

## **Teaching Patterns in Medical History**

In 2008, the History Subject Centre commissioned me to undertake a scoping survey of the teaching and assessment of History of Medicine modules in Higher Education Institutions. This report summarises the findings of this survey, outlining the extent to which medical history has become established within undergraduate and postgraduate teaching in the arts, social sciences, sciences and medicine. Through a qualitative analysis of modules offered to history students and medical students, the report explores whether the teaching and assessment of such modules reflects the heterogeneous character of its student cohort and analyses whether the interdisciplinary character of medical history fosters innovative teaching practice. Pointing to the ways in which research funding trends have shaped the course of medical history teaching, the report asks whether we should reflect more on our objectives for teaching the history of medicine to humanities and history students.

### **The emergence of medical history within higher education**

The development of undergraduate teaching on the history of medicine is intimately related to the expansion of medical history as an area of academic research in Britain. This, in turn, owes much to the Wellcome Trust, a medical research charity founded through the legacy of Sir Henry Wellcome, one of the co-founders of what is now the GlaxoSmithKline pharmaceutical company. Wellcome stipulated that the Trust should advance medical research and understanding of its history; the funding distributed by the Trust has been pivotal in cementing the UK's reputation in the history of medicine and has been instrumental in transforming the preoccupations of the field internationally. In her 2008 review of the Wellcome Trust's history of medicine programme, Joanna Bourke credited Trust funding for transforming the history of medicine from 'an antiquarian pursuit of "retired docs" to an internationally recognised field of study'.<sup>1</sup>

To promote research on the history of medicine, the Trust decided to fund academic units which would foster postgraduate research. Throughout the 1970s and 1980s, units were established at Cambridge, Oxford, Edinburgh, Glasgow, Manchester and University College London. Hitherto, medical history had been associated primarily with internalist, whiggish accounts of medical triumphs undertaken by retired medical practitioners. In the 1970s and 1980s, a new breed of academically trained historians of medicine – many supported by the Wellcome Trust – embraced social history as a means of challenging the established narratives of medical progress. This social turn connected medical historians to the preoccupations of mainstream historians. As Bourke commented in her Review, medical history 'cannot be categorically separated out from other fields, such as the history of politics, business, institutions, gender, ethnicity and the environment. Medicine is not autonomous from society but is deeply embedded in every aspect of human life and institutions.'<sup>2</sup>

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<sup>1</sup> J. Bourke, *Review of the Wellcome Trust's History of Medicine Programme* (London, 2009), p. 10.

<sup>2</sup> *ibid*, pp. 7-8.

Over time, medical historians began to work in other universities, but lacked access to the level of funding provided to the Wellcome units. This policy was reversed in 2003, when automatic core funding was withdrawn from all the units, aside from the unit at University College London.<sup>3</sup> In place of core funding, the Trust introduced Strategic and Enhancement Awards which were designed to provide funding for groups of researchers for a period of five years to respectively pursue research linked to a particular theme in the history of medicine or to develop opportunities in the history of medicine. By implementing these changes, the Trust hoped the competitive element would promote high quality research and would help embed medical history as a mainstream, academic subject within more universities. University Awards, which provided support for a researcher in the history of medicine for five years, after which the host institution employed the researcher as a permanent staff member, helped embed medical historians within history departments where there was often no prior interests in the history of medicine. Other historians choose to deliver medical history modules having developed research interests in medical history topics through their choice of postgraduate and postdoctoral research topics.

