

‘The Play’s the Thing’ Among Other Innovations: The Establishment of the Medical College of Wisconsin’s Medical Humanities Program and Its Incorporation of Medical Humanities Into Medical Education

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ABSTRACT

Background: Leading organizations have recognized that medical schools need greater incorporation of the medical humanities to educate physicians. The Medical College of Wisconsin’s (MCW) Medical Humanities Program, established in 2006, is dedicated to professionalism, communication, empathy, and reflection.

Objectives: This article describes the establishment of MCW’s Medical Humanities Program and its incorporation of medical humanities into medical education.

Methods: Medical humanities are defined, with examples provided, and the history of their development at the MCW and their incorporation into the curriculum over 2 decades is chronicled.

Results: Medical humanities have been successfully incorporated into the curriculum, including 2 courses offered for more than 2 decades and 2 additional courses incorporated for more than 7 years. Longstanding extracurricular offerings further strengthen the medical humanities academic environment.

Conclusions: MCW’s Medical Humanities Program—through its incorporated courses and extracurricular offerings—has established medical humanities as a pillar of the medical school curriculum and, after 2 decades, continues to flourish.

BACKGROUND

In April 2025, the Program in Bioethics at the University of Wisconsin School of Medicine and Public Health (UWSMPH) sponsored its Annual Bioethics Symposium, which featured a performance of UWSMPH faculty member Karola Kreitmair’s play, *Homo Ex Machina*, a drama about the consequences—intended and unintended—of cranial implantation and deep brain stimulation.¹ After the performance, there were academic presentations about the philosophical and ethical issues raised by the play. This

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was the only time the play had been performed since its inaugural run in Palo Alto, California, in 2018.

However, in 2023, Dr Kreitmair and I used the video from the original production of her play with students enrolled in the Medical College of Wisconsin’s (MCW) Scholarly Concentration in Bioethics and Medical Humanities to identify and discuss the ethical issues depicted in the play as part of the required academic activities.

In Shakespeare’s *Hamlet*, the protagonist uses a play performed within the play as a device. He says, “The play’s the thing / Wherein I’ll catch the conscience of the king.”² In a similar way, we used Kreitmair’s play to “catch” the ethical and humanistic sensitivities of the students and asked them

to identify ethical issues embedded in the play, including informed consent, coercion, unintended treatment outcomes, personhood and identity, and distinctions between innovative therapy and research. These are important concepts in bioethics and medical humanities, as well as in medical practice and research. The play engaged our students and supported their emerging ethical discernment and expertise in a way that didactic readings and lectures do not.

Several years ago, the Royal Society of Medicine published an article concluding that physicians could learn to empathize better with patients by studying William Shakespeare’s insights into humanity.³ This conclusion should not be surprising to those who have read or revisited many of Shakespeare’s works. Drama is one of many didactic approaches that uses a broad range of humanities as applied to medical education, commonly known as the “medical humanities”⁴ or “health humanities.”

These approaches can benefit students, trainees, physicians, and patients.⁵

The use of dramatic literature in medical education is not common. I used the final scene from the film *Wit*—based on Margaret Edson’s Pulitzer Prize winning play—with MCW students in our medical ethics courses to show the dramatic transgression of an unwanted resuscitation attempt for the central character, a patient dying from metastatic cancer.⁶

The term “medical humanities” has been defined as “those disciplines that inquire into the human experience of illness, healing and doctoring with attention to meaning, values and the history of ideas.” They better equip physicians to “relieve suffering, understand the experience of illness and disability, find deeper value in the practice of medicine, resolve ethical dilemmas, confront mystery, learn from history, address social determinants of disease, and monitor the biases and limitations of science.”⁷ Though philosophy is considered one of the humanities, the term “medical humanities,” as used in medical education, generally does not include medical ethics.

