

HUMANITIES RESEARCH CENTER  
RICE UNIVERSITY

**MEDICINE AND THE HUMANITIES FORUM**

At the conclusion of the Spring 2009 semester, the HRC hosted a forum to address the role and impact of the humanities in pre-med education at Rice University. Participants included five graduating seniors entering medical school who have demonstrated excellence in both the sciences and humanities and five faculty members who have served as advisors in discussions about the possible Rice-Baylor College of Medicine merger or have been otherwise engaged in medical humanities programming. This conversation has sparked fruitful discussions about the new roles that the humanities, broadly understood, might adopt in the changing Rice climate.

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## **Attendees:**

### **Rice Undergraduates:**

Mark Yurewicz (**MY**) – Senior Religious Studies and Asian Studies major, plans to attend medical school next year at UT Southwestern School of Medicine after an apprenticeship in Tibetan medicine, interested in History of Buddhism and the role of medicine in different religious and cultural contexts, has studied in India, had an Amazonian Indigenous Medicine mentorship in Ecuador, volunteered with Global Service Corps in Thailand, interested in bridging the gap between Eastern and Western Medicine

Sarah Baker (**SB**) – Senior History major, will be in UTMB Galveston medical school in fall 2009, interested in history of medicine and historical responses to health epidemics, has researched leprosy projects, currently research assistant on autism and ADHD at UT-Houston, has worked with autistic children at Monarch School, much volunteer work with developmentally disabled youth, interested in a career in psychiatry

Bhavika Kaul (**BK**) – (Student lead) Senior Biochemistry and Cell Biology major, part of the Rice-Baylor program, plans to get an MD and PhD in sociology, has done work on social welfare policy and humanitarian crisis work with refugees, Science and Technology Policy Intern at Baker Institute, researched disparities in Global Health with the American Medical Student Association, went to Argentina to work with neglected children, developing programs on preventative medicine and healthcare education as a Schweitzer Fellow to be implemented in Burmese and Bhutanese refugee communities in Houston in partnership with Catholic Charities of Houston, summer 2009 has a Wagoner fellowship to research childhood poverty at the Young Lives Center at Oxford.

Tommy Fu (**TF**) – Senior Kinesiology major, fall 2009 will be student at UT Southwestern School of Medicine, trainer and nutritionist at Beijing Olympics, co-founded award-winning non-profit Owl Microfinance to offer loans to entrepreneurs in developing countries, submitted a proposal on healthcare with Neil Parikh and went to Washington DC to talk with administrators about healthcare reform at the Roosevelt Institute.

Neil Parikh (**NP**) – Senior Economics major, part of the Rice-Baylor program, plans to pursue an MBA in health economics during medical school, cofounder of the EMR-Biometrics Initiative to implement biometric devices into standard EMR procedure, Health Economics Research Intern through Baker Institute, (see project with Tommy Fu above), Senatorial Intern for John Cornyn to implement Federally Qualified Healthcare Clinics in underserved areas of Texas, hospital intern at Deenath Mangeshkar Hospital in India

### **Rice Faculty:**

John Boles (**JB**) – William P. Hobby Professor of History and Editor of the *Journal of Southern History*

Marcia Brennan (**MB**) – Associate Professor of Art History

Richard Lavenda (**RL**) – Professor of Music and Chair of the Graduate Studies Committee

Caroline Levander (**CL**) – Carlson Professor in the Humanities and Director of the Humanities Research Center

Kirsten Ostherr (**KO**) – Associate Professor of English

### **Minutes:**

**CL:** Perhaps we could start the discussion with the question, “How has your education at Rice encouraged (or discouraged) your development of interests in both medicine and the humanities broadly construed?”

