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Innovation Through Tradition: Rediscovering the “Humanist” in the Medical Humanities

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Abstract

Throughout its fifty-year history, the role of the medical humanist and even the name “medical humanities” has remained raw, dynamic and contested. What do we mean when we call ourselves “humanists” and our practice “medical humanities?” To address these questions, we turn to the concept of origin narratives. After explaining the value of these stories, we focus on one particularly rich origin narrative of the medical humanities by telling the story of how a group of educators, ethicists, and scholars struggling to define their relatively new field rediscovered the *studia humanitatis*, a Renaissance curriculum for learning and teaching. Our origin narrative is composed of two intertwined stories—the history of the *studia humanitatis* itself and the story of the scholars who rediscovered it. We argue that as an origin narrative the *studia humanitatis* grounds the medical humanities as both an engaged moral practice and pedagogical project. In the latter part of the paper, we use this origin narrative to show how medical humanists working in translational science can use their understanding of their historical roots to do meaningful work in the world.

Keywords

Medical humanities; Origin narrative; Renaissance humanism; Rhetoric; Translational science; History of medicine

Introduction: origin narratives of the medical humanities

Throughout its fifty-year history, the role of the medical humanist and even the name “medical humanities” has remained raw, dynamic and contested (Pellegrino 1999; Andre

2001, Carson 2007). In recent years, a controversy has emerged regarding the modifier of this term: are we “health” or “medical” humanists (Squier 2007, 346)? This paper will not settle this debate, but rather focuses on the second term of our nomenclature: what do we mean when we call ourselves “humanists” and our practice “medical humanities?”

We contend that the concept of origin narratives is crucial to addressing these questions of identity and purpose. Origin narratives inform how those who work within the field see their goals, values, and potential contributions. They become a part of a group’s common language and “as the languages we speak determine how we know the world, so the stories those languages tell determine how we act in it” (Waswo 1988, 541). Sharing origin narratives has the power to help shape group identity, membership, and worldview.

Physician and philosopher Howard Brody presents what he sees as the three most common “conceptions” of the medical humanities: “a list of disciplines, a program of moral development, and ... a supportive friend” (Brody 2011, 2). Some medical humanists relate the humanities to “humanism,” a quality of health care providers. Others define medical humanities in relation to other disciplines such as bioethics. A third, and perhaps the largest, group describes medical humanities as a list of academic fields that study health care. Each of these conceptions of the medical humanities comes with a value-laden origin narrative—a shared understanding, sometimes acknowledged, sometimes merely implicit—of the field’s beginnings.

We will focus on one particularly rich origin narrative of the medical humanities by telling the story of how a group of educators, ethicists, and scholars struggling to define their relatively new field rediscovered the *studia humanitatis*, a Renaissance curriculum for learning and teaching. Our origin narrative is composed of two intertwined stories—the history of the *studia humanitatis* itself and the story of the scholars who rediscovered it. We argue that as an origin narrative the *studia humanitatis* grounds the medical humanities as both an engaged moral practice and pedagogical project. The appeal of origin narratives goes beyond their usefulness in explaining the past; they are equally rooted in their ability to perpetuate values, contextualize the present, and anticipate the future. The historical divergence between the humanities and the sciences is woven into the origin narrative of the *studia humanitatis*. Rediscovering this narrative has the potential to bridge divisions between these disciplines. We shall explore this potential in the latter part of the paper, using the work of medical humanists in translational science as an example of how understanding our historical roots can help us do meaningful work in the world.

The *studia humanitatis* and the crisis of American medicine

The Renaissance figures prominently in our origin narrative, but to understand its importance to modern medical humanists, we must first begin our story in the 1960s when a group of scholars started searching for what it meant to practice humanities in relation to medicine. In a series of retrospective articles, several scholars emphasize that medical humanities emerged in an era of tremendous cultural upheaval (Andre 2001, Barnard 2001, Burns 2001). Equally relevant to these scholars were the crises that threatened to overwhelm the practice of medicine. Although post-World War II scientific successes led to public faith

and support for medical research into the 1960s, suddenly medicine came to seem expensive and unwieldy. Medical practitioners, once viewed as neighborhood heroes, began to appear as impersonal technicians (Starr 1982). Revelations of routine research abuses in Henry K. Beecher's landmark 1966 paper and the later exposé of the Tuskegee syphilis study shook public faith in the essential beneficence of medicine and science (Rothman 2003). The crisis of medicine was not just an issue of public perception but also a crisis of meaning among its practitioners. A younger generation of physicians staged heal-ins and strikes; even those who were not overtly politically active described a general disillusionment with their training (Ludmerer 1999).