The Journey of Medical Humanities in the MCW Curriculum

Some medical humanities approaches have a long and enduring presence in medicine. Anatomical illustration has been an artistic companion in medical education since the era of the printing press, beginning with Andreas Vesalius’s masterwork *De Humani Corporis Fabrica*, published in 1543,⁸ and continuing through the modern era with Frank Netter, MD, whose vivid depictions conveyed clinical stories alongside anatomical instruction.⁹

The field of medical history was incorporated formally into universities, first as a department at Johns Hopkins in 1929,¹⁰ and next in 1950 at the University of Wisconsin Medical School. The latter would engender one of the earliest medical school programs in bioethics in 1973, led by Norman Fost, MD, MPH.¹¹

The nonfiction essay has also been employed successfully by physicians such as William Osler, who wrote on many topics, including, in an address to new physicians, the importance of equanimity in medical practice.¹² The physician-scientist and essayist Lewis Thomas, MD, wrote a column “Notes of a Biology Watcher” in the *New England Journal of Medicine*, reflecting on a wide array of issues in science and medicine.¹³

Physician-storytellers have long enthralled general readers with fiction informed by medicine and science, including Anton Chekhov and Arthur Conan Doyle. More recent physician-writers, including Richard Selzer, Abraham Verghese, and Atul Gawande, and physician-poets such as William Carlos Williams and Rafael Campo, have shared important experiences of their lives as physicians through their writing for medical journals and general audiences. Their works have influenced the way society views the profession—and how the profession views itself.

The power of stories as a pedagogical tool was recognized by Robert Coles, MD, a psychiatrist who wrote about the use of sto-

ries in teaching the values in medicine, including ethics. These stories engaged what he termed “moral imagination.”¹⁴ Although every medical school had some instruction in medical ethics when he wrote these words more than a quarter century ago, medical humanities programs were uncommon, and the evidence base for their use in medical education was more aspirational than established.¹⁵

In response to his call to action, in 1996 I added nonfiction essays and poetry to MCW’s second-year medical ethics course that I directed. Student feedback indicated that these works helped them better understand medical ethical issues, with a supermajority responding positively and the remainder either indifferent or, for a resistant few, irritated. One student wrote in the evaluation, “I didn’t go to medical school to read poetry.” Understood.

Nonfiction and even fictional narratives are more straightforward instructional techniques than poetry, though poems such as Raymond Carver’s *What the Doctor Said*—in which a patient (Carver himself) receives a diagnosis of untreatable lung cancer—also have a place in medical education.¹⁶

After presenting data on student feedback about the course at a national meeting and receiving encouragement from fellow medical school faculty to continue these efforts, the time was right at MCW to expand the use of medical humanities in the curriculum.

Formal Humanities Program Launched With Four Cornerstone Courses

After receiving a grant with colleague Julia Uihlein, MA, to launch a formal program in medical humanities, I consulted with directors of 4 leading medical humanities programs based in medical schools: Rita Charon, MD, PhD, at Columbia University; Catherine Montgomery, PhD, at Northwestern University; Audrey Schaefer, MD, at Stanford University; and Anne Hudson Jones, PhD, at the University of Texas Medical Branch. These colleagues shared their distinct approaches to incorporating medical humanities into their medical schools’ curricula.

We launched the MCW Medical Humanities Program in 2006, directed by me, with Ms Uihlein as associate director. The program was dedicated to the medical educational goals of professionalism, communication, empathy, and reflection. This was the first formal medical humanities program in a medical school—or any university—in Wisconsin. We planned both curricular and extracurricular offerings to advance these educational goals.

The cornerstones of the program are 4 medical humanities elective courses in the MCW curriculum. The first of these—the M4 (fourth-year) *Art of Medicine Through the Humanities* course—began in 2000 with enrollment of several students and 14 instructors.¹⁷ Why introduce medical humanities at this point in the curriculum? The M4 year is a time when students may reflect on their medical education and clinical experience as they stand on the cusp of more intense and arduous residency training.

