

Medical Humanities in Nepal – Snakes and Ladders

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ABSTRACT

In the last decade there has been a quantitative growth in medical schools in Nepal, a developing country in South Asia. Medical Humanities (MH) uses disciplines traditionally termed as the humanities in the pursuit of medical educational goals. The subject is slowly developing in Nepal. Sessions have been conducted at Manipal College of Medical Sciences, Pokhara and KIST Medical College, Lalitpur. In this article the authors examine inhibitory factors (snakes) and facilitating factors (ladders) for the development of the subject in Nepal.

Key words: Arts. Literature. Medical humanities. Nepal.

Dr. Deborah Kirklin from London, England, defines Medical Humanities as an interdisciplinary and increasingly international endeavour that draws on the creative and intellectual strengths of diverse disciplines including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology and history in pursuit of medical educational goals.¹

The first author (PRS) conducted a voluntary MH module at the Manipal College of Medical Sciences (MCOMS), Pokhara, Nepal which was activity based, partly problem oriented, student driven, carried out in small groups, and liberally sprinkled with examples from the arts and literature.² The authors had also conducted a MH module for faculty members and medical and dental officers at the KIST Medical College (KISTMC).

The revised curriculum of Tribhuvan University, stresses teaching of communication skills.³ Video demonstrations, mini-lectures, role plays and interactive sessions are planned to be the main learning modalities. Patan Academy of Health Sciences, a new medical school to be opened this year with the aim of producing doctors for rural Nepal has evinced keen interest in MH.

In Nepal, students enter medical school after twelve years of schooling. The subjects of Biology, Chemistry and Physics are mandatory during the last two years. Students from a humanities background are not admitted. Thus, medical students are not well-versed in the humanities and may not have a positive attitude towards the subject.

The importance of wider reading by doctors and the need for inclusion of MH in the medical curriculum to

produce well-rounded and complete doctors has been stressed.⁴ Interdisciplinary learning is not common in Nepal. Also MH sessions commonly employ small group and activity-based learning which are only slowly becoming common. MH requires the active, creative participation of students, and the creation of a safe and non-threatening learning environment.⁵ Also for new learning programs to succeed it is necessary to obtain regular feedback from the students and to consider their opinions for future sessions. Many teachers may not be comfortable with student feedback.

In the west, especially in the United States (US), there is a long tradition of teaching MH and faculty members can draw on a rich store of materials. The literature, art and medicine database (<http://litmed.med.nyu.edu>) indexes a number of literature excerpts, paintings, art work and movies along with annotations. Such resources are absent in Nepal. We have been using paintings from the database for our sessions. We had used literature at MCOMS. The language of the excerpts was occasionally found difficult by the participants. In the west, medical schools use psychologists, artists, and writers for MH teaching. In Nepal, this is not the case and humanities teachers from liberal arts colleges do not have knowledge and exposure to medicine.

In Nepal, the concept of a core area and electives is uncommon. The curriculum of universities mentions the need for electives but the concept has never been implemented. There is reluctance to remove material which is outdated and obsolete. As a consequence the curriculum has become large, complex and unwieldy and finding time for a 'new subject' in the curriculum is difficult.

The single most important factor which led to the development of MH at MCOMS and KISTMC was strong management support. Also many of the subjects which constitute the Medical Humanities are being slowly addressed by different Universities. Communication skills, ethics, understanding the family and social background of patients are stressed. The lecture format, however, is

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Table I: Factors promoting and hindering the development of medical humanities in Nepal.

Promoting factors	Hindering factors
1. Strong support from the management in certain institutions. 2. Related topics slowly being addressed by Universities. 3. Possible linkage with community-based learning and community diagnosis programs. 4. Positive attitude of students. 5. FAIMER support for curriculum innovation projects.	1. Lack of knowledge of humanities among students. 2. Lack of wide reading. 3. Difficulty with literature excerpts. 4. Unfamiliarity with small group teaching among facilitators. 5. Lack of material from a South Asian context. 6. No division of subjects into 'core areas' and 'electives'. 7. Big and unwieldy curriculum.

often used for teaching these subjects. Lectures may be an ineffective method for teaching higher order skills like reasoning, judgment and problem solving.

In Nepal, the majority of the population is rural. Tribhuvan University requires students to spend one month during the first year MBBS in a rural and remote community studying various health problems and working with the community to find solutions.³ However, due to the prolonged and violent conflict community-based learning was severely affected. Long stays and visits to rural communities were suspended and the program was carried out mainly in urban areas. These postings provide a wonderful opportunity to observe the individual in his/her social, economic and cultural setting and can serve to underline many aspects of MH.

An important factor which has been a constant source of encouragement has been the positive response of the students. We have observed this both at MCOMS and KISTMC. Students are interested in exploring a new subject and a new approach to medicine provided the sessions are well designed, interesting and informative. The Foundation for the Advancement of International Medical Education and Research (FAIMER) has recently started three regional centres for the South Asia

region which offer a two years part time fellowship in medical education. The fellows have to develop and carry out a curriculum innovation project in their institution. MH has been developed in MCOMS and KISTMC as part of FAIMER projects.

At present, the hindering factors seem to be more powerful. Steps to strengthen the facilitating factors should be carried out to introduce MH in Nepal and to ensure the growth and development of the subject.

REFERENCES

1. Kirklin D. The centre for medical humanities, Royal Free and University College Medical School, London, England. *Acad Med* 2003; **78**:1048-53.
2. Shankar PR. A voluntary medical humanities module at the Manipal College of Medical Sciences, Pokhara, Nepal. *Fam Med* 2008; **40**:468-70.
3. Tribhuvan University, Institute of Medicine. Revised curriculum for Bachelor of Medicine and Bachelor of Surgery (MBBS) First year. Kath mandu: Medical Education Department, Maharajgunj, Kathmandu, Nepal; 2009.
4. Adhikari RK. Humanities in education of doctors. *Kathmandu Univ Med J* 2007; **5**:443-4.
5. Shankar PR. Can medical humanities take root in Asia? *J Clin Diagnost Res* 2008; **2**:791-5.

