



Medical Humanities In Geriatrics: The Art (and Heart) Behind Caring for Older Adults

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Disclosure

- HR: (Former) volunteer assistant editor for *Society of General Internal Medicine's* online medical humanities publication “The Living Hand” and *chART*, the medical humanities publication from The University of Arizona Phoenix College of Medicine

“Medicine is not merely a science but an art. The character of the physician may act more powerfully upon the patient than the drugs employed”



Philippus Aureolus Theophrastus Bombastus von Hohenheim (a.k.a.: Paracelsus, “Father of Toxicology”)

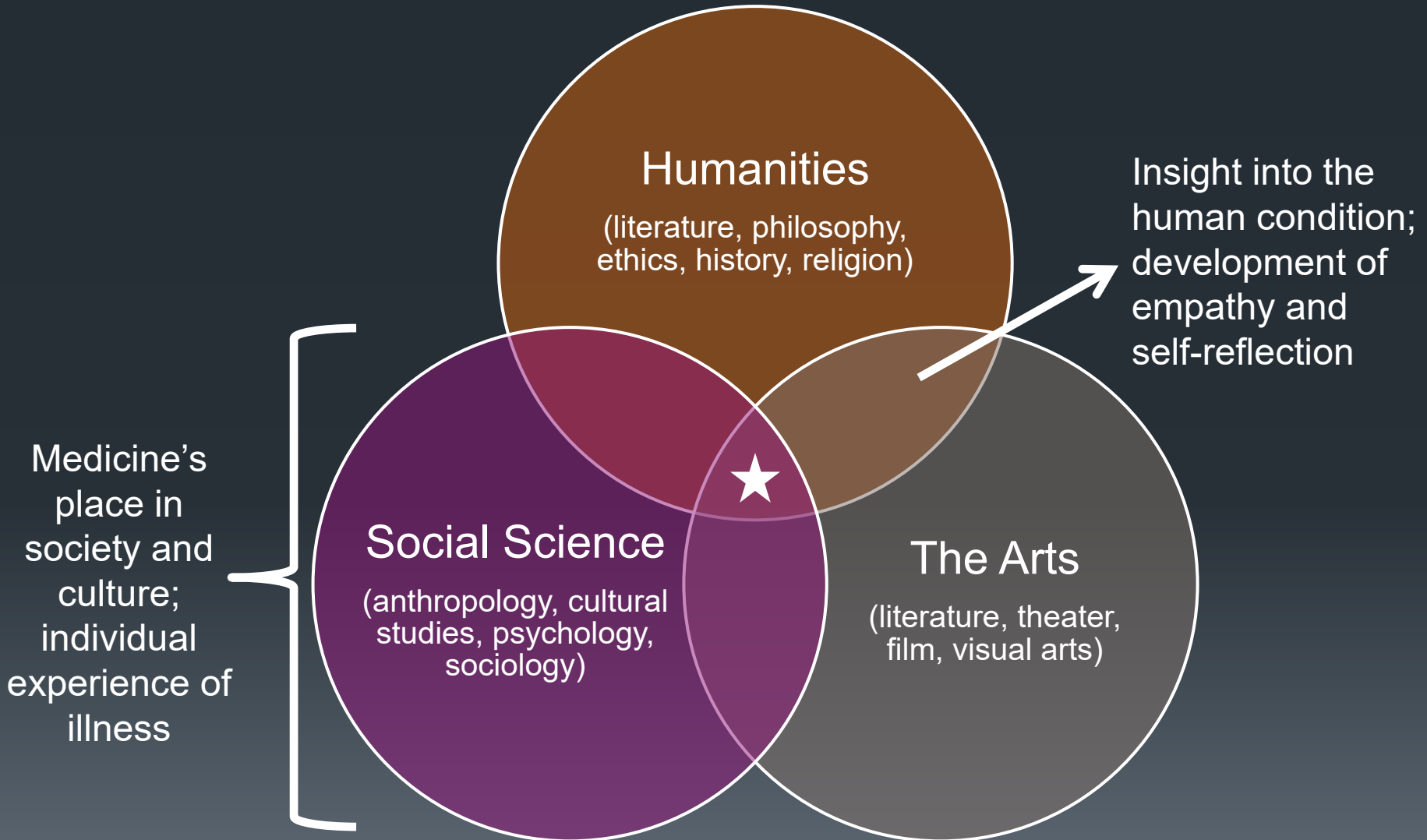
Sir William Osler, first Physician-in-Chief and a Founding Physician for Johns Hopkins Hospital (and controversial figure in gerontology...)