According to historian Daniel Fox, the movement that became the academic medical humanities began as a group of "teachers and preachers" who gathered together to address the problems of "depersonalization," "the centrality of molecular biology," and "the teaching of mechanistic medicine" (1985, 329). They blamed these problems for what they perceived to be deteriorating relationships among doctors, patients and society. The project of infusing the humanities into medicine, at least initially, seemed to mean returning "humanistic" qualities to doctors, mainly through education. According to Fox, however, the early years of the medical humanities were marked by an ambiguity of definition and purpose.

In the early 1980s, however, some members of this group grew uneasy with this lack of definition within the medical humanities. "Humanism" and "humanities" had become loaded terms, as controversial as they were ambiguous. On the left, French philosopher Michel Foucault and other postmodernists rejected humanism as an oppressive construction based on the metaphysical fallacy of a common core to human existence (Cole and Lagay 2002). On the right, the resurgent evangelical movement in the United States contributed to a popular conflation of "humanism" with "secular humanism" a philosophy supposedly counter to this group's desire to re-institute Christian values in American society (Toumey 1993).

These concerns came to a head when a group of scholars gathered to develop the medical humanities graduate program at the University of Texas Medical Branch. Rather than abandon the term, "humanities," as too fraught, these scholars, including Ronald A. Carson, Thomas R. Cole, Mary G. Winkler, Chester Burns, and Anne Hudson Jones looked deeper into what it meant to call themselves "humanists." They took a more rigorous approach to the term "humanism," tracing its historical origins to the *studia humanitatis*. In the *studia humanitatis*, they discovered an origin narrative that offered both a unique perspective on the crisis they were facing while also providing guidance for the work they did among medical students and professionals in "the precincts of medicine" (Carson 2007, 321). This perspective also contextualized the rift between humanities and science these scholars had been seeking to heal.

Though the history of Renaissance humanism far exceeds the limits of this essay, we shall describe three key figures whose work represents watershed moments in the development of Renaissance humanism and the *studia humanitatis*: Francesco Petrarch, Desiderius Erasmus, and Andreas Vesalius. In the next section, we shall describe these figures' critical roles in

the intellectual history of the humanities and sciences, and the reasons that early medical humanists found their work relevant to the crises of their own era.

What is the *studia humanitatis*?

The *studia humanitatis*, which directly translates to the “study of man or humanity,” was a curriculum that focused upon classical literature, grammar, logic, and rhetoric. The early humanists emphasized finding meaning through engaged reading and writing about the classics and envisioned an intellectual who left the ivory tower to be engaged in society. The goal of study was to gain wisdom and virtue that would be useful in an uncertain, contingent world. Renaissance proponents of the *studia humanitatis* distinguished it from the Scholastic tradition of their contemporary universities which, in its emphasis on technical minutiae, failed to give its learners guidance in their daily lives.

The Scholasticism of the medieval university prioritized dogma over ethics; dialectical reasoning and formal logic were used to resolve disputes. By the early fourteenth century, however, this method of learning had degenerated into arguments over jargon. Scholars quibbled over technical matters that were removed from the actual problems of citizens. To Scholasticism’s critics, scholarship had become argument for its own sake and was incapable of moving a soul to virtue.

The emerging *studia humanitatis* had a more explicitly moral goal in its focus upon inspiring a student to “love virtue and hate vice” (Proctor 1998, 46). While the Scholastics were mainly concerned with form, rather than content, of knowledge, the *studia humanitatis* integrated the two, contributing to new ways of being in the world and new strategies for knowing. The curriculum of the *studia humanitatis* prioritized cultivation of the self and moral development along with technical proficiency. The curriculum was introspective, dialogical and inherently ethical.

One of Scholasticism’s first critics, Petrarch is known as the “Father of Humanism.” For Petrarch, the intellectual transformation he experienced was part of a deeply personal journey. Born in exile, Petrarch rose to great heights as a translator and writer, and though he achieved fame in his life, he was prone to perfectionism and depression. None of the agitations Petrarch experienced, though, were as troublesome as the radical losses that he endured during the Black Death. The disastrous epidemic of 1348 left Petrarch alive to witness the deaths of his closest friends, family members, and acquaintances, including his beloved Laura, the subject of his famous sonnets. His grief rendered him emotionally paralyzed and unable to work.

Petrarch felt helpless, going so far as to wish for death to release him from his torment. He personifies his vulnerability as *Fortuna* or *Fortune*, the cruel fate who doles out human destruction. In one of his letters, he writes

Oh deceitful hope of mortals, oh useless cares, oh precarious human condition!
There is nothing peaceful for man, nothing stable, nothing safe: here we see the
power of fortune ... she is a liar, she is fickle, capricious, untrustworthy; you have

at one time known her flattery and gentleness, but later you have seen her bitterness. (2005, 361)

Petrarch's intimate acquaintance with the "deadly monster" of *Fortuna* reflects how he coped with his traumas.

