**Health Humanities- For Healthcare Professionals**

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**Abstract**

Health Humanities mould the students to be critical contestants (contestant is not the correct word) in the future delivery of health care. The discipline gives exposure to students to negotiate their own health outside of clinical contexts, through addressing issues around socioeconomic status, aging, disability, etc. The students engage in critical thinking, about the difficulties of health and healthcare. In spite of tremendous improvements in many areas, India contributes inexplicably (There are multiple reasons why India’s healthcare is poor and it cannot be regarded as inexplicable) to the global burden of disease and an essential rearrangement of the healthcare system is required. The students who pursue courses in medicine and various health care disciplines are exceptionally brilliant and talented. Though they learn professionalism, ethics and humanities by observing their teachers, there is no consistency in the way they are being trained. Lack of communication between the doctors and the patients is a problem that has been accepted in India since long and surprisingly not much has been done to rectify it. Hence introduction of Health Humanities into the curriculum of health care sector will be an ideal choice that will improve the awareness, knowledge, and attitude of students. (The author may need to decide how to proceed and what is the basic purpose of the manuscript. Is it to provide an overview of the discipline or is it to provide practical information about implementing HH in the health sciences curriculum. Depending on that she can decide which of my comments she would like to act on and modify the manuscript.)

Key words: Illness, Narrative, Graphic, Philosophy, Art

**Introduction**

The Medical Humanities, otherwise, in a more comprehensive shape, the Health Humanities, are in a form of encouragement (This sentence may need to be rewritten.). The Health Humanities mainly focusses on the suffering rather than pathology and recognises the social determinants of that suffering. It then advocates on behalf of the person who seeks healthcare and whose biological manifestations of illness and disability may be addressed by healthcare but whose psychic and social suffering are most often not. Garden uses the term Health Humanities deliberately to completely recognise professions other than medicine and also to recognise the authority of non-professionals, patients themselves and their intimate circles of support and care (1). Paul Crawford and colleagues hypothesised this terminology and its democratising programme, seeing it as part of the evolution of the field of the Medical Humanities (2). Considerable focus of the Medical Humanities has been on the experience of the individual—in pointed opposition to biomedicine’s focus on diseases, disorders and populations—and this discipline has highlighted narrative as a necessary and ignored dimension of data(3–8). The emergence of this field in which literary representations of illness, disability, healthcare and dying became required texts for clinicians (This sentence may need to be rewritten.). Narrative is a noteworthy aspect of this approach, and deliberately focus on autobiographical versions written by people who are disabled or chronically ill, rather than on depictions of clinicians (9–19). Making these autobiographical texts central to theory and pedagogy is a way of advocating on behalf of the authors.

**Brief history of Health Humanities**

Since the emergence of the field in the 1970s, several movements have begun to challenge the original assumptions, claims, and practices of what developed to be known as the Medical Humanities. However, the hypothesis of the Health Humanities only began to develop in the first decade of the 21st century. Historically, the origins notifying the Health Humanities can be sketched back to, and can now be considered to include, such multidisciplinary areas as the Medical Humanities and the expressive therapies/creative arts therapies (20).

In January 2009, Paul Crawford became the world's first Professor of Health Humanities at the University of Nottingham. The International Health Humanities Network was funded by Arts and Humanities Research Council that was developed by Paul Crawford, Victoria Tischler, Charley Baker, Brian Brown, Lisa Mooney-Smith and Ronald Carter. Baccalaureate and Masters programs in Health Humanities have been developed in the US, Canada and UK(21,22). In the UK, a Health Humanities Centre was established in 2015 at University College London, dedicated to research and teaching in the Health Humanities, including a Master of Arts degree in Health Humanities (23). In 2020, a Master of Science by Research in Health Humanities and Arts started at The University of Edinburgh (24). A conference on the Health Humanities was held in 2006, at Green College, University of British Columbia (23). Some important textbooks on the Health Humanities that was introduced include *Health Humanities Reader* (2014), *Health Humanities*(2015), *Research Methods in Health Humanities*, and *The Routledge Companion to Health Humanities*(2020) (25-28).