The course goals include examining the physician-patient relationship; increasing knowledge and skills in professionalism, communication, and empathy; reflecting on the profession of medicine and professional behavior, including teamwork; broadening cultural awareness and understanding of patients in their social context; and refining communication skills with colleagues and patients through reflection, practice, and self-assessment in small-group seminar discussions. The subjects of these discussions include challenges to professionalism, empathy, and communication in caring for patients in varied clinical settings, and they go beyond medical knowledge to address skills and attitudes central to the profession.

In the course, I began by using nonfiction essays and poems to teach insights into challenges in emergency medical practice and vexing issues in clinical ethics consultation. In 2004, I assumed leadership of the elective and, with Ms Uihlein's help, prepared the groundwork for an expanded course and a broader program of new medical humanities courses.

Seminars in the *Art of Medicine* elective have expanded to include discussions of physician and patient narratives, as well as innovative instructional methods using films, plays, literature, medical improvisation, music, and visual perception analyses involving artwork and photography. Along with case studies of clinical encounters, students engage in close reading of literature and poetry, medical improvisation exercises, careful visual examination, and painting. The seminars are led by 44 faculty presenters from MCW and other university and community partners.

Students also attend a guided tour of the Milwaukee Art Museum and performances by the Milwaukee Symphony Orchestra and Milwaukee Repertory Theater, followed by discussions with directors and performers. The course culminates in individual student creative final products for presentation and publication, with guidance from a writer and editor with experience in academic publishing.

Although enrollment in the early years of the *Art of Medicine* course was small (2-9 students), it has been as high as 20 students and is now capped at 16 to preserve opportunities for interactive discussion.

The second cornerstone course is the M1 *Healer's Art* course, initiated at MCW in 2007. Founded by Rachel Remen, MD, at University of California San Francisco, this nationally recognized elective advances wholeness, compassionate listening, self-care, and service.¹⁸ Lucille Marchand, MD, who led the *Healer's Art* curriculum at UWSMPH, shared her experience as we began our course. Now in its 17th year, the MCW *Healer's Art* course is open to all first-year students, with enrollment ranging from 12 to 55 students.

The third and most substantial cornerstone of the program is the Scholarly Concentration in Bioethics and Medical Humanities. All MCW students must choose among 9 scholarly concentrations that extend from mid-first year to mid-third year. Students spend

1 afternoon each week in their chosen area, participating in core didactic sessions, supplementary academic activities, and work on a scholarly project intended for presentation and potential publication.¹⁹

The Scholarly Concentration in Bioethics was originally approved in 2013 to focus solely on bioethics, in part because educational leaders recognized its academic importance. Reviewers initially were skeptical about the academic value of medical humanities. After becoming course co-director in 2015, I advocated for incorporating medical humanities into the course. The case was supported by emerging scholarship in medical humanities, the adoption of similar concentrations at several leading medical schools (eg, Stanford, Johns Hopkins, Brown), and strong student interest. In 2019, medical humanities was added to the curricular objectives and the concentration's name.²⁰

Along with advanced bioethics topics, the concentration includes medical humanities approaches such as narrative medicine (described below), visual thinking strategies (focused on perception and interpretation),²¹ graphic medicine (narratives in cartoon form),²² and medical improvisation (using improvisational theater techniques to improve communication and teamwork).²³ When medical humanities were added, enrollment began with 18 students; currently, 32 students are enrolled over 2 years.

The fourth cornerstone is our M4 elective course in narrative medicine. Dr Charon outlines 3 narrative medicine principles: (1) clinicians can be fully present with and listen attentively to patients' stories and know their own stories (attention); (2) clinicians can examine the meaning of patients' stories and how they construct meaning from their experiences (representation); and (3) clinicians can use the experience of telling and listening to stories of suffering to deepen empathy and compassion in their relationships with patients and colleagues (affiliation).^{24,25}

With Ms Uihlein's retirement in 2019, Bruce Campbell, MD became the program's associate director. Having been trained in narrative medicine at Columbia University, he and I began a new M4 elective focused primarily on narrative medicine, now offered twice each year. Currently 12 students, the maximum, are enrolled.