Petrarch's suffering created a unique dilemma for him. The cosmology of fourteenth century Italy gave a blueprint for managing the abject misery that he felt; unfortunately, the classical methods provided him no solace. The common understanding prior to Galileo held that beyond the moon lay a calm and eternal sphere while Earth was the domain of corruption and turmoil. Contemplation of the heavens' perfection was supposed to provide solace and divert the scholar's attention from transient earthly matters. In order to attain peace, one needed only to change one's thinking. Harmony between the soul and cosmos was the classical ideal and contemplation was the means for a mortal to achieve it.

Contemplation of celestial perfection provided Petrarch no solace. Instead of turning outward toward contemplation of the eternal, Petrarch turned his attention inward, using writing as a way of exploring his inner self. His consolations came from turning to ancient texts and exploring them for meaning for his own time. Historian Robert Proctor argues that Petrarch's experience of reading was deep, inner, and transformative. He writes that Petrarch "could feel the words in his body. The healing that came from such reading resulted not from being lifted outside of himself, but rather from sinking deep down within" (1998, 44).

In the act of writing, Petrarch achieved his own consolations and set in motion a pattern that later humanists would follow. Through the process of close reading and writing, Petrarch was able to make meaning of his sense of loss and feelings of vulnerability in the face of *Fortuna*. Petrarch's contemporary Giovanni Boccaccio extolled Petrarch as one whose writing "awakened in noble souls the hope that had almost been lost ... and inspired many to ascend" (Proctor 1998, 25). By the time that Petrarch died in 1374, humanists had already begun to take on the project of constructing an introspective, personal self that was engaged with society and the greater world. The highest goal of the *studia humanitatis* was the development, growth, and perfection of virtue. Renaissance humanists did not undertake study merely for its own sake, which had been a main goal of the Scholastics. For the humanists, studying and learning offered external goods of bettering the self and moving others to right action. Humanists turned to the study of letters in order to know the self better so that they could be active members of the polis.

To Carson and other early medical humanists, the existential questions Petrarch and his contemporaries faced during the plague were similar to the fundamental questions he and his fellow medical humanists faced on the hospital wards. Just as the *studia humanitatis* was born in an era of questioning the applicability of received knowledge to a changing society, the medical humanities were a response to a similarly deep cultural disconnect. In both eras, scholars were compelled to move beyond the ivory tower and to engage the suffering of their fellow humans. In modern American society, the specter of *Fortuna* is perhaps most keenly sensed in the hospital ward where suffering and death take place every day. In the 1960s and 70s, some of the medical professionals that helped support the medical humanities movement were "quite aware that they themselves, in their research and their practice [were]

involved with value questions” (Carson 2007, 322). Turning to the humanities for guidance, they initially faced the “academic encapsulation” of these disciplines’ arguments about methodology—much like the Scholastics encountered by Petrarch and his contemporaries (Carson 2007, Charon 2003). Breaking down these barriers and creating space to engage with these real life concerns became the goal of many among this first generation of medical humanists.

Carson knew that training in moral reasoning as a technical skill was insufficient in the workaday world of medicine (1994). Reasoning alone could not move a soul to virtue. Again, he turned to the Renaissance for insights. The *studia humanitatis* was a pedagogical foundation for bridging the Renaissance’s new conception of the interior self with the demands of the polis. Carson discovered that the Renaissance humanist was first a rhetorician, accomplished in the persuasion of others to right action. Rhetoric had special importance to the Renaissance humanists because those who learned to speak well were to use their training and knowledge to serve the common good. Carson’s colleague, Thomas R. Cole, found inspiration in sixteenth century humanist Desiderius Erasmus, who like Petrarch, responded to the most profound social rupture of his day: the religious discord prior to the Reformation (Cole 2014). Erasmus witnessed the increasing divisions between Roman Catholics and Protestant reformers and sought to be a moral exemplar and an observant critic of injustices. To Erasmus, these confrontational debates had incredible political stakes, with disagreement over religious ideas tearing apart communities and leading to bloody wars.

Renaissance humanists were voices of moderation during this time of great intolerance. Erasmus used his rhetorical abilities and knowledge of classic texts to help communities in the Netherlands and Germany develop *toleration* despite the divisiveness within the Church at the time. The humanists defended “toleration” as a specific kind of act or grant that was bestowed in order to promote unity within the church. It gave dissidents the means for maintaining their connection to the Church despite their highly controversial religious positions.

Toleration, according to political scholar Gary Remer, came in two forms. Though they disapproved morally of those they considered heretical, Renaissance humanists put up with heretics in order to persuade them of their wrongs and, in doing so, prevent violence. They engaged with these dissidents via the rhetorical model of *sermo*, which promoted nonhierarchical dialogue between parties. More profoundly, however, humanists also used toleration to allow dissidents to maintain full membership in the Church in order to prevent further schisms. Distinct from religious liberty, the concept which did not emerge until the seventeenth century, toleration was a granted privilege. Erasmus believed that toleration was a right and an intellectual duty with the ultimate aim of finding commonality or peacefully accepting difference.