These funding patterns have helped raise the profile of medical history within history and have distributed medical historians with teaching responsibilities throughout the UK. Consequently, the teaching of medical history has greatly expanded since 2000, when an evaluation of the Wellcome Trust History of Medicine programme found that the history of medicine did not possess 'a constituency of history of medicine students at undergraduate level'.<sup>4</sup>

### **The survey**

To gain a snapshot of the extent of history of medicine teaching within the higher education sector in the UK, I searched the websites of the 167 higher education institutions operating late in 2008 to identify all history of medicine courses offered at undergraduate and taught postgraduate level. I subsequently collated my results to arrive at a rough approximation of the number and type of courses taught and the institutional departmental basis of such teaching (appendix 1: Access Database). In this survey, I identified 195 distinct history of medicine modules, of which 96 are undergraduate courses. I then extended the parameters of the enquiry to include modules closely related to or incorporating a significant history of medicine component: these included modules on the history and philosophy of science and technology, the body, sexuality, gender and the family, deviancy, death, welfare, race and skills and methods modules training modules designed for students taking a degree in the history of medicine. This broader sweep elicited 380 courses (including the 195 'history of medicine' modules enumerated in the initial survey).

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<sup>3</sup> In March 2010, the Wellcome Trust and UCL announced that the Centre would close within two years. See <http://www.wellcome.ac.uk/Funding/Medical-history-and-humanities/Funded-projects/WTD003382.htm>

<sup>4</sup> Wellcome Trust, *Evaluation of the Wellcome Trust History of Medicine Programme* (2000), p. 43.

Should such modules be included within a survey of medical history teaching? It is illuminating that institutions which host a history of medicine research group frequently designate such modules as suitable for study within a history of medicine degree programme or describe such modules as 'relevant to the study of medical history'. In part this may reflect funding considerations: in some institutions it is possible to take a designated 'history of medicine' pathway through a masters degree and thus be eligible for Wellcome funding. It also indicates how medical history has become embedded within historical research and teaching. As one respondent to Bourke's review commented, medical history 'has now become more well-established as part of history departments... general history textbooks are expected to include chapters on the history of medicine, health and disease'.<sup>5</sup> If anything, the figure of 380 may well undercount the extent of history of medicine teaching: given the interdisciplinary character of the history of medicine, there may well be pertinent courses not identified by this survey which looked, in the first instance, at teaching provision within history departments.

The survey identified 49 institutions which offered medical history courses at undergraduate or taught masters level. Many of these courses were delivered by 16 research centres which spanned 18 institutions (see appendix 2: table of research units). A number of courses were taught by staff based in science faculties to medical students, often forming part of an intercalated degree. In some institutions, history of medicine modules were taught by a research centre based outside of a history department to either a diverse undergraduate population or a distinct taught masters programme. Finally, I identified a number of courses taught by philosophy departments, often forming part of a medical humanities or history and philosophy of science degree programme.

### **Medical history for history students**

As the number of history of medicine modules offered to undergraduates and postgraduates have expanded, what trends can be discerned in the types of course offered? The conventional 'history of medicine' course, which explores changes in medical practice in social, economic, political and cultural contexts over a set chronology, still flourishes. Such courses, which offer a framework of knowledge, skills and understanding that enable students to pursue more specialised history of medicine courses, now co-exist in history departments alongside modules that merge medical history with histories of the body, sexuality, gender, death and deviancy. Still other modules combine the history of medicine with the history, sociology and philosophy of science and technology; this latter group of courses are often to be found in departments of philosophy and sociology or in autonomous history of medicine centres.

The growing diversity of courses offered in part reflects broadening research agendas in the field of medical history as it becomes a more established facet of the

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<sup>5</sup> Professor K, cited in Bourke, *Review*, p. 16.

discipline of history. A study of course content also indicates that different types of courses adopt different learning objectives.