These 4 courses—*Art of Medicine Through the Humanities*, *Healer's Art*, the 2-year Scholarly Concentration in Bioethics and Medical Humanities, and the narrative medicine elective—were re-accredited as the MCW-Milwaukee medical school curriculum transitioned into its new MCWfusion format, which includes Phase 1 (preclinical) over the first 3 semesters, Phase 2 (clinical) over the next 2 semesters, and Phase 3 over the final 3 semesters, with required and elective coursework. A more recent addition is a Phase 3 elective in graphic medicine.

Notably, the courses are taught primarily by clinicians with training or interest in the medical humanities rather than by doctoral-trained humanities scholars, because MCW does not have liberal arts or humanities departments to draw from, although a

handful of scholars from other universities participate intermittently.

As our Bioethics and Medical Humanities Concentration and other M4 cornerstone courses became available, enrollment in those courses increased, which may have reduced demand for the original M4 *Art of Medicine* elective. Its enrollment has returned to its earlier range (5-7 students over the past 5 years).

Although these cornerstone courses consistently have high satisfaction ratings, a challenge for us—as for others offering such courses—is determining whether students who take medical humanities courses become more empathetic, more professional, and better communicators than students who do not, and how they compare in medical knowledge and clinical performance to their peers. Whether these curricular innovations improve clinical practice, patient outcomes, or reduce burnout is undetermined.

Extracurricular Opportunities Support Educational Courses

When the MCW medical humanities program was launched in 2006, physician-author Abraham Verghese, MD, was the inaugural speaker. He cautioned us to keep the focus of medical humanities on the care of the patient by the physician rather than on theoretical concerns. We have heeded his advice.

Subsequent speakers have included Charles Bosk, PhD, author of *Forgive and Remember* (about surgical error); US Poet Laureate Ted Kooser; writer Ann Fadiman, author of *The Spirit Catches You and You Fall Down*; physician-poet Rafael Campo; physician-author Danielle Ofri; and Julliard-trained pianist and psychiatrist Richard Kogan. These speakers and others have shared their insights with our community of students, trainees, physicians, and other medical humanities-interested community members. Another annual lecture in medical humanities, geared toward students, is supported by a gift from the MCW-Marquette University MD Class of 1956. A third lecture series in bioethics and medical humanities was endowed by the family of program core faculty Carlyle Chan, MD.

Students in the Bioethics and Medical Humanities Scholarly Concentration may use reflections on these presentations to fulfill academic “noncore” (ie, outside formal didactic time) requirements of the scholarly concentration.

In addition, the medical humanities program provides staff and logistical support to *Auscult*, our student-led annual literary journal, as well as The Moving Pens, a creative medical writing group open to students, trainees, staff, and faculty. The program also supports Med Moth, an oral storytelling project with semi-annual performances, and the MCW Common Read, a campus-wide book discussion. Our program also supports The Memory Art Project, in which students are paired with elders to create artwork together. The project was begun by students in 2010.²⁶ All these extracurricular activities may be used to fulfill academic requirements of the Bioethics and Medical Humanities Scholarly Concentration.

The MCW Orchestra, supported by the humanities program, regularly performs concerts on campus and in the community and includes faculty, staff, and students.

The MCW Medical Humanities Program also works with MCW President and CEO John R. Raymond, Sr, MD, to select and award the annual President’s Prize in Creative Medical Writing, and partners with the MCW Library on selecting books and journals for MCW’s Julia A. Uihlein Bioethics and Medical Humanities Collection. The collection supports the program’s academic mission, with over 1200 volumes available for students and faculty.²⁷

Increasing Recognition of the Importance of Medical Humanities in the Medical School Curriculum