The study of rhetoric, argues Remer, gave a method for acting in the world. Persuasion was favored over force and ethical action was prioritized over dogmatic understanding (2008). For example, Erasmus argues that an internalization of virtue took ultimate precedence over technical mastery of dogma. He writes that

You will not be damned if you do not know whether the Spirit ... has a single or a double principle, but you will not escape perdition unless you see to it in the mean time that you have the fruits of the Spirit, which are charity, joy, peace, patience, kindness, goodness, forbearance gentleness, faith, moderation, self-control and chastity. (2008, 53)

To the rhetorician, speech was inherently ethical in that it was used to persuade the heart and mind to morally right action. Speech was “vested with moral import” (2008, 45). Through the study of Marcus Tullius Cicero, Erasmus found that men could use skills of oratory to “cultivate integrity and to maintain justice” (Cicero 1888, 5). Erasmus recognized that force could do nothing to change the minds of dissidents; rather, the “recantations, imprisonments and burnings, do nothing but exasperate” and “accomplish nothing except to make the evil more wide-spread” (Remer 2008, 80).

To develop toleration as a moral practice, Erasmus used the rhetorical model of *sermo* which he also found within the writings of Cicero. *Sermo* stands in contradistinction to the better known rhetorical style of *contentio*. Popular among the Scholastics, *contentio* has survived in the modern day courtroom. It is an argumentative style of discourse where dialogical parties are not situated evenly. One of the parties has the truth and must convince the listener of his or her correctness. The goal of *contentio* is to win an argument. *Sermo*, on the other hand, mandates that all parties come to a conversation on even dialogical ground. No one party has a monopoly on truth. Instead, truth emerges through dialogue.

Through Erasmus, Carson and Cole gained further insight into the ways the Renaissance humanists integrated form and content. Rhetoric was not used for its own sake but to persuade others to virtue. In this way, rhetoric was truly a means for cultivating new ways of being and acting in the world. *Sermo* as a rhetorical style becomes an exemplar for the modern day medical humanist who sees rhetoric not as an empty tool for persuasion but as a fundamental basis for moral reasoning.

Invoking *sermo* helps to heal the hierarchy of the physician-patient relationship. When both parties are on the same dialogical footing, both can be considered “experts.” The practitioner has knowledge of the disease process, but the patient has knowledge of his or her own illness experience. A patient-physician relationship defined by *sermo*:

eschew[s] the pernicious association of objectivity with impersonality and shift[s] from subject-object mode to person-to-person dialogue, thereby stepping into the moral balance ... In doing so, in talking with each other about how it feels, what it is like, and what it may mean ... their language engenders fresh perspectives, and transformed relationships, as the hearts of these strangers become more familiar to each other. (Carson 2011, 392)

Through *sermo*, the clinical encounter becomes one of mutual respect, with both parties acknowledging the provisionality of truth. Dialogue becomes the foundation for a trusting therapeutic relationship.

Erasmus utilized rhetoric to address pressing social concerns; Petrarch built conversations with ancient texts. With the humanists’ emphasis on the recovery of texts, finding one’s

place in the cosmos, and focusing upon the importance of the individual as an object of study, it is not surprising that humanists would eventually turn their gaze toward the study of the human body and the natural world. Examining the natural world with the tools of science available during the Renaissance opened up dialogical space between the search for meaning in human relationships and the search for humanity's place in the natural world.

The humanist-scientist is most prominently represented in the figure of Andreas Vesalius, who integrated science, religion, and the study of the human body. Vesalius, working in the 16th century, used visual rhetoric and an ocular epistemology to demonstrate humanist ideals and the primacy of using the human intellect. Rather than simply inheriting received wisdom, Vesalius examined the body with his own eyes, obtaining cadavers at great risk. He applied his humanist education to improve upon past medical knowledge as well as criticize the manner in which scientific learning was transmitted between teacher and student. At the time Vesalius did his work, Galen's texts, written in ancient Rome, were still considered authoritative. Unlike Galen's followers who took his writings as authoritative in themselves, Vesalius stressed the importance of "ocular evidence," and challenged scientists of the day to see the body with one's *own* eyes. At this time dissection was not an act of observation and discovery but was a tightly controlled public ritual intended to reinforce the authority of classical medical texts. Vesalius called this the "vile ritual in the universities" (1542, 3r).

In the same way that Petrarch returned to the sources of Augustine and Cicero, so too did Vesalius return to the text—what the humanists called *ad fontes* (to the source). In this case, however, Vesalius conceived of the *body* as text in order to gain anatomical knowledge with his own eyes. In so doing, he made more accurate predictions about the body by integrating his humanist training in the close reading of texts with an emerging focus upon empirical observation.

