practice: “Freud’s Request” and “The Music of Mourning” Dr. Ian Cameron	Sem Rm 2
Wed Dec 3, 2003	Hands: A Suite of Stories Linda Clarke, Facilitator-Narrative in Medicine Program	Sem Rm 2
2004		
Wed Jan 21, 2004	It Comes with the Territory Sarah Giles, Class of 2005	Sem Room 2
Tue Feb 3, 2004	Pain, Disease and the Physician: An Overview Of Western Etiology Nadia Alam, Class of 2006	L-7
Wed Feb 18, 2004	Conflicting Values in Health Care Choices Dr. David Zitner	Sem Room 2
Wed Mar 3, 2004	What Do I Have to do to be a Good Doctor? Laura DiQuinzio, Jill Lawless, Jenny Legassie Lisa Covin , Class of 2004 (Tentative)	Sem Room 2
Wed Mar 24, 2004	TBA	TBA
Wed Apr 7, 2004	TBA Robyn MacFarlane, Class of 2005	Sem Room 2

2004
DR. TJ MURRAY
VISITING SCHOLAR IN
MEDICAL HUMANITIES

Lord Walton of Detchant

Public Lecture:

*A Doctor in the House: Fifteen Years
Experience in the British House of Lords*

7:30 pm

Tuesday, September 21, 2004

Faculty Address:

*The Dilemmas of Life and Death: The
Select Committee on Medical Ethics of
The British House of Lords*

4:30 pm

Wednesday, September 22, 2004

Theatre A

Sir Charles Tupper Medical Building
Dalhousie University
College Street Entrance
Halifax, N.S.

THE
DR. TJ MURRAY
VISITING SCHOLAR IN
MEDICAL HUMANITIES

This annual lecture series was established in honour of Dr. TJ (Jock) Murray, former Dean of Dalhousie Medical School.

Dr. Murray promotes the balanced study of scientific medicine and the humanities as a priority. This Visiting Scholar Programme encourages students and faculty to establish a greater understanding of the art of medicine and its humanistic aspects, through exposure to linkages between medicine and the humanities. Most notably these are: medical history, literature, drama, poetry, art, photography, music, history, philosophy, and ethics.

The TJ Murray Visiting Scholar in Medical Humanities brings outstanding visitors to Dalhousie Medical School to interact with students, faculty and staff through informal discussion, departmental visits, seminars and major Faculty and public addresses.

Previous Scholars include:

1993	Dr. Robert Joy, Bethesda
1994	Dr. Michael LaCombe, Maine
1995	Dr. Albert Jonsen, Washington
1996	Dr. Rita Charon, New York
1997	Dr. Robert Buckman, Toronto
1998	Dr. Michael Bliss, Toronto
1999	Dr. Christine Cassel, New York
2000	Dr. Richard Selzer, New Haven
2001	Ms. Katsi Cook, Berkshire, New York
2002	Dr. Jacalyn Duffin, Kingston
2003	Dr. Roberta Bondar, Toronto

 **DALHOUSIE**
UNIVERSITY
Inspiring Minds
Faculty of Medicine

2004
DR. TJ MURRAY
VISITING SCHOLAR IN
MEDICAL HUMANITIES



Lord Walton of Detchant

September 21 – 24, 2004

Public Lecture:

7:30 pm - Tuesday, September 21, 2004

Faculty Address:

4:30 pm - Wednesday, September 22, 2004

Theatre A

Sir Charles Tupper Medical Building
College Street, Halifax

ABOUT THE SPEAKER

Lord Walton of Detchant qualified in medicine in the Newcastle Medical School of Durham University in 1945 with first class honours. After house officer appointments and military service, he obtained the MRCP in 1950, the MD (Durham) in 1952 and became a Fellow of the Royal College of Physicians in 1963. In 1964, he was appointed Goulstonian Lecturer of the College. In 1958, Lord Walton became Consultant Neurologist to the Newcastle upon Tyne Group of Hospitals; in 1968 he became Professor of Neurology; and from 1971 to 1981 he was Dean of Medicine in Newcastle. From 1983 to 1989 he was Warden of Green College, Oxford.