Although US medical schools are required by the Liaison Committee on Medical Education to teach ethics and human values,²⁸ there is no similar requirement to teach medical humanities. Although most medical schools offer some opportunities in the arts and humanities,²⁹ a study of the top 31 ranked US medical schools found that only three required instruction in the arts and humanities, and comprehensive immersive experiences in medical humanities were present at only 29% of the schools.³⁰ The Association of American Medical Schools (AAMC) has recognized that medical schools need greater incorporation of the humanities to educate physicians who are empathetic and compassionate in their care of patients, who communicate well, and who can thrive in the profession.³¹

The AAMC, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education published a joint document detailing 6 foundational competencies for undergraduate medical education (aligned with the 6 core competencies for graduate medical education). In the foundational competency titled, “Medical Knowledge,” one requirement is that the individual “demonstrates knowledge...of humanities needed for clinical practice.”³² Although the specifics of these humanities are not yet defined, their inclusion in core competencies is a welcome development.

The MCW Medical Humanities Program’s Contribution to the MCW Curriculum Continues and Flourishes

When Arthur Kleinman, MD, director of the Harvard Medical Humanities Program, visited MCW for an annual lecture, he advised us to remember that medical humanities initiatives are easy to begin but difficult to sustain. We are fortunate that two of our cornerstone electives have withstood that test of time for 2 decades, and the two more recent electives have now reached their 7-year mark.

Not only have the initiatives been successfully incorporated into the MCW curriculum, but 2 former students have returned annually to teach in the *Art of Medicine* course they once took, as they advance medical humanities at their respective institu-

tions.³² In addition, one of those former students—Elizabeth A. Fleming, MD—has cited her positive experiences in our courses as a motivating factor for her further training in narrative medicine and her work with others in launching the Collective for Humanism, Arts, and Storytelling in Medicine (CHASM)^{34,35} at UWSMPH.

Our MCW Medical Humanities Program and its curricular innovations—the *Art of Medicine Through the Humanities* elective, the Scholarly Concentration in Bioethics and Medical Humanities, the *Healer's Art* course, and the narrative medicine courses—demonstrate what can be accomplished with clinically trained faculty members interested in the humanities, even in the absence of doctoral-trained humanities scholars. This model can be replicated through the incremental addition of electives over time.

Whether it is using a play “to catch the conscience,” reading and creating narratives (nonfiction and fiction), or incorporating visual thinking strategies, medical improvisation, medical history, graphic medicine, art-making, or musical performance, these educational innovations can advance professionalism, communication, empathy, and reflection.

The MCW Medical Humanities Program—with its cornerstone courses and extracurricular offerings—has established medical humanities as an important pillar of the medical school curriculum, and with our many dedicated core faculty, faculty and community associates, and students help ensure that medical humanities will flourish for years to come.³⁶

Financial disclosures: None declared.

Funding/support: None declared.

Acknowledgment: The author wishes to acknowledge the following colleagues for their contributions to the development and success of the MCW Medical Humanities Program: Julia A. Uihlein, MA; Ruric (Andy) Anderson, MD; David Schiedermayer, MD; Melissa Atwood, DO, MA; Theresa Maatman, MD; Janet Retsick, MD, PhD; Bruce Campbell, MD; Annie Friedrich, PhD; Richard Holloway, PhD; Kim Suhr, MFA; Olivia Davies, MD, J. Frank Wilson, MD; Rebecca Rehborg; Chris McLaughlin; Brittany Bettendorf, MD, MFA; Carlyle Chan, MD; K. Jane Lee, MD, MA; Julie Owen, MD, MBA; Erica Chou, MD; Sarah Lauck, MD; Steven Humphrey, MD; Valerie Carlberg, MD; Teresa Patitucci, PhD; Jennifer Mackinnon, MD, MM; Sean Marks, MD; Richard Katschke, MA; Katinka Hooyer, PhD; Kim Tyler, MD; Yong-ran Zhu, MD; Paul Barkhaus, MD; and Elizabeth A. Fleming, MD.

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WMJ (ISSN 2379-3961) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

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