His *De Humani Corporis Fabrica* (the *Fabrica*), published in 1543, wholly challenged contemporary concepts of anatomy and physiology. Vesalius mapped the uncharted terrain of the human body, using his eyes and mind to learn its mysteries. He undertook his anatomical investigations not only for the sake of knowledge but also to understand "the body and the spirit, as well as a certain divinity that issues from a harmony of the two, and finally our own selves (which is the true study of mankind)" (1542, 4r). In the *Fabrica*, denuded figures with their musculature clearly visible stand like Roman gods. In these images, man becomes a scientific object, yet still retains his divinity. Through observational science, Vesalius intended to discover the internal harmony between man and the natural world.

Working in the late Renaissance, Vesalius was among the last generation of humanists to straddle easily the conceptual barrier between the humanities and the sciences. Vesalius's approach called for an integration of the Galenic text and the text of the body. If one compares the images of an earlier anatomical text, that of Johannes de Kethem, with the composition of Vesalius's images, it is apparent that for de Kethem, labels and captions were necessary to explain the intricacy of the highlighted structures. However, for Vesalius, bodies and body parts stand alone on the page. Words are an afterthought when the body itself can speak in such magnificently detailed illustrations (Figs. 1 and 2).

Vesalius' reading of the body as text in his scientific work "embodied" a fundamental transition happening within the life sciences as a whole—the reconceptualization of the natural world as something able to be mastered by the human intellect. This turn made the systematic study of the natural world thinkable. To Vesalius and his fellow medical humanists, the human was both an object of science and a transcendental being. Ocular epistemology, of the sort practiced by Vesalius, helped establish the foundations of the Scientific Revolution.

This new way of thinking allowed the sciences to flourish and diversify, while the humanities fragmented and ultimately calcified over the centuries. The humanities curriculum split into many academic fields and lost its foundational unity and social purpose (Proctor 1998). Disciplines such as moral philosophy and literary studies were becoming as introverted and calcified as the Scholasticism of the Middle Ages (Toulmin 1982). When Carson and colleagues rediscovered the humanist tradition in the 1980s, they had to look past what the humanities had become in order to situate them in their original role as a response to profound social and intellectual crises.

The history of Renaissance humanism and the origin narrative of the *studia humanitatis* helps conceptualize the cultural sources of the perceived divide between medical science and society that we, as the next generation of medical humanists, are now trying to bridge. For those of us who work as medical humanists, explaining our role to scientific and clinical colleagues is a daunting task. Medical humanists may be called upon to serve in a variety of roles, each requiring a subtle reframing of how one's training may be relevant and helpful for interpreting questions of meaning and value.

In the final section, we will describe how the task of embodying the values of the medical humanities as conceived through the origin narrative of the *studia humanitatis* might be approached within the context of translational science. Translational science departments, which have recently emerged in academic centers, offer a new avenue for the "engaged humanities in the precincts of medicine" (Carson 2007, 321).

New horizons: engaged medical humanities and translational science

The challenge set before medical humanists working within translational science is to help reconnect humanistic and scientific ways of knowing and being in the world. Translational science is the systematic effort to improve human health by moving health care discoveries and innovations from the bench to the bedside to the community and back again. Medical humanists embedded in translational science departments as a part of the National Institutes of Health's (NIH) Clinical and Translational Science Award funding initiative have multiple opportunities (Zerhouni 2003). They can shape the discourse of translational science as well as help scientists design and complete research projects that advance human health while protecting human dignity. Opportunities to shape the discourse arise both during research ethics consultations and from conversations held with scientists during meetings of multidisciplinary translational teams (MTTs). These teams are composed of clinicians and scientists from a variety of backgrounds and are formed with the aim of harnessing multiple skill sets and perspectives to tackle a specific area of scientific inquiry. As the early

humanists came to understand, rhetorical skill can help move conversations towards questions of value. In the translational science setting, these skills have the potential to move ethics beyond mere compliance with rules and regulations and towards the cultivation of virtue. The three rhetorical strategies—*decorum*, *ad fontes*, and *sermo*—whose roots in the *studia humanitatis* have been discussed above are useful for helping investigators think through the ethical and social implications of their work, communicate better as a team, and cultivate virtuous habits.

Although improving human health is the primary goal of medical research, programs of scientific training have generally failed to teach clinical investigators how to imagine the complexities of their subjects' moral lives. Investigators learn specialized techniques for studying disease processes but are not given space within the scientific curriculum to consider how medical research fits within the broader context of human flourishing. They become experts in their chosen field but are unprepared for working with human subjects or as members of MTTs. Medical humanists can address these deficits by using rhetoric to help craft habits of moral reflection that are both extensive and introversive.