Lord Walton was a member of the Medical Research Council from 1974 to 1978 and gave the Lumleian Lecture of the Royal College of Physicians in 1979. He was awarded a DSc by the University of Newcastle upon Tyne in 1972 and subsequently received honorary doctorates from the Universities of Aix-Marseille, Leeds, Leicester, Hull, Sheffield, Genoa, Oxford Brookes, Mahidol (Thailand) and Durham, becoming an honorary DCL of Newcastle in 1988. He received an honorary fellowship of the American College of Physicians in 1980, the Royal College of Physicians of Edinburgh in 1981, the Royal College of Physicians of Canada in 1984, and the Royal Colleges of Pathologists and Psychiatrists in 1993. He became an Honorary Fellow of the Royal College of Paediatrics and Child Health in 1994 and a Fellow of the London Institute of Education in 1995. In 1998 he became a Founder Fellow of the Academy of Medical Sciences. Lord Walton is an honorary member of many overseas neurological associations, the Norwegian Academy of Science and Letters, and the Venezuelan and Brazilian Academies of Medicine.

Lord Walton became a Knight Bachelor in 1979 and was awarded a Life Peerage as Lord Walton of Detchant in 1989. He became an Honorary Freeman of the City of Newcastle upon Tyne in 1980. He served as President of the British Medical Association, the Royal Society of Medicine, the General Medical Council, and the World Federation of Neurology. He also served as Chairman of the Paul Hamlyn Foundation National Commission on Education. He was a ten-year member of the House of Lords Select Committee on Science and Technology and chaired three of its subcommittees. He was Chairman of the Select Committee on Medical Ethics in 1993.



TJ MURRAY
OC, MD, FRCPC, FAAN, MACP,
FRCP(Lon), LLD, DSc, DLit

Faculty of Medicine
Dalhousie University

DR. TJ MURRAY

Dr. Jock Murray was Professor of Medical Humanities and founding Director of the Dalhousie MS Research Unit. He was Dean of Medicine at Dalhousie from 1985-1992.

Dr. Murray was Head of the Division of Neurology and Chief of Medicine at Camp Hill Hospital. He was founder and first President of the Dalhousie Society for the History of Medicine. He served as Vice President of the American Academy of Neurology, President of the Canadian Neurology Society and the Association of Canadian Medical Colleges, and was Chair of the Canadian Medical Forum. Dr. Murray was a Governor of the American College of Physicians, Chair of the Board of Governors, Regent, and then served two terms as Chair of the Board of Regents.

Dr. Murray has received many awards, including Professor of the Year from Dalhousie's medical students. He is an Honorary Member of the Canadian Radiological Society and the Canadian College of Family Practice. He was awarded the Cutter Medal by Phi Rho Sigma Fraternity International and the Seymour Medal from the University of Kansas. He was awarded honorary degrees by St. Francis Xavier University, Acadia University and St. Thomas University. In 1991 he was appointed an Officer of the Order of Canada and in 1992 was awarded the Canada 125 Anniversary Medal. In 1995 he received the Neilson Award for Medical History and in 1996 was awarded a Mastership in the American College of Physicians. In 1999 he was awarded the Dr. AB Baker Award from the American Academy of Neurology and the Dr. Nicholas Davies Award from the American College of Physicians. In 2000 he received the Labe Scheinberg Award for his Lifetime Contributions to Multiple Sclerosis and has been made a Fellow of the Royal College of Physicians, London, England. He was named Mentor of the Year by the Royal College of Physician & Surgeons of Canada in 2002. In 2003 he was awarded the Dr. Gerald and Gale Archibald Award in Medical Humanities, The Gold-Headed Cane. This year Dr. Murray received the Distinguished Service Award from Doctors NS and was named a Paul Harris Fellow by the Rotary Foundation International for furtherance of better understanding and friendly relations among peoples of the world.