In January 2009, Paul Crawford became the world's first Professor of Health Humanities at The University of Nottingham, and with Dr Victoria Tischler, Charley Baker, Dr Brian Brown, Dr Lisa Mooney-Smith and Professor Ronald Carter created an International Health Humanities initiative that included the AHRC-funded International Health Humanities Conference (IHHC)(29). The 1st International Health Humanities Conference was held in 2010, at The University of Nottingham, United Kingdom (30,31). The 2nd Conference was hosted in the USA, in August 2012, at Montclair State University in New Jersey, with the theme of "Music, Health, and Humanity." The 3rd Conference was held in 2014, once again at the University of Nottingham, and featured the theme of "Trauma textualities: Trauma in the Clinical, Arts and Humanities Contexts (32).The 4th Conference was held in 2015, at the Center for Bioethics and Humanities, Anschutz Medical Campus, University of Colorado, Denver, featuring the theme of "Health Humanities: The Next Decade (Pedagogies, Practices, Politics) (33). In 2015 a Health Humanities Centre was established at University College London, dedicated to research and teaching in the Health Humanities, including an MA in Health Humanities (34). In India, Kerala University of Health sciences established Centre for History of Medicine and Health Humanities. Initially the centre was named as Centre for History of Medicine and Museum (in the year 2014) and then later in the year 2017, it was renamed as Centre for History of Medicine and Health Humanities. (The author can also mention important events which have occurred in the developing world in the discipline. Events and developments in Argentina, Asian countries and in India can be described.)

**What is Health Humanities**

Paul Crawford and colleagues expressed Health Humanities as an [interdisciplinary](https://en.wikipedia.org/wiki/Interdisciplinary) field of study that draws on aspects of the [arts](https://en.wikipedia.org/wiki/Arts) and humanities in its approach to health care, health and well-being (29). It involves the application of the creative or fine arts such as visual arts, music, performing arts. The humanities disciplines include literary studies, languages, philosophy, history, religion, etc. to demands of human health and happiness (This sentence may need to be rewritten.) (35). Dr. Kirklin from London, England, an international expert in MH defines it as ‘an interdisciplinary, and increasingly international endeavor 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’(36). After studying the definition of both one can easily analyse that Health / Medical Humanities are almost same, with minor difference. The booming interdisciplinary field Health Humanities discovers human health and illness through the methods and materials of the creative arts and humanities. Health Humanities is an exciting way to learn how the arts and humanities deliver us with creative and intellectually challenging ways of expressing health, illness, and disability. The arts and humanities that include literature, visual and performing arts, film, drama, philosophy and history are especially good at enriching knowledge and experience of health and illness: every so often in the form of stories and innovatively critical works of art. Peer-reviewed academic research has shown the encouraging relationship between Health Humanities training and health practitioners that include physicians, nurses, and public health trainees. (This paragraph is too long. It can be split.) **The skills conventionally underlined by humanities disciplines include critical reading and thinking, oral and written communication, visual literacy, and narrative analysis.** As a significance of this interdisciplinary training and engagement with the arts and humanities, Health Humanities students are exceptionally prepared to confront the intricacies of health in the public sphere—as rigorous, articulate, and, perhaps above all, critically empathetic evaluators (37).

**Understanding the need of Humanities in India**

Dr. Saiyad and team reported a study that was conducted on 1St year MBBS students after a medical humanities module was introduced into their curriculum. Their results indicated students showed good improvement in Awareness, knowledge, and attitude that such modules should be implemented in the curriculum. The health professional that manages a patient has qualities such as empathy, professionalism, and ethics which are seen lacking in fresh undergraduates. Hence it is been suggested to introduce of medical/health humanities early in the medical/health curriculum that help to instil skills (38).

The medical students in India are extremely intelligent and usually perform well in schools and colleges. But the major problem lies in the fact that these students stopped looking into subjects beyond physics chemistry and biology from a very young age of about thirteen. This was to pursue seats in medical colleges becoming little more than mark/rank scoring machines. Since they have fast forgotten the humanitarian subjects and social sciences, they lack enough skill in handling the patients, because for many of them a fear lies inside if they are in the right place (39). This made them fail their confidence in confronting the patients thereby compromising in their service. The fading quality of medical education and patient care in the country has been the cause of much concern and discussion, both within the medical profession and outside (40,41) Major reason identified is the abandoning of humanities and arts courses from curricula for students preparing for professional courses (42). Advices from the educationalists to this situation is to ‘Infuse joy into learning’ and ‘bring genuine human interaction into the classroom’ (43). The Medical Council of India has proposed significant changes and reforms in medical education (44).