Education in the *studia humanitatis* was configured to bring about the moral development of the student, using the tool of rhetoric as a guide. Training in rhetoric prepares students for a life of professional and social responsibility. For medical humanists embedded in roles as ethicists in translational science departments, this entails persuading people to reflect upon and do what is right as part of one's professional responsibilities. The use of rhetoric as a tool of persuasion is a natural fit within translational science as this emerging paradigm of inquiry is itself part of the rhetorical project of science in general.

Identifying the rhetorical elements of translational science is the first step towards discovering how to help the scientific community reach their goals, which include maintaining high standards of ethical and scientific integrity. Investigators respond to the contingency of the natural world with the *ethos* (or credible authority) of rational experimentation. They improve human health by persuading the scientific community and the broader public that certain treatment modalities and mechanistic understandings of disease processes are not just true but predictive. Failure to persuade stakeholders, such as the NIH, Congress, or the public at large, may result in the loss of funding. After identifying these rhetorical elements, the next step for the medical humanist is to craft a dialogical space for the discussion of the ethical and social implications of research. Medical humanists use three rhetorical strategies of *decorum*, *ad fontes*, and *sermo* as foundational pillars with which to support the mission of translational science.

As a rhetorical strategy, the task of *decorum* is to match the appropriate level of style to the intended rhetorical purpose. Choosing the right vocabulary, avoiding needless jargon, and expressing oneself in a sophisticated but succinct manner is no easy task. Doing so requires that one take into account context, manner of delivery, and the appropriateness of the topic. However, knowing these rules of *decorum* is not sufficient for achieving the goal of using speech to “sting and set afire and urge toward love of virtue and hatred of vice” (Petrarch 1948, 103). A well-crafted speech may still lead others towards a hatred of virtue and a love of vice. Instead, prior to speaking one must ask him or herself, “what would be most

expedient in the given context for stimulating moral thought”? In Cicero’s view, this attention to inspiring rhetoric that is eloquent and wise is the essence of *decorum* (1888). *Decorum* was not simply expedient; it was an expression of morality.

The first task of the medical humanist practicing *decorum* in the context of translational science is to know her audience in order to craft the appropriate moral message. Translational science is characterized by the formation of teams whose members come from a wide range of disciplines. Since MTTs meet fairly infrequently, the exchange of ideas that occurs during each meeting must be couched in language that is intelligible to each member. Furthering the goals of ethical reflection within the team science environment necessarily involves speaking a common language. Humanist members of research teams are uniquely positioned to assist with translating between the language of science and the language of human flourishing.

For example, one MTT at our institution is investigating the body’s hypermetabolic response to injuries caused by severe burns (Jescke 2011). Medical humanists on the team have been able to undertake a qualitative research project by introducing a definition of “response” to a catastrophic injury that extends beyond quantitative measures of health and includes moral dimensions of human lives. Through the use of their training in *decorum*, these humanist investigators tailored their message to their scientific audience through a series of rhetorical turns. First, they pointed to the usefulness of a comprehensive data set that included subjects’ experiences of their burn injury, recovery, and participation in research studies. Second, they emphasized how a qualitative substudy might help identify strategies for improving patient-subject care and research. Third, after highlighting the instrumental and scientific value of the study, the humanist investigators segued into an argument based on the intrinsic moral value of such a study. This application of *decorum* was made possible by first attending to the primary texts of the discipline of burn injury research.

Humanists’ development of *ad fontes* encourages scholars to return to the text as a source of wisdom and insight. In order to develop moral awareness, humanists cultivate their skills of close reading. This attention to the localized knowledge found in texts enables medical humanists to develop a broader understanding of the nuances of narrative accounts such as those stories told by human subjects and research teams during the average day in the research center. They use these interpretive skills during their interactions with the research team to facilitate conversations that illuminate social and ethical issues within the design of research projects.

Since the time of Vesalius the body has been the text which scientists read and annotate. However, if the body bestows *ethos*, which part or level of inquiry should be considered authoritative? This kind of question often comes up in the context of constructing MTTs. For example, another MTT at our institution has been investigating the link between impulse control disorders and addiction to food and drugs. They are using the notion of impulsivity, which they define as “action without regard to the consequences,” to guide their research (Moeller 2001, 1784). Within this general framework, each investigator views his research questions from a different vantage point. This divergence poses challenges of incommensurability and reductionism when these methodologies and epistemologies are

placed together in conversation. The problem of incommensurability arises when scientists from different backgrounds are asked to interpret what “impulsivity” means. Molecular biologists may consider impulsivity at the level of the molecular structure of serotonin receptors. Behavioral neuroscientists may view impulsivity via mouse models. Psychologists may think of impulsivity as a factor in teen dating violence. In all of these cases, the term “impulsivity” is used, but in each it serves different functions. The serotonin receptor has no intention, and the mouse in the maze being fed cocaine is responding to a simpler stimulus than hormonal teens. As the mouse’s level of reflection is far below what one would expect from the average teenager, the psychologist and behavioral neuroscientist end up talking past one another.