Take, for example, the learning outcomes from this highly representative classic history of medicine course taught at Aberystwyth to undergraduate history students, 'The Rise of Modern medicine, 1750-2000':

- 1) Describe and evaluate modern developments in medicine and health services in Europe and North America;
- 2) Critically consider the social, economic and political contexts of developments in medicine and medical services;
- 3) Evaluate the impact of scientific medicine on the lives of individuals in the past;
- 4) Analyse primary historical sources in a critical and intelligent manner;
- 5) Articulate arguments by written and oral means with an awareness of the contemporary and historiographical controversies involved.<sup>6</sup>

It poses an interesting contrast to the objectives of the more recent type of course, illustrated here with the example of 'Medicine, Identity, and Technology in Modern history', offered at Warwick, which combines a study of medicine, science and technology and aims to promote interdisciplinary thinking. It aims to:

Introduce students to the histories of technology and medicine, and to science and technology studies. It will familiarize students with historical, anthropological, sociological, and ethical approaches to medicine and technology (particularly in the 20th century), and add interdisciplinary skills to students' repertoire for research, thinking, and writing across all modules that they will take.<sup>7</sup>

At present, there are no undergraduate single honours history of medicine degree programmes, aside from the intercalated degrees offered to medical students. A number of masters degree courses exist, offered by the specialist research units, which seek to provide students with an understanding of the history of medicine, offering training in sources, methodology and skills (see appendix 2: research units table). Some of these courses blend the history of medicine with the history and philosophy of science and technology. Such courses are usually seen as a prerequisite for anyone wishing to study for a PhD in the field but are also taken by students with museum and educational backgrounds and students with medical backgrounds.

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<sup>6</sup> <http://www.aber.ac.uk/en/modules/deptcurrent/?m=HY37530>. I originally consulted this source in 2009 but have given the web address consulted on 11/11/2010 (the text remains unaltered).

<sup>7</sup> I originally consulted this source in 2009 but have cited the slightly amended text listed on the module website on 11/11/2010:  
[http://www2.warwick.ac.uk/fac/arts/history/undergraduate/modules/hi269/course\\_details/](http://www2.warwick.ac.uk/fac/arts/history/undergraduate/modules/hi269/course_details/)

## Medical history for medical students

Teaching medical history to medical students is by no means a recent development and debates about its purpose stretch back over a hundred years.<sup>8</sup> As the history of medicine came to assume an established position within the field of history, the teaching of medical history to medical students developed along distinctive lines, informed by objectives and learning methods specific to this cohort of students. The inclusion of medical history within the undergraduate medical curriculum was fuelled by the 1993 General Medical Council Report, *Tomorrow's Doctors: Recommendations on Undergraduate Medical Education*, which urged a greater emphasis on evidence-based medicine and self-directed learning.

History of medicine courses for medical students aim to encourage students to learn and think differently. Thea Vidnes, who took the intercalated BSc in Medical History at University College London and subsequently studied for the MA in medical history after qualifying as a doctor, explained that 'my comprehension and views on medicine inevitably grew, were challenged and – for me – changed irrevocably'.<sup>9</sup> Many universities introduced optional medical history modules to undergraduate medical programmes. Some introduced optional intercalated history of medicine degrees, offered to medical students who have completed at least two years of clinical study. Liverpool University responded to the General Medical Council's Report by introducing a compulsory history of medicine component into the medical curriculum in 1996, but by 2003 it had run into staffing problems and history of medicine teaching was subsequently incorporated into the problem based learning module. As Sally Sheard, History of Medicine Director for the Undergraduate Medical Curriculum explained, the staffing crisis was linked to:

The dilemma of interfaculty transactions for staff time. The development of the undergraduate medical curriculum was a clear priority for the Faculty of Medicine, but less so for the School of History, which had initially agreed to act as the official course provider.<sup>10</sup>

Participants at a workshop on teaching medical history to medical students (organised and published by the Higher Education Academy Subject Centre for Philosophical and Religious Studies, thus illustrating the interdisciplinary character of medical history) suggested that learning the history of medicine could help make medical students better doctors, capable of empathising with patients and handling scientific information in a more discriminating manner.<sup>11</sup> With these considerations in mind, participants suggested that it was important to identify changes in attitude, using viva examinations and diaries or log books of learning experiences. Medical students were also found to need more assistance than history students with study skills and training to use source materials. The workshop highlighted the

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<sup>8</sup> B. Dolan, 'History, Medical Humanities and medical Education', *Social History of Medicine*, 23 (2010), 393-405.