Dr. Sunita Patil, while having a coffee chat with a group of elated Interns, who are about to complete their Internship discussed about the course and the reason for selecting this profession. The students said they wish to serve the society, then their future ambition was to pursue super speciality course for better life and settlement. She then asked about the time they spend with patients. Surprisingly it was known they hardly spend any time, instead they take the routine procedures and hurry up to the library to prepare for exams in pursuit of higher education. It is said that Medicine is the ‘art’ and ‘science’ of healing. The irony is, science of healing has advanced with technologies and modalities, but the Art of healing has vanished and we have forgotten the Humanities (45). This may be due to the growing socio economic burden, pressure to settle well etc. The other main cause is due to the present medical curriculum that does not include any subject which relates to the conduct of the health care providers (46). Often students learn professionalism, ethics, and humanities by observing the teachers and clinicians and hence there is no uniformity in the way by which medical students are being taught. In spite of existence of huge vacuum in communication between the doctors and the patients in India nothing much has been done to rectify it. Introducing Health Humanities into curriculum can be an answer to many of the serious and unresolved issues in medical practice.

It was reported in The Hindu newspaper that IIT Hyderabad conducted a medical humanities module for the B.Tech students. The Institute says, the purpose is to introduce students to humanities and social science perspectives about the human body, health, and illness experience. Shubha Ranganathan, and Haripriya Narasimhan, Department of Liberal Arts, at IIT Hyderabad who conducted the course explains that “Humanities disciplines show students a different way of seeing the world, that the world/life is not about problems and solutions only; that one needs to understand the history and the context before one can proceed to ‘solve’ any ‘problem’. This course will bring the ‘human’ element to the centre of discussion...” (47).

**As** per the WHO ‘Health professionals study, advise on or provide preventive, curative, rehabilitative and promotional health services based on an extensive body of theoretical and factual knowledge in diagnosis and treatment of disease and other health problems. They may conduct research on human disorders and illnesses and ways of treating them, and supervise other workers. The knowledge and skills required are usually obtained as the result of study at a higher educational institution in a health-related field for a period of 3–6 years leading to the award of a first degree or higher qualification’.

The occupation of health workers coming under the category of health professionals include: Generalist/specialist medical practitioners, Nursing professionals, Midwifery professionals, Traditional and complementary medicine professionals, Paramedical practitioners, dentists, pharmacists, Environmental and occupational health and hygiene professionals, Physiotherapists, Dieticians and nutritionists, Audiologists and speech therapists, Optometrists and opthalmic opticians. There are other health workers which fall under the categories of health associate professionals, personal care workers in health services, health management and support personnel, and other health service providers not elsewhere classified (48). Since all the health workers deal with betterment of health of patient, incorporating health humanities into the curriculum in the under graduate and/or post graduate level can enhance their empathy, communication skill, reliability, improved attitude, professionalism, personal growth, leadership qualities, patient centred services etc.

(The author can provide an overview of approaches which have been made to introduce the discipline in India. These include street theater, theater of the oppressed and other initiatives. There have been conferences and symposia held on the discipline in the country which can be added. The Indian Journal of Medical Ethics had addressed MH/HH in multiple issues which can be mentioned in greater detail. The recent attitude, ethics and communication (AETCOM) module of the Medical Council of India can also be mentioned.)

**Health Humanities: A discipline that infuse joy into learning**

Health Humanities includes the human experiences of medicine seen through the humanities and reflected philosophically (49). An author states that the debate should be less about which disciplines to include and be more about the human experience of health, disease, illness, medicine and health care (50,51). Through this the health profession students are taught to better understand and critically reflect on their professions. It is intended that they become more self-aware and caring healthcare professionals. Nearly two decades ago, Professor Downie had suggested four types of connection between literature and medicine (52). One type benefits literature, the second provides entertainment and relaxation, the third provides insight into the standing of professions in the public perception and the fourth provides glimpses of ‘whole person understanding’ and is directly beneficial to the practice of medicine. ‘Whole person understanding’ requires a knowledge of the patient’s/person’s personal biography beyond what is usually obtained during traditional history taking and some imaginative sympathy/empathy with that biography (53).The advantages of learning Health Humanities is given in table 1.