**BK:** Rice has helped foster a holistic approach to medicine that goes beyond just patient care in a clinical setting. I took a class on poverty and public policy that greatly influenced how I think about medicine and encouraged me to look at how factors such as social welfare policy, cultural and socioeconomic contexts can impact patients. I also took advantage of opportunities at the Baker Institute. I interned with Dr. Neal Lane in the Science and Technology Policy Department and was selected to participate in the Baker Institute Program in Washington, D.C. through which I interned at the American Medical Student Association as a global health policy researcher with a focus on the Access to Essential Medicines Campaign and coordinated the National Medical Student Lobby Day on SCHIP and The African Health Capacity Investment Act. Rice also offers service fellowships like the Loewenstern, which Mark (Yurewicz) and I participated in last summer. Mark went to Ecuador to study indigenous medicine and I went to Argentina to work with neglected children. The fellowship office also has many other opportunities including the Wagoner Fellowship, which is allowing me to intern at Oxford’s Young Lives Center to study childhood poverty this summer. There are many opportunities outside the classroom all of which have really helped me develop my interest in medicine and humanities.

**TF:** Participating in Rice’s study abroad programs are key to developing the adaptability you need as a physician. There are many students who go abroad to learn a foreign language but there is also a sizable group that goes abroad to volunteer in hospitals that often do not have the facilities that hospitals in the US do.

**BK:** But unfortunately there’s no systematic way of learning about these opportunities; you have to look hard, and advising in regard to such opportunities is almost non-existent [all agree]. There’s no centrality. There is also a divide between the residential college system that Rice fosters and fellowships. I was told my freshman year that you have to choose between the college system or the fellowship system. I don’t think that is true. I believe that freshmen should be presented with information about both and should be encouraged to participate in a wide array of activities. I think the current system does a good job of helping involve freshmen in the residential college system but a relatively poor job of helping them learn about fellowship opportunities. This may partly be because the staff in the fellowships office is limited. More staff

will be helpful in advising students early on in their academic careers so that they do not have regrets at the end.

**JB:** Maybe a separate opportunities orientation at the start of the 2<sup>nd</sup> semester would help. We all know that O-Week is rather chaotic, and it really focuses on the colleges.

**General undergraduate consensus:** O-Week is overwhelming and students cannot absorb everything. A later orientation more focused on academic and other opportunities outside the classroom would be helpful. A guidebook of opportunities might also be useful because freshmen would have something tangible to refer to during their four years at Rice. Many opportunities are limited to sophomores, juniors and seniors but by letting freshmen know about these upcoming opportunities, they will be more prepared for them when the time comes.

**TF:** I am working with some other students on a senior testimonials project to show to freshmen. We videotape seniors talking about their experiences and what they wish they'd known as freshmen. Everyone wishes they'd known about everything that's available, because many times we find out too late.

**SB:** It is especially hard to pursue opportunities as a history major. Rice is understanding but outside of Rice people don't understand why a history major should be given pre-med or science opportunities. It helps when you have a good advisor but I did not have a good advisor fit – it's hard to balance a history major with pre-med. I know that the history department has recently hired a historian of science [Cyrus Mody] who might be a possible advocate for pre-med humanities majors. Also, perhaps there could be workshops for pre-med humanities students and faculty that would help both parties understand the crossover between medicine and the humanities.

**JB:** Within Rice and Baylor there's an understanding of the value of dual humanities and pre-med interests. Outside groups are usually less understanding – there's a pervasive sense that an English major only goes on to teach English.

**BK:** Often, parents contribute to the mindset that an English major can only go on to teach English. By the time students learn that this is not true, it is often too late. They are already in their junior year and have completed most of the requirements for their major. Helping freshmen understand the interplay between humanities and sciences could really help them break free of this mentality.

**TF:** A workshop perhaps could present a program of regular collaborative events.

**SB:** A pre-med program in the humanities would be great.

**MY:** Yes, and there are great faculty for this, like Anne Klein in the religious studies department. She has helped me greatly.

**JB:** There is talk about establishing a Medical Humanities Institute and creating a Vice Provost for Collaborative Interdisciplinary Studies. How could we get students involved in such an initiative and encourage them to go beyond the hedges?