The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head”

“To cure sometimes, to relieve often, to comfort always”

Edward Livingston Trudeau, founder of the Adirondack Cottage Sanitarium at Saranac Lake for the treatment of tuberculosis, on the physician’s duty

What is “Medical Humanities?”





LEGACY
DEATH/DYING
FUNCTIONAL LOSS
AGEISM
LOSS OF CONTROL
DIGNITY
BEAUTY
COGNITIVE LOSS
INTIMACY
CAREGIVER BURDEN
LONELINESS
RELEVANCE
GOALS OF CARE
FUTILITY
HOPE
RELATIONSHIPS
MEANING OF LIFE
FEAR OF THE UNKNOWN

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Editorial |  [Free Access](#) |

Ars Longa: A New Column Featuring the Humanities and Aging

A. Mark Clarfield MD, FRCPC , Joseph G. Ouslander MD

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Seeking Answers To Tough Questions

“Justifiably, publications such as *JAGS* see as their primary mandate the elucidation of the science of aging and, via this exploration, seeking how best to care for the older individual and deal with a rapidly “maturing” population. Thus, we look to the basic sciences, to epidemiology, to clinical trials, and the like to find our answers. And many times, we do indeed discover them. **But some questions cannot be approached using these methods alone.** For example, what comprises a “good” death? Is it **ageism** to force older persons to stay “locked down” during the COVID-19 pandemic, causing them suffering from isolation and attendant loneliness in order to safeguard the stock of ICU beds? What about the **ethics, costs, benefits, and utility** of **antiaging** medicine and its close cousin “**life extension**”? Although “science” in the usual sense of the word can help *inform* the debate, it is the study of history, sociology, politics, literature, judgment, and—above all—values that will help us to arrive at the most humane decisions.”




Medical Education Does Not Shield Us From Evildoings

“Despite the hope that a study of the humanities will make us better, more well-rounded clinicians, one must never forget that **doctors and organized medicine have all too frequently been involved in terrible human rights abuses**. And many of these physicians were well educated, “cultured”, and—in their time—highly respected members of society.”



Examples For Submission And Goals For *Ars Longa*

“We welcome historical, anthropological, and sociological **essays**; nonmedical **book** and **movie reviews**; **short stories**; poems; original **artwork**; and **photos** [...] The fundamental criteria for acceptance in this new section will be the quality of the writing or images and their relevance to aging and the practice of geriatric medicine. Above all, the most important gauge for acceptance will be whether the material makes us **think differently about aging and geriatrics.**”



What Are Signs of a “Good” Experience to Use for Medical Humanities?

- Elicitation of strong emotions
- Desire to tell the story to others
- “Natural” – allow the narrative to shape the piece, not vice versa
- Sense of uneasiness/restlessness/unanswered questions
- Sense of intuition



Which Medium To Use?

- Creator/Author's preference "if you don't like to paint, don't!"
- Relationship with the emotion/experience
 - Abstract vs concrete
 - Perception vs judgement
- Words or images (or both)
- "How do you want your audience to interact with your emotion/experience?"
 - Essay – argument/personal POV, thesis-driven
 - Short story – "live" as a witness, narrative
 - Poem – emotions, abstract
 - Spoken word – emphasizes not just the story, but your storytelling, theatrical
 - Visual arts – cues (concrete or abstract) for desired emotional response(s)



"Algorithmic
Stepwise
Approach For The
Publication Of
Medical Humanities"



Allow
Yourself To Feel
Your Emotions
And Brainstorm





Works Cited

- Aull, Felice. “Mission Statement.” *Medical Humanities*, New York University, 2011, web.archive.org/web/20110518130445/medhum.med.nyu.edu/.
- Clarfield, A. Mark, and Joseph G. Ouslander. “Ars Longa : A New Column Featuring the Humanities and Aging.” *Journal of the American Geriatrics Society*, vol. 69, no. 1, 2020, pp. 51–53., doi:10.1111/jgs.16963.