**Table 1: Benefits of learning HH (54-57)**

|  |  |
| --- | --- |
| **Type** | **Benefit** |
| Literature | * Provide insights into common shared human experiences, individual differences and the uniqueness of each human being. * It can enrich language and thought * Can serve to introduce students to problematic, unfamiliar life situations * Can serve as a source of case histories for students * Help expand on the limited scenarios encountered in day to day life. |
| Drama | Effectively teach students to communicate well orally while philosophy can teach them the skills of analysis and argument |
| Painting | Can bring out the different non-verbal ways in which feelings or attitudes can be expressed |
| Plays, poems and novels | Help demand an emotional response from readers who obtain an opportunity to understand and challenge their biases and prejudices |
| Stories | Often been used traditionally to bring home and reinforce among readers a ‘moral’ |
| Narrative Medicine | Help in understanding the sufferings of illness |
| Graphic Medicine | As a disruptive movement, as an educational tool and as therapy in community formation |

**Health Humanities representations**

The ground breaking work of sociologist Arthur Frank, beginning with his 1995 book The Wounded Storyteller, helped forge the discipline Health Humanities(58). This book defies the hypothesis in which seeking medical care involves ‘a narrative surrender’ to a medical narrative of illness. It offers an alternative hypothesis in which people’s stories of illness are no longer secondary to the medical narrative “but have their own primary importance”. In the most recent work of Frank the patient and her or his illness narrative continue to be the central, as is his emphasis that “the medical history is not the ill person’s story”. Frank insists that healthcare must include a sociocultural approach rather than a narrowly biomedical approach to achieve the sense of healing. Frank perceives the Health Humanities as proposing a remedy for this breach in understanding. He sees “the humanities as therapeutic”, as capable of facilitating a “narrative therapeutic” by enabling the prompts for patients’ stories and by “offering appreciations that reinforce aspects of the selves displayed in storytelling” (59).

Health Humanities scholar Susan Squier suggest that the “lack of awareness or ignorance in medicine…can be remedied by the Medical Humanities” (60). Squier in her discussion of two book-length graphic narratives of cancer (Brian Fies’s Mom’s Cancer and Harvey Pekar’s and Joyce Brabner’s Our Cancer Year), she challenges the Health Humanities, as well as healthcare, to more fully represent patients by rejecting a tendency to take an instrumental or mimetic approach to literary texts. According to Squier, rather than focusing exclusively on texts that represent specific aspects of medicine, a tendency that often neglects representation of the larger sociocultural context of health and illness, Health Humanities scholars should work towards an epistemological expansion: representation of “the social and political threats to human health” and the inter subjective nature of illness, in addition to attending to the experience of the individual who suffers.

Health Humanities educators draw on literature and illness narratives as a means of addressing the power imbalance in healthcare by exploring the subjective experiences of patients. Delese Wear the Health Humanities are essential to healthcare education and practice because they embody patients’ perspectives in relation to ‘social, cultural, and political contexts’ (61). In research and pedagogy of Rebecca Garden, Health Humanities scholars and educators attempt to speak for the underrepresented, for those who are marginalised in the societies and cultures and in the healthcare setting (1).

Since the definition and scope is well situated within the custom of Health Humanities, graphic medicine efficaciously describes the unspoken dimensions of human experience. As the authors confirm in the Graphic Medicine Manifesto, graphic medicine is a unique means of “interrogating the representation of physical and emotional signs and symptoms within the medium”. Ian Williams, an English physician who coined the term graphic medicine observes the correlation of graphic medicine with the aims of narrative medicine thus: “graphic medicine combines the principles of narrative medicine with an exploration of the visual systems of comic art, interrogating the representation of physical and emotional signs and symptoms within the medium” (62). As Squier contends “while narrative medicine focuses on the textual and verbal, graphic medicine can access those aspects of illness and medicine that we experience visually and spatially, as enduring, if intractable, aspects of the patient’s experience” (63).

Recently Ministry of Health and family Welfare, Government of India released a comic entitled “Kids, Vaayu &Corona: Who wins the fight?” A comic for COVID-19 awareness. The concept, script and idea was from Dr Ravindra Khaiwal, Department of Community Medicine and Public Health, PGIMER, Chandigarh and Dr Suman Mor, Department of Environment Studies, Panjab University. Here ‘Vaayu’ is a global citizen who lives in the foothills of Himalayas, India who becomes a superhero that works for better public health and environment. It is mentioned that he has been called to fight against global threat of Coronavirus and to protect children from sudden panic and fear. It was created to make children aware about the threat of Coronavirus and how to remain safe through simple precautionary steps. The comic was to learn with fun and motivate the children to be hero of prevention by defeating Corona (64).