**TF:** Professors should offer extra credit for working in the museum district.

**Generally faculty reaction:** So students would get extra points for visiting museums? This seems rather peculiar.

**TF:** I had a professor who would give us extra credit for visiting the Menil Collection, for example. You had to bring back your ticket stub. Many students went because the extra credit acted as an incentive and after the initial visit, many went back again. It is the initial push that is sometimes hard.

**BK:** Rather than just offering extra credit, professors could integrate activities outside the hedges with their coursework. With the Passport to Houston program, museums are free for Rice students. But we often don't take advantage of those opportunities because there is always so much going on inside the hedges.

**NP:** Undergraduates have a general misconception that they must be biochemistry majors to go to medical school. So they don't find the value in exploring other opportunities.

**RL:** Doesn't the distribution system help?

**NP:** The distribution system lets people take other courses outside the sciences, but many take these courses too late to pursue other interests or, for example, to get a double major.

**KO:** Perhaps someone in admissions from Baylor could correct this misconception.

**MY:** Yes, that would be helpful. Also, perhaps talking to current medical students who were humanities majors as undergrads. Dr. McDowelle has also been incredibly helpful. She helps students see that they don't have to stick with nothing but biochemistry.

**BK:** It was after I arrived at Rice that I developed an interest in sociology. In high school I didn't realize that this would be an option. Unfortunately, the first time I took a course in sociology was during my junior year. The distribution system does encourage students to take classes outside their major but with premed students the first two years are often filled with med school prerequisite courses.

**TF:** You'll be more successful getting into medical school if you don't play the safe route. You need to be passionate about what you're doing. There are many students here who just think about what they need to do to have the right transcript for med school, but they don't really care about it all. When they get to the interviews, they can't answer why they wanted to take these courses or join these groups because they never fostered their passions.

**BK:** It is important for students to realize that medical schools are not looking for cookie cutter students. Med schools get thousands of applicants and so to really differentiate yourself from the crowd, you must be able to vocalize your passion and explain the rationale between your course choices and extracurricular activities. If you are just joining the Rice Pre-Med Society because you think it will help you get into med school, the admissions board will be able to see that.

**MY:** Dr. McDowelle helped me feel confident that I could major in religious studies and go to medical school.

**MB:** Who is Dr. McDowelle? You've all mentioned her influence.

**BK:** She's the Health Professionals academic advisor. She is helpful if you can get an appointment with her, but her schedule is booked solid because she is responsible for advising all the premeds at Rice, which is a pretty overwhelming feat. Rice needs more people like her. You often can't get an appointment to see her until your third year, and then it's usually too late to add a different major or pursue other interests at Rice.

**MB:** You have mentioned that there needs to be increased awareness about the opportunities in the humanities for future medical students early on. What do you think about a freshman seminar in the medical humanities?

**BK:** Yes, that would be wonderful. But freshmen seminars get booked so quickly and there are so many pre-meds at Rice. There would need to be several sections. And a seminar in medical humanities should not stop after freshman year. Perhaps a freshman seminar could be an introductory class to a wider array of classes that students interested in medical humanities could take their sophomore, junior and senior years.

**SB:** Pre-meds often don't understand how the humanities relate to medicine. But the humanities are key for psychiatrists who have to look at non-clinical influences on health. I work with autistic children, and my humanities background has been important. In light of the recent swine flu episodes non-clinical influences have become especially important. A freshman seminar would help new students understand the importance of the humanities in the field of medicine.

**TF:** Rice is too sheltered. It's not like NYU, which is in the middle of a huge city. Rice students don't think to leave campus. We need more outside-the-hedges opportunities, and for credit.

**SB:** We need advisors to help students find opportunities.

**RL:** Maybe it's better not to coddle our students. You are all remarkable, and you all explained how you had to seek out your own opportunities and make them happen. It's good to show initiative; it demonstrates your motivation. In Germany, students have to claw their way through and it helps prepare them better for the real world, where opportunities are not simply handed out.