Improving human health requires integrating these models, not oversimplifying the sources of health and disease. The problem of reductionism emerges when the humanity of the subject is lost in the novelty of the scientific questions. When a set of investigators only deals with discrete parts of the body, they can easily reduce human health to the absence of pathology or to “species-typical function” or functional ability (Boorse 1977). For these investigators, conceptualizing the body as the source of knowledge is necessary but insufficient for truly respecting persons or understanding how psychosocial and biomedical models of health contribute to human flourishing. Ambiguity about which level of inquiry should be foundational and how these levels might best be synthesized invites the construction of a dialogical space using *sermo*.

When there is no consensus view on a fundamental question, medical humanists invoke *sermo* to generate further discussion and the friendly exchange of views. As discussed in earlier sections, the primary moral imperative underlying the use of *sermo* is that all participants must be treated with respect. There is no hierarchy when *sermo* is invoked. By agreeing as a group that everyone will be treated equally, participants are able to move beyond entrenched positions and to discuss controversial issues freely. In this context, truth is accepted as provisional and contingent. Under the rules of *sermo*, no appeals to authority or *ethos* to persuade are permitted. In the words of Erasmus, “in this way the truth, which is often lost amid too much wrangling may be more surely perceived” (Remer 2008, 95).

Traditionally, *sermo* is reserved for the consideration of indefinite questions, which are abstract philosophical questions about morality and the human condition. As architects of the moral space, medical humanists construct a dialogical foundation from definite questions—questions that can be answered with facts (Walker 1993). Definite questions can be discussed and even settled by referencing a set of justified true beliefs. Humanists use definite questions as a dialogical foundation for asking indefinite questions that lead to the discussion of the social, ethical, and existential significance of these facts. If the moral space is a two-story building, the ground floor is composed of definite questions. The second floor is supported by the conversation about definite questions, which leads to fact-based conclusions about the scientific problem. This second floor is a rooftop veranda from which investigators and humanists can gaze out over the moral landscape and invite questions about human dignity, justice, the aims of science and medicine, etc. The questions that can be discussed here are limitless but carefully crafted to remain relevant to the scientific work being conducted. In this metaphorical moral space, *sermo* is both the veranda and the stairs

leading up to it. When invoked appropriately, it serves as both the apparatus for moving the discussion upwards and the railing that keeps the discussion relevant to the scientific questions. Invoking *sermo* demonstrates a commitment to moving from the purely scientific to the more humanistic questions in an orderly and egalitarian fashion.

As *sermo* is a concept that may be unfamiliar to those who have not studied Erasmus or Cicero, an example may help to illustrate its usefulness. A medical humanist working with the neuroscientists mentioned above might use their research question, which is “Is there a genetic biomarker for impulsivity?” to then ask questions about the social context of their research. For example, one might ask, “Whose ends does the label of ‘impulsivity’ serve?” If a particular biomarker is found and an individual’s genomic profile can be tested for it, one indefinite question that emerges is, “If this genetic profile determines behavior, what is the likelihood of someone with that biomarker developing a substance abuse problem?” While this question carries empirical content—for example, it could be answered with a percentage—the ethical and philosophical questions remain embedded in the ambiguity of terms like “determines” and “problem.” This blend of the empirical and the value-laden opens up the discussion to even more indefinite questions like: “What impact might eliminating impulsivity have on the nature of the human condition?” and “Would being less impulsive necessarily be a good thing?” These kinds of questions are both philosophically complex and ethically fraught.

Aside from its broader use during MTT meetings, *sermo* can also be invoked to navigate the interpersonal dynamics of the research team. In this context, medical humanists help craft the moral space by appealing to this rhetorical strategy. The following example captures some conversations that often emerge during research studies. Each member of the research team struggles with the ethical issues that emerge as part of their professional responsibilities. The question of how a medical humanist might help subjects and members of the team respond when *Fortuna* strikes is of vital importance to the continued practice of engaged humanities.

Research studies involving human subjects begin with a series of conversations. Following the pre-screening phone call, the next most important conversation is the informed consent process during which subjects are told of any foreseeable risks and plans for mitigating them. Yet unanticipated physiological responses or abnormal test results sometimes appear during the study that are unpleasant, which subjects often attribute to their participation. If they are found to be “untoward or unfavorable medical occurrences,” they must be reported to the principal investigator, sponsor, institutional review board, or federal regulatory agencies (OHRP 2007). When an adverse event or unanticipated problem is identified that meets certain thresholds of severity or is not mentioned in the protocol or consent form, the research team becomes responsible for both reporting this information and easing the subject’s suffering. What is of concern to the medical humanist goes beyond whether the regulatory commitments for reporting are met, since these obligations are normally monitored by a compliance officer. Instead, the medical humanist is concerned with ensuring that all parties are being treated fairly and that steps are taken to prevent a recurrence of the problem. For example, if the subject’s injury or sense of discomfort is severe, investigators may need to be unblinded in order to treat the subject and/or determine whether the injury is

due to the intervention. Unblinding will have serious consequences for the subject and the study. Medical humanists are skilled at using *decorum* and *sermo* to balance the personal values of the subject and the professional values of the nurses, study coordinators, and investigators.