**Remodelling Healthcare profession through Arts and Humanities**

Affixed on the philosophical hypothesis that “it is through arts and humanities that we can fully grasp the meaning of events and experiences in healthcare”(Table 2), Health Humanities provide a collective understanding of illness experiences66. Health Humanities thus enables the sufferers and caregivers to express their experiences through various artistic means, and facilitate the health care profession to progress beyond the restrictive context of realistic study and evidence. Health Humanities provide vision into the difficulties of human experiences through visual and verbal modes of expression. It blurs the limits between arts and biomedicine by yoking them together. As Crawford *et al*. observe: “there are areas where there is yet relatively little scholarship but where the arts and humanities are poised to make a contribution, such as exploring the experiences of carers, reconnoitring the work of clients and practitioners in roles beyond the relatively narrow set which have so far been explored”(26).

**Table 2: Some of the popular representations of illnesses and pain across various artistic media (57):**

|  |  |  |
| --- | --- | --- |
| Frida Kahlo’s painting | The Wounded Deer | which is about her disturbing medical experiences |
| Michelangelo’s illustration | La Pieta | is a nonpareil of inexpressible trauma sculpted in marble |
| John Keats’s poems |  | expressions of his TB experience |
| Demi Lovato’s songs |  | thematic moorings of illness |
| Marvelyn Brown’s | The Naked Truth | HIV experience is chronicled as textual narratives that reinforces the theme of illness |
| Ron Howard’s movie | A Beautiful Mind | an intense depiction of schizophrenia |
| John’s dance performances |  | Brilliant instances of illness evinced through performative art forms. |
| Keith Berr’s photography | Flashes of Hope | utilises creative photography for sharing cancer experiences, attempt to alter the way children with terminal illnesses see themselves |
| Dana Walrath’s graphic medicine | Aliceheimer’s: Alzheimer’s Through the Looking Glass | Uses images of magic and mirth to present Alzheimer’s as an occasion to disinter the previously unexplored realms of the self |

(The transition to Bioethics is abrupt. I would suggest a paragraph highlighting the connection between the health humanities and bioethics.)

**Teaching bioethics**

Bioethics is concerned with addressing ethical issues in healthcare, medicine, research and environment. Traditional medical ethics has developed since the 1950s into bioethics (65). The study at King Faisal University College of Medicine, Saudi Arabia suggested that bioethics should be taught in clinical settings and the medical curricula should include the Islamic code of medical ethics. The authors who published a paper in 1999 about medical ethics curricula in Asia reported that medical ethics courses were widespread in the but the programmes offered were different (66). In Sri Lanka, teaching of bioethics were there in all medical schools but shortage of trained teachers were observed (67). At the Queensland University of Technology in Australia health ethics was taught as relational engagement to paramedical students (68). In India, the Indian Council for Medical Research is the central body for coordinating, formulating and promoting biomedical research. The council offers training programs and is formulating a core curriculum for teaching bioethics in different medical schools in the country (69). In Iran a medical ethics research centre was established in 1993 where seminars and courses for different healthcare personnel have been conducted in different parts of the country (70).

**Conclusion**

Health Humanities can be an aid to plank off the weakening of humanities. It can model an applied approach for the broader humanities to attract student interest. It can improve students’ capability for critical reading, writing and reflection about health and medicine in society, practice, and their own lives. The Health Humanities can inculcate all students against the influence of medicine through preparing pre-health students to direct the concealed medical curriculum and preparing future patients to steer the health care system.

(The author can consider adding a paragraph or two on introducing health humanities into the curriculum of undergraduate health science students in India.)

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**Conflict of interest**: Nil

(This is an interesting manuscript providing an overview of the health humanities. The manuscript is well referenced but the perspective of the developing world is under-represented. I do acknowledge that most of the published work is from the developed west but more literature from developing countries can be cited. What direction will health humanities take in India? What influence will the cultural and linguistic diversity of the country have on the discipline? The language can be simplified and the matter may be presented in a simpler manner to make it easier for readers to comprehend the interesting discussion and arguments.)

