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Editorial

Moving Together from Our Past to New Opportunities

Ars Medica is pleased to partner with the newly formed Canadian Association for Health Humanities/L'Association Canadienne des Sciences Humaines en Santé (CAHH/ACSHS). Below, the executive of CAHH/ACAHS offers an overview of the new association and a call for participation.

The existing Canadian health humanities community already recognizes that human health and illness are fundamentally informed by and anchored in both the sciences and the arts. Notable today is that Canada has *finally* established a national association focused specifically on humanities in health: we say “finally” because many other countries, including the United Kingdom and the United States, have had associations to address the health humanities for decades (Bleakley, 2015; Jones & Carson, 2003).

The newly established Canadian Association for Health Humanities (CAHH), funded by a gen-

erous grant from Associated Medical Services (AMS), was officially launched in Halifax in April 2018. The CAHH is rooted in the lessons and work of the Canadian community of practice that has coalesced over the past decade around the annual Creating Space meetings as well as other local health humanities associations. That community's work has clearly established the health humanities as a growing and international field of inquiry and practice, a field that recognizes that arts (e.g., poetry, painting, theatre) and humanities (e.g., philosophy, literary studies, history, ethics) are means of expressing and promoting human health and well-being and of understanding and ameliorating suffering. The health humanities do not, of course, work against health sciences; instead, health humanities investigate and extend an understanding that factual, objective, or positivist knowledge about human health can be strengthened with knowledge that focuses on the experiential meaning, emotion, aesthetics, and values of well-being.

As one of the first summative papers about humanities in Canadian medical education observed some years ago, the health humanities are present in many places, often with all good intentions; there is not, however, a great deal of consistency about what is meant by the health humanities, nor is there consensus about their utility (Kidd & Connor, 2008). The CAHH can neither solve fundamental uncertainties about the utility of humanities to human wellness and illness nor eliminate the ambiguity that accompanies the experience of being human. What the CAHH can do, and is com-

mitted to doing, is build on the strong initiatives developed for many years in many places by delving into that ambiguity and promoting the exchange of knowledge, ideas, and critical dialogue about the health humanities among scholars and practitioners in Canada. The CAHH can and will foster collaborative explorations of the health humanities nationally and internationally, especially by hosting and supporting meetings, publications, and related activities. At present, our key conference is Creating Space, at which we will hold our annual meetings. We are pleased to continue to the support begun by the AMS of this journal, *Ars Medica*. Fundamentally, the newly established CAHH seeks to facilitate initiatives and interdisciplinary, cross-professional inquiry into research, education, and clinical practices relevant to the health humanities.

What, some readers might well be asking, does this look like on the ground and in practice? How, others might wonder, does this impact me? How can I help?

In other words, Canadian health humanities? So what?

The good news is that many concrete examples exist in Canada of actualizing the health humanities. Documenting and disseminating these examples is part of what the CAHH will do. Clinicians and healthcare professionals across the country are increasingly turning to humanities-based approaches in efforts to thwart burnout or increase patient-centred care (Fraser, 2018; Wald, 2015; Yoo, Matos, Bota, Schrewe, & Armstrong, 2019).

Similarly, we have seen the rise of narrative medicine, a practice that foregrounds stories and empathy about the illness experience, as practitioners look for efficient, socially accountable ways of understanding patients (Charon, 2001). Growing numbers of health researchers and practitioners gather every year at the Creating Space conference to share their innovations and ideas about the health humanities. The desire and need for the health humanities have percolated into medical education, with undergraduate and postgraduate medical learners increasingly being asked to engage in creatively informed reflective practices. Patients, their families, and others who wish to explore instances of illness and health are also demonstrating desires to express their ideas creatively.

The fact is that we live in a rapidly changing world, a place in which pluralistic, transformative processes such as the Truth and Reconciliation Commission of Canada have emerged at the same time as intolerance, demagoguery, and populism are seemingly spreading like a brushfire across liberal democracies. The humanities offer not only intellectual space to explore empathy and advocacy in creative ways (Gaufberg, 2017) but serve as a firewall against the collapse of that respectful, considered space itself. How, then, might we best use the health humanities to inform ourselves and others, in the service of building and maintaining strong, inclusive communities?

As with anything new, there are challenges associated with the unknown, with uncertainty, with a lack of set-in-stone or evidenced clarity. Yet all of

these question marks are equally accompanied by exclamation points indicating the tantalizing promise of this unknown. How can—or should—the health humanities be tailored to a Canadian context? Can the health humanities be used to think through uniquely Canadian realities, such as our strong and growing Indigenous population or our huge and varied physician geography? How can the health humanities be adapted to reflect the distinctly Canadian realities of delivering a universal healthcare plan amid inter-provincial/territorial jurisdictional tensions? Why and where might Canadian health education take up the health humanities in a more robust, integrated fashion? Why should Canadian healthcare professionals care, and if they do, what is to be done?

It will be the role of the recently established CAHH to assist in answering these (and so many other, as yet unidentified or unclear) questions. Members of the CAHH's inaugural executive will be looking for answers and expertise from people interested in the health humanities from coast to coast to coast. We hope you will be among them.

Website

Canadian Association for Health Humanities, www.cahh.ca

References

- Bleakley, Alan. (2015). *The medical humanities and medical education: How the medical humanities can shape better doctors*. London, UK: Routledge.
- Charon, Rita. (2001). The patient-physician relationship. Narrative medicine: A model for empathy, reflection, profession, and trust. *Journal of American Medical Association*, 286(15), 1897–1902.

- Fraser, Sarah. (2018). Art of family medicine: Art for the sake of medicine. *Canadian Family Physician*, 64(10), 760.
- Gaufberg, Elizabeth. (2017). Mapping the landscape, journeying together: The Gold Foundation's model for research-based advocacy in humanism in medicine. *Academic Medicine*, 92(12), 1671–1673.
- Jones, Anne Hudson, & Carson, Ronald A. (2003). Medical humanities at the University of Texas medical branch at Galveston. *Academic Medicine*, 78(10), 1006–1009.
- Kidd, Monica G., & Connor, J.T. (2008). Striving to do good things: Teaching humanities in Canadian medical schools. *Journal of Medical Humanities*, 29(1), 45–54.
- Wald, Hedy S. (2015). Professional identity (trans)formation in medical education: Reflection, relationship, resilience. *Academic Medicine*, 90(6), 701–706.
- Yoo, Jaeyun, Matos, Meghan, Bota, Melissa, Schrewe Brett, & Armstrong Linlea (2019, in press.) Bye to burnout: Intergenerational narratives break barriers. *Medical Education*.

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