<sup>9</sup> [http://www.ucl.ac.uk/histmed/postgraduate/ma/student\\_experience](http://www.ucl.ac.uk/histmed/postgraduate/ma/student_experience), consulted on 15/11/2010.

<sup>10</sup> S. Sheard, 'Developing History of Medicine in the University of Liverpool Medical Curriculum 1995-2005', *Medical Education*, 40 (2006), pp. 1045-52; p. 1049.

<sup>11</sup> G. Goody, 'Teaching the History of Medicine to Medical Students Workshop Report', consulted at <http://prs.heacademy.ac.uk/view.html/prsdocuments/95> on 08/06/09.

disconnection between medical history for medics and medical history for historians, arguing that the development of medical history teaching and demand amongst medical students for medical history teaching have developed independently.

### **Medical humanities**

The disconnection between medical history and medical students alluded to above is frequently attributed to the trajectory of medical history. By embracing history and connecting with mainstream historical practice, medical historians alienated medical practitioners who complained that the new breed of social history of medicine sought primarily to attack medical practice and demonstrated an ignorance of medicine. In short, the success of medical history inadvertently alienated the profession from medical practitioners. The emergence and growth of the medical humanities, which may well influence the shape of history of medicine teaching in the future, has often been viewed as a means of reconnecting with this audience. Defined by the Durham Centre as 'an emerging field of enquiry in which the perspectives of humanities and social science disciplines converge on the exploration of the human side of medicine',<sup>12</sup> medical humanities programmes typically merge history of medicine modules with modules on literature and philosophy, or combine perspectives from the history of medicine in interdisciplinary modules.

The rationale offered for medical humanities suggests that it may displace some of the history of medicine teaching offered to medical students. At Bristol, medical students have the option of taking an intercalated BA in Medical Humanities. Based in the School of Arts, the course teaches medical students alongside philosophy students and promotes self-directed learning. The course asserts that patients are frequently neglected in modern medicine and argues that the study of medical humanities offers a means to regain this personal dimension.

The medical humanities, as a disciplinary field, offers one route into this more mature understanding of illness and the scientific basis of its alleviation... [it] provides a healthy complement to the standard scientific and clinical curriculum... the humanities can illuminate the context in which medicine and medical research are practiced... The global aim is to produce better doctors - emotionally and cognitively intelligent, culturally aware and philosophically enquiring.<sup>13</sup>

It is rationalised that teaching medical students medical humanities will ultimately produce better doctors. It is, perhaps, less apparent how medical humanities could affect the history of medicine teaching offered to history students. The purpose of history within medical humanities is to throw light on the interaction between patient and practitioner, rather than to explore what insights we might gain into broader historical questions by studying the changing practice of medicine over time. The medical history teaching offered to history students has admittedly sought to introduce students to interdisciplinary approaches and ideas but still by and large treats history of medicine as a subfield of history. On the other hand, the desire to

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<sup>12</sup> <http://www.dur.ac.uk/cmh/>, consulted 08/06/09.

<sup>13</sup> [http://www.bristol.ac.uk/philosophy/prospective/undergrad/ibamh\\_details.html](http://www.bristol.ac.uk/philosophy/prospective/undergrad/ibamh_details.html), consulted 08/06/09.

inform current medical debates and practice expressed by those working in medical humanities is shared by many medical historians and can be found in the rationales of many history of medicine masters courses. The first objective of the MSc in Health History offered by Glasgow Caledonian and Strathclyde Universities, for example, is to 'promote perspectives on modern healthcare experiences that are theoretically informed'.<sup>14</sup> Moreover, given the influence that funding patterns have had on the establishment of medical history within academia, it is plausible that diverting funds to the medical humanities will persuade centres for the history of medicine to re-orientate their research agenda and teaching provision towards medical humanities. Newcastle University, for example, states that its MA in the History of Medicine 'provides specialized postgraduate training in the rapidly growing interdisciplinary fields of History of Medicine and Medical Humanities.'<sup>15</sup>