**References**

1. Rebecca Garden. Who speaks for whom? Health humanities and the ethics of representation. *Med Humanit* 2015;41:77–80. doi:10.1136/medhum-2014-010642.
2. Morrison T. Beloved. New York: Knopf, 1998:190.
3. Charon R. Narrative medicine: honouring the stories of illness. Ed 1.Oxford: Oxford University Press, 2008.
4. Greenhalgh T, Hurwitz B. Narrative based medicine. London: BMJ Books, 1998.
5. [Greenhalgh T](https://www.ncbi.nlm.nih.gov/pubmed/?term=Greenhalgh T%5BAuthor%5D&cauthor=true&cauthor_uid=9872892), [Hurwitz B](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hurwitz B%5BAuthor%5D&cauthor=true&cauthor_uid=9872892). Narrative based medicine: why study narrative? [*BMJ.*](https://www.ncbi.nlm.nih.gov/pubmed/9872892)1999; 318(7175):48-50. doi:10.1136/bmj.318.7175.48
6. Jones AH. Literature and medicine: narrative and ethics. *Lancet* 1997; 349 (9060):1243–6. doi:10.1016/S0140-6736(97)03395-3
7. Kleinman A. The illness narratives: suffering, healing and the human condition. NY:Basic Books, 1988. https://doi.org/10.1177/136346158902600303
8. Lewis B. Narrative psychiatry: how stories can shape clinical practice. Baltimore, MD: The Johns Hopkins University Press, 2011.
9. Avrahami E. The invading body: reading illness autobiographies. Charlottesville, VA: University of Virginia Press, 2007.
10. Couser GT. Recovering bodies: illness, disability, and life writing. Madison, WI: University of Wisconsin Press, 1997.
11. Diedrich L. Treatments: language, politics, and the culture of illness. Minneapolis: Minnesota University Press, 2007.
12. Frank AW. Reclaiming an orphan genre: the first-person narrative of illness. *Lit Med* 1994;13(1):1–21. doi:[10.1353/lm.2011.0180](https://doi.org/10.1353/lm.2011.0180)
13. Garden R. Disability and narrative: new directions for medicine and the medical humanities. *Med Humanit* 2010;36(2):70–4. doi: 10.1136/jmh.2010.004143.
14. Garden R. Telling stories about illness and disability: the limits and lessons of narrative. *Perspect Biol Med* 2010;53(1):121–35. doi: 10.1353/pbm.0.0135.
15. Garden R. Social studies: the humanities, narrative, and the social context of the patient-professional relationship. In: Jones T, Wear D, Friedman LD, eds. Health humanities reader. New Brunswick, NJ: Rutgers University Press, 2014.
16. Hunsaker Hawkins A. Reconstructing illness: studies in pathography. West Lafayette,IN: Purdue University Press, 1993.
17. Kumagai AK. A conceptual framework for the use of illness narratives in medical education. *Acad Med* 2008;83(7):653–8. doi: 10.1097/ACM.0b013e3181782e17.
18. Raoul V, Canam C, Henderson AD, Paterson C, eds. Unfitting stories: narrative approaches to disease, disability, and trauma. Waterloo, Ontario: Wilfrid Laurier University Press, 2007.
19. Sakalys JA. The political role of illness narratives. *J Adv Nurs* 2000;31(6):1469–75. DOI: [10.1046/j.1365-2648.2000.01461.x](https://doi.org/10.1046/j.1365-2648.2000.01461.x)
20. [*Medical Humanities* – BMJ Journals](http://mh.bmj.com/). Mh.bmj.com. Retrieved 16 April 2020*.*
21. Berry, S.L., Lamb, E.G., and Jones, J. (2016). Health Humanities Baccalaureate Programs in the United States. Centre for Literature and Medicine, Hiram College. www.hiram.edu/images/pdfs/centerlitmed/ HHBP\_8\_11\_16.pdf. 14/3/2020.
22. Peterkin, A.D. and Skorzewska, A. (2018). Health Humanities in Post-Graduate Medical Education. Oxford University Press: Oxford.
23. https://www.ucl.ac.uk/european-languages-culture/research-centres/centres/health-humanities. Retrieved 16 April 2020.
24. <https://www.ed.ac.uk/health/subject-areas/counselling/postgraduate-research/mscr-health-humanities-and-arts/programme-introduction>. Retrieved 16 April 2020.
25. Jones T, Wear D, Friedman LD. (Eds.).  Health Humanities Reader. New Brunswick, NJ: Rutgers University Press 2014.
26. Crawford P, Brown B, Baker C, Tischler V, Abrams B. Health Humanities. London: Palgrave-Macmillan 2015.
27. Klugman CM, Lamb EG (Eds.).  Research Methods in Health Humanities, Oxford: Oxford University Press 2019.
28. Crawford P, Brown B, Charise A. (Eds.).  The Routledge Companion to Health Humanities, London: Routledge 2020.
29. Crawford P, Brown B, Tischler V, Baker C. Health Humanities: The future of medical humanities? *Mental Health Review Journal* 2010;15 (3): 4-10.
30. <http://www.madnessandliterature.org/Resources/IHHC-flyer.pdf> . Retrieved on 21-04-2020.
31. Madness and Literature: Report from International Health Humanities Conference