**NP:** I'm not saying we should coddle students, but maybe you could train advisors in various departments to learn about opportunities for pre-meds. That way, like Sarah said, history majors won't be turned away from day one. They'll have a Rice advocate.

**JB:** You've pointed out that advisors are not helping students enough, but on the flip side many faculty feel that students don't take advantage of advising. They just bring completed sheets to sign without wanting to talk about their options. They decide what courses to take based on what their friends say or what their families suggest without seeking input from advisors who might be able to point out different options.

**NP:** Perhaps you could emphasize this relationship more and just what advisors can do.

**BK:** When I arrived at Rice, my advisor was in computational and applied mathematics – this had no relationship whatsoever to my interests. So I just took my completed schedule to him because there wasn't very much advice that I felt he could give me. I tried to go to other professors for advice. I think overall, the humanities professors have been good at advising but science professors have not been so helpful. Dr. Saterbak in bioengineering was very helpful but she is the exception. This may be because there is only one professor assigned to advise biochemistry majors and the biochemistry department has many more students say in comparison to sociology. Consequently, these professors have less time to spend with students because there are 5 or 6 more waiting outside their office.

**SB:** There's a sense at Rice that the sciences are all-powerful and can solve everything.

**BK and TF:** The earlier the better for a seminar in medical humanities. The first semester of freshman year would be best.

**TF:** And students don't connect with advisors because advisors could be better trained. Let them connect more with people.

**BK:** The divisional advising your first two years is not as helpful as having a major advisor.

**JB:** Students change their majors so frequently during their first two years, it's hard to assign major advisors from the start. That's why we have the divisional advising system. But perhaps you're suggesting we could get advisors on the level of pre-law, -medicine, or -grad school.

**MY:** Yes, that would be much better; you could get more focused advising from the start.

**BK:** I agree. Although it is true that students change their majors, many often have at least some sort of idea of what they would like to pursue. I think that matching students up with advisors who can help cultivate their interests would be very helpful. Dr. Kimbro teaches medical sociology and is the professor who got me interested in pursuing a Ph.D. in sociology. Baylor students have expressed interest in this field as well. With the merger, medical students could take classes like this alongside Rice students and I think that this mix of Rice students taking classes with med students would foster a better dialogue within the classroom. I understand there are also medical anthropology courses.

**JB:** Not only would it be good for the Baylor students, it would help undergraduates to have medical students in their classes. And since much of medicine is clinical, it would be helpful if undergraduates could be involved in clinical experiences. With a possible merger, it is crucial that Rice remain balanced and that it improve existing majors. There's a flip that occurs at Rice – 2/3 of students come in as science majors, but 1/2 end as humanities majors. The sciences sometimes suggest the humanities are poaching their students, but perhaps it's just that the humanities are doing something right.

**SB:** A lot of students drop the sciences because they hate the weed-out classes during their first two years. Science classes aren't usually interesting until your junior year.

**MY:** You really weed yourself out. But you do need support to make it through those first years.

**JB:** There's no point to weed-out classes; classes should always focus on education.

**MB:** I'd like to turn this discussion on its head and ask how might medicine change by integrating a stronger humanistic component early on?

**BK:** There would certainly be improvement in clinical care, and I expect there would also be more work done in fields that have an important impact on medicine such as public policy. Doctors are uniquely qualified to work in both areas.

**NP:** It's been shown that the doctors who make the biggest impact interact with different people and have different kinds of experiences – humanities training can help with this. Humanistic opportunities make us more rounded, which will make us better able to connect with patients. But it's also important not to force this on anyone. Maybe there could be a short list of courses in different departments related to health. There are so many in different departments that I didn't know about until it was too late to take advantage of them. I just found them haphazardly, but maybe there could be a centralized list in the office of academic advising.

**TF:** Or link to it in Esther.

**RL:** Yes, Esther is becoming more powerful since its inception. It would be an ideal place for this.

**JB:** In the history department, we are broadening our medical humanities faculty. We already have a historian of science, and we've just hired a Latin Americanist who teaches on the biology of history.