## Discussion

The sections above emphasise the different learning needs of medical students as opposed to history students. We might therefore assume that the teaching and assessment methods used to deliver medical history have been designed to meet the specialised learning needs of different student cohorts. While this is doubtless true to some extent, teaching and assessment methods also reflect the procedures operational within the faculty or school in which the teaching is delivered, which have been implemented to ensure conformity in assessment standards. As tutor to a cohort of students studying a combined science and humanities degree programme in 2009-10, I designed history activities which could be slotted into the place of the science activities timetabled onto the tutorial programme.<sup>16</sup> Thus, for their 'data handling exercise', I asked my students to analyse a bundle of primary source materials relating to a particular historical topic. The departmental basis of teaching may also influence marking criteria: while the mark range for history assignments tend in practice to range between 40 and 75, science departments are more likely to use the full 0 to 100 mark range.

It may also be worth reconsidering whether the tendency to approach medical history through a presentist or whiggish mindset is a trait limited to medical students. While delivering a module which required second year history students with no prior experience of medical history to independently devise an essay, I was surprised by the whiggish and presentist inflection of the medical history questions my students devised. Perhaps even amongst history students there is a tendency to abstract medicine from its historical context.

The history of the development of medical history within higher education suggests that funding drives research which in turn shapes teaching provision. Wellcome Trust funding for medical history research has played a significant role in embedding

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<sup>14</sup> <http://www.gcu.ac.uk/cshhb/study/mscinhealthhistory/>, consulted 15/11/2010.

<sup>15</sup> <http://www.ncl.ac.uk/historical/medicine/index.htm#post>, consulted on 01/04/09.

<sup>16</sup> The students were studying for a BSc in Biology with Science and Society. This programme is delivered by the Centre for the History of Science, Technology and Medicine, a research unit based within the Faculty of Life Sciences at Manchester University.

medical history within higher education. In turn, those researchers have delivered medical history teaching to undergraduate students and have devised medical history masters programmes, designed in part to train potential PhD candidates in the field. How might the Trust's recent decision to fund historically grounded medical humanities research influence teaching patterns? Several medical humanities groups have emerged since the initial web survey for this project was undertaken in late 2008 and the number of medical humanities degree programmes are also expanding.

Medical history taught masters programmes have tended to attract students from both the arts and sciences, while intercalated degrees have been targeted specifically at medical students. Medical humanities programmes are, however, almost exclusively intended for health care practitioners. Indeed, both the 2000 and the 2009 reviews of the Wellcome Trust History of Medicine programme display little interest in teaching, especially as regards history undergraduates. This is understandable, given that the mission of the Trust is to foster research and not teaching, but it does point to a disconnection between medical history research and medical history teaching. Given the emphasis now placed upon the impact of research and engagement with stakeholder audiences, it is understandable that the various merits of teaching medical humanities as opposed to medical history has been considered in relation to medical students. Taking into consideration recent debates about the utility of studying history – or indeed the humanities more generally - it may however be pertinent to reflect on why we teach medical history to history undergraduates and whether medical humanities can, or should, be delivered to history students. As well as asking 'what can medicine take from the humanities?' perhaps we should ask 'what can the humanities (and history in particular) take from a study of medicine?' Historical practice has been transformed by the applications of methodological approaches and theoretical concepts imported from other disciplines. These trends are particularly evident in research on the history of medicine and help explain why historically grounded modules on topics of health and medicine are taught across such a range of disciplines in higher education. A medical history module therefore allows ample scope to explore how different theoretical and disciplinary approaches can be utilised to analyse particular phenomena. As such history of medicine courses are well-placed within any history degree programme which seeks to introduce students to the range of conceptual and methodological approaches that historians can deploy to understand the past, and could equally serve as a mechanism through which to deliver interdisciplinary learning across the humanities and social sciences.