Patient-subjects are generally quite familiar with their disease. When an adverse event arises, their first assumption is that any unexpected side effect must be due to the experimental intervention, even though they cannot know for certain that they are in the active arm of the trial. Despite their discomfort, some still feel an obligation to remain in the study. Nurses are generally the first to know about a subject's discomfort. They often feel caught between their obligations to protect the integrity of the study and to relieve the subject's suffering. Most nurses are accustomed to the therapeutic setting and have been trained to put patients first. However, in the research context their primary duty is not always clear. Clinical coordinators are the liaisons between nurses and investigators. Their primary responsibilities are to recruit subjects and try to keep them in the study long enough to obtain sufficient data. They are under significant pressure to fulfill these responsibilities. Coordinators may be dismayed if subjects withdraw or need to be removed from the study and may unconsciously indicate their disappointment to subjects.

Medical humanists bring their distinct set of skills to their conversations with subjects, nurses, clinical coordinators, and other stakeholders. Whereas someone who has been trained in ethics might find that the matter of reporting adverse events fairly straightforward—more of a compliance issue than an ethical one—humanists value persuasion over the simple enumeration of one's duties according to the federal guidelines. Medical humanists seek to help those who have responsibilities for protecting the safety and welfare of subjects develop their skills of moral reasoning. Using rhetoric is one way to persuade these stakeholders to examine their own moral obligations and address the tension between their professional responsibilities and personal values. Humanists' commitment to *decorum* means that they will discuss each interlocutor's concerns privately using skills of textual criticism and empathic listening to explore the nature of the relationships among the parties. They seek to counterbalance the hierarchical nature of research teams by using *sermo* to help interlocutors better understand one another's perspectives. In so doing, they build trust among the team in order to arrive at a consensus about the best course of action.

Medical humanists traditionally focus on literary, historical, and philosophical texts. In the dynamic environment of translational science, they must learn to read outside their comfort zone in order to become conversant in scientific literature. At the same time, medical humanists need to continue to find innovative ways to share humanities texts and training with their scientific and clinical colleagues. Along the way, humanists can learn from scientists how to form new questions based on what has been discovered about the natural world. We can all learn to recognize humanity and the self in the strand of DNA, the microbe, and the lab rat. To help others remember that we are all part of what Maurice Merleau-Ponty called the "flesh of the world" is the highest aim of the engaged humanities (1968, 84).

Conclusion: innovation through tradition

By way of summary, we would like to return to our original question: What do we mean by calling ourselves “medical humanists” and our practice “medical humanities”? When we call ourselves by this name, we recall the origin narrative of the *studia humanitatis*. The medical humanities, as understood within this origin narrative, are more than a list of disparate disciplines held together by their common engagement with medicine. This description, while a good heuristic tool for introducing neophytes to the field, fails to do important work. By focusing on what divides its component disciplines, the approach draws attention away from common goals. Furthermore, it fails to safeguard against the potential for degeneration into a new scholasticism—one that is mired in internal politics and disciplinary disputes at the expense of a commitment to social engagement.

The project of the medical humanities has more than mere intrinsic value; engagement is woven into the fabric of our heritage. This tradition has proven valuable for engaging with and responding to crises of meaning and questions of value that arise for patients, practitioners, and researchers. For our scientific and clinical colleagues, the medical humanities may serve as a salve for the wounds of the culture wars and serve to integrate technological and moral questions.

Modern biomedical science emerged out of the *studia humanitatis*, which was itself a socially engaged moral project. Along the way, however, programs of scientific training began to distance themselves from questions of value. By reconnecting the study of definite and indefinite questions under the umbrella of the *studia humanitatis*, humanists, scientists, practitioners and patients can return to the time when reflection on the nature of the human condition drove technological innovation. Maintaining a balance between promoting human flourishing and the technological imperative calls for a scholarly tradition that can develop skills of reflection and moral deliberation. The practice of medicine, health care delivery, and biomedical research should be seen as moral careers that open up spaces for the discussion of human frailties, vulnerabilities, and limitations, as well as the potential for human flourishing. The value in our particular origin narrative is that it opens up these spaces. Rediscovering the medical humanists’ roots in the *studia humanitatis* demonstrates how tradition can give rise to innovative ways of engaging the moral world of biomedicine.

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Fig. 1.
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Fig. 2.

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