**SB:** It is also interesting to look into representations of disease. Sometimes what autism is or what disease is constitutes a cultural decision. Sometimes it depends on the patient.

**MY:** A doctor must know science, but must also understand human nature. You get this through the humanities, especially when they are linked to medicine.

**BK:** Medicine is much more industrialized now than it used to be. Doctors only have a few minutes to see a patient and they often treat that patient like a machine and try to treat symptoms rather than the underlying cause of the disease. Doctors are paid for procedures, not for thinking. The humanities encourage you to view the patient as an individual, not as a factory.

**SB:** UTMB has a medical humanities institute.

**JB:** You're outliers because you're extraordinarily accomplished. And yet there are MANY accomplished and inspiring students. We could have this discussion every week with a different group of students.

**RL:** In Germany, students get NO support whatsoever. But it prepares them to an extent for real-world success. I have no doubt that you will all be successful because you've created these incredible opportunities for yourselves and taken advantage of them. So while I'm not against having more centralized information available, I do think there is value in having to be creative and determined and find the information yourselves.

**MB:** But coddling our students does mean we get gifted students and this enhances faculty experiences. So there's an advantage to everyone.

**CL:** To close, I wonder if you might consider your ideal scenario at Rice. What would your perfect learning environment look like? Think big; there are no holds barred. You can reflect on this more and send us your responses by e-mail.

**NP:** I know we've briefly mentioned the Baker Institute Programs. It would be amazing for students to get internships with senators or congressmen and really get their hands dirty in health management. They could learn what it takes to change policy and change health care. In Houston, perhaps there could be more pairings with Medical Center leaders and community leaders.

**BK:** I found that the classroom sparks learning outside of the hedges and ideally, Rice should give its students the resources to take what they have learned in the classroom and the interests they have cultivated and go out and expand their horizons by immersing themselves in projects within the Houston community and beyond.

**SB:** I would love to see a major or maybe a minor in medicine and the humanities.

**JB:** What do you think about not letting people take the Big Three (physics, chemistry and biology) their freshman year? This causes fear. Students don't dare take classes in other disciplines their first year.

**BK:** But the problem is that then you have to push non-required courses back because they're not pre-requisites. You need to take the Big Three first so you can get all your courses in and satisfy requirements for the upper level courses that you will take your junior and senior year.

**JB:** Every time we talk of reform and change, the sciences resist. They insist that their courses are so important and they can't be moved or changed.

**SB:** Pushing back requirements would make it hard for people who want to graduate in 3 years.

**RL and JB:** Three years? You should take 4 years!

**NP:** I had to look into graduating in two-and-a-half years.

**BK:** Four years is not financially possible for many students. I don't think that many students want to graduate in 3 years but they see the three-year plan as the most financially feasible.

**RL:** Students are coming in now with so many AP credits, they're shrinking their time at Rice. Yet you complain about a lack of opportunities. Students need to take time with their education.

**TF:** What are you all looking to get out of this discussion? Why has it been organized?

**CL:** Bhavika Kaul wrote to me and asked what opportunities for collaboration or what resources might be available. I'd never met her before, but we were impressed with all she had done and thought she would have an interesting perspective. In thinking about what she could offer the HRC, it seemed timely that we hold this sort of conversation with innovating students bridging the humanities and medicine.

**TF:** If you are wanting to get more students interested in the HRC and other opportunities, Facebook is the best way to communicate with students. You could have a wall for advanced students to communicate with newer students with threads on medical anthropology. That would spread opportunities to students.

**MB:** What is a wall?

**TF:** It's where you post information on Facebook. It's all collected in one place. People join and can post comments or information.

**SB:** Every freshman would join it!

**CL:** I want to thank you all for participating in this fruitful discussion. I will be back in touch with you to see if some of you might be interesting in addressing the Humanities Research Center's undergraduate fellows. It sounds like you have a lot of valuable information and fascinating experiences that you could share with them.