Bethlem Museum of the mind.<http://www.madnessandliterature.org/Resources/First-International-Health-Humanities-Conference-Programme.pdf>. Retrieved 16 April 2020

1. h[ttp://www.healthhumanities.org/blog/view/0/50](http://www.healthhumanities.org/blog/view/0/50). Retrieved 17April 2020
2. [http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BioethicsHumanities/ArtsHumanities/Pages/Health%20Humanities%20Conference.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BioethicsHumanities/ArtsHumanities/Pages/Health Humanities Conference.aspx). Retrieved 17April 2020
3. https://www.ucl.ac.uk/european-languages-culture/programmes-courses/postgraduate-taught/health-humanities-ma. Retrieved 17April 2020
4. Therese Jones, Delese Wear, and Lester D. Friedman (Eds.) Introducing the Humanities to All Health Related Fields Health Humanities Reader New Brunswick, NJ: Rutgers University Press, 2014. 603 pp.
5. Kirklin, D. (2003). The Centre for Medical Humanities, Royal Free and University College Medical School, London, England. *Academic Medicine*, *78*, 1048–1053. doi:10.1097/00001888-200310000-00023
6. <https://www.utsc.utoronto.ca/labs/scope/about/> Assessed on 21-04-2020.
7. [Shaista M Saiyad](http://www.ijabmr.org/searchresult.asp?search=&author=Shaista+M+Saiyad&journal=Y&but_search=Search&entries=10&pg=1&s=0), [Swapnil J Paralikar](http://www.ijabmr.org/searchresult.asp?search=&author=Swapnil+J+Paralikar&journal=Y&but_search=Search&entries=10&pg=1&s=0), [Anita P Verma](http://www.ijabmr.org/searchresult.asp?search=&author=Anita+P+Verma&journal=Y&but_search=Search&entries=10&pg=1&s=0). Introduction of medical humanities in MBBS 1st year. *International Journal of Applied and Basic Medical Research*. 2017; 7(5): 23-26. doi: 10.4103/ijabmr.IJABMR\_138\_17.
8. Radha Ramaswamy “Medical humanities” for India. *Indian Journal of Medical Ethics* 2012; 9(3):1-4. doi: <https://doi.org/10.20529/IJME.2012.048>.
9. *Medical Council of India*. Vision *2015* New Delhi: MCI; 2011. https://www.mciindia.org/CMS/wp-content/uploads/2018/01/MCI\_booklet.pdf
10. Zachariah P. Rethinking medical education in India. *The Hindu* 2009 Sep 9. https://www.thehindu.com/opinion/op-ed/Rethinking-medical-education-in-India/article16880031.ece
11. Snow CP. The Rede Lecture1959. New York: Cambridge University Press; 1961. http://s-f-walker.org.uk/pubsebooks/2cultures/Rede-lecture-2-cultures.pdf
12. Robinson K. Imagination and empathy. Dalai Lama Center’s Speakers series event, Educating the heart and mind. (<https://www.youtube.com/watch?v=Yu2zcmb3yAQ&feature=relmfu>)
13. Medical Council of India. *Regulations on Graduate Medical Education 2012* – Medical Council of India. New Delhi: MCI; http://iafmonline.in/data/circular-notifications/Revised-GME-2012.pdf
14. Sunita Y. Patil. Medical Humanities in India: Need of the hour. *Al Ameen J Med Sci* 2017; 10(2) : 86-88.
15. Gupta R, Singh S, Kotru M. Reaching people through medical humanities: An initiative. *J Educ Eval Health Prof.* 2011; 8:5. doi: 10.3352/jeehp.2011.8.5
16. Madhumitha Srinivasan. All about IIT Hyderabad Medical Humanities course - The Hindu. An IIT course with a touch of engineering, medicine and humanities June 30, 2018.
17. World Health Organization. Classifying health workers: Mapping occupations to the international standard classification. Classification of health workforce statistics, World Health Organization, Geneva. [www.who.int/hrh/statistics/workforce\_statistics. pp](http://www.who.int/hrh/statistics/workforce_statistics. pp) 1-14
18. Evans M. Reflection on the humanities in medical education. *Medical Education*2002; 36:508–513. doi:10.1046/j.1365-2923.2002.01225.x
19. Coulehan, J., Belling, C., Williams, P. C., McCrary, S. V., & Vetrano, M. Human contexts: Medicine in society at Stony Brook University School of Medicine. *Academic Medicine* 2003; *78*: 987–992. doi:10.1097/00001888-200310000- 00009
20. Arnott, R., Bolton, G., Evans, M., Finlay, I.,Macnaughton, J., Meakin, R., & Reid, W. Proposal for an Academic Association for Medical Humanities. *Medical Humanities* 2001; *27*, 104–105. doi:10.1136/mh.27.2.104.
21. Downie RS. Literature and Medicine. *Journal of Medical Ethics* 1991; 17: 93–96, 98.doi:10.1136/jme.17.2.93.
22. Ravi Shankar P. Medical Humanities Chapter 16. User-Driven Healthcare and Narrative Medicine: Utilizing Collaborative Social Networks and Technologies. Medical infor Mation science reference, New York 2011.pp 210-227. 2012 doi:10.4018/978-1-60960-097-6.ch016.
23. Scott PA.The relationship between the arts and medicine. *Medical Humanities* 2002; 3–8. doi:10.1136/mh.26.1.3
24. Macnaughton, J. (2000). The humanities in medical education: context, outcomes and structures. *Medical Humanities* 2000, *26*, 23–30. doi: 10.1136/ mh.26.1.23.
25. Evans, D. (2001). Imagination and medical education. *Medical Humanities* 2001; 27:30–34. doi: 10.1136/ mh.27.1.30.
26. Sathyaraj V, Anu MP. Towards a Theory of Graphic Medicine. Rupkatha Journal on Interdisciplinary Studies in Humanities. 2019; 11(2): 1-19. DOI: https://dx.doi.org/10.21659/rupkatha.v11n2.08
27. Frank AW. The wounded storyteller: body, illness, and ethics. Chicago: University of Chicago Press, 1995.
28. Frank AW. Being a good story: the humanities as therapeutic practice. In: Jones T, Wear D, Friedman LD, eds. Health humanities reader. New Brunswick, NJ: Rutgers University Press, 2014:13–25.
29. Squier SM. Beyond nescience: the intersectional insights of the health humanities. Perspect Biol Med 2007; 50 (3):334–47. DOI:10.1353/pbm.2007.0039
30. Wear D. The medical humanities: toward a renewed Praxis. J Med Humanit 2009; 30 (4):209–20.  doi: 10.1007/s10912-009-9091-7.
31. Czerwiec MK, Williams I, Squier SM, Green MJ, Myers KR, Smith ST. Graphic medicine manifesto. 2015 Pennsylvania: The Pennsylvania State University Press.
32. Squier SM. Literature and medicine, future tense: Making it graphic. *Literature and Medicine* 2008; 27 (2): 124-152. DOI: 10.1353/lm.0.0031
33. Ravindra Khaiwal, Suman Mor. Kids, Vaayu &Corona: Who wins the fight? A comic for COVID-19 awareness. http://mohfw.gov.in/Corona\_comic\_PGI.pdf.
34. Al-Umran KU, Al-Shaikh BA, Al-Awary BH, Al-Rubaish AM, Al-Muhanna FA. Medical ethics and tomorrow’s physicians: an aspect of coverage in the formal curriculum. *Medical Teacher*2006; 28: 182–184. doi:10.1080/01421590500271365.
35. Miyasaka M, Akabayashi A, Kai I, Ohi G. An international survey of medical ethics curricula in Asia. *Journal of Medical Ethics* 1999; 25:514–521. doi:10.1136/jme.25.6.514.
36. Sumathipala A. Bioethics in Sri Lanka. *Eastern Mediterranean Health Journal* 2006; 12(1): S73–S79.
37. Milligan E, Woodley E. Creative expressive encounters in health ethics education: teaching ethics as relational engagement. *Teaching and Learning in Medicine* 2009; 21: 131–139. doi:10.1080/10401330902791248.
38. Kumar NK. Bioethics activities in India. *Eastern Mediterranean Health Journal*2006; 12(Supplement 1): S56–S65.
39. Larijani B, Zahedi F, Malek-Afzali H. Medical ethics in the Islamic republic of Iran. *Eastern Mediterranean Health Journal* 2005; 11: 1061–1072.