

## “The Doctor” Teaches Humanities to Medical Students

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### Abstract

Education in humanities is an important part of medical curriculum. With traditional didactic approaches, it is difficult to teach humanities. Using movies and other audio-visual materials can make the teaching of humanities for medical students easier. We used “The Doctor” movie during our family medicine course for educating the last year medical students about communication and patient-doctor relationships, which belongs to the core elements of medical humanities. The movie was evaluated by the students through a questionnaire with structured and open-ended questions and was discussed in the classroom. This study reports the findings of the students’ self-reports and discussions. The overall rating of the movie was 2.5 on a five point Likert scale. There was no significant difference in terms of rating among male and female students. Most of the students found this movie little or not at all emotional. Most of the students reported a positive emotional impact of the movie. Most of the students found the movie more useful than lectures (90.9 %) and journal articles (90.9 %) in teaching the patient-doctor relationships. This proportion was 54.5 % compared to bedside rounds and this finding revealed that students accept the bedside rounds as an important component of learning patient-doctor relationships. We concluded that movies should be an enhancement tool for the curriculum, but not the curriculum. The curriculum with some instructional goals such as understanding, reasoning, critical thinking, and reflection should guide the use of movies.

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**Keywords:** Medical education, humanities, movies, patient-doctor relationship

### Introduction

Education in humanities is an important part of medical curriculum because the knowledge and internalization of humanities can broaden the

student's scientific perspective, and reinforce critical, interpretive, and interpersonal tasks. We define the term "medical humanities" broadly to include an interdisciplinary field of humanities (literature, philosophy, ethics, history and religion), social science (anthropology, cultural studies, psychology, sociology), and the arts (literature, theater, film, and visual arts) and their application to medical education and practice (NYU School of Medicine, 2017).

During the past 50 years, the development of tremendous technological advancement has resulted in the extensive usage of medical technology that has changed the algorithms of diagnosis and treatment. Modern medical technology rescued the lives of millions, but resulted to the loss of humanistic spirit (The Institute for the Medical Humanities, 2017). The diseases are emphasized, but the patients are ignored. The treatment is valued and the care of patients is overridden. The psychological and social components of being healthy are forgotten and the physical well-being is prioritized. Laboratory and radiological tests became more important than the feelings, expectations, and perceptions of the patients. Technology-oriented medicine overlooked the humanistic spirit in medical practice. Medical humanities became an important part of medical education since the mid of 20th century and most of the Western countries integrated medical humanities in their curricula and recognized the impact of humanities in understanding of personal values, empathy, cultural competence, leadership, and teamwork (Bolton, 2003; Gull, 2005; Goldberg, 2008; Shapiro, Coulehan, Wear, & Montello, 2009; Banaszek, 2011; Brody, 2011; Reid, 2014; Tang & Song, 2017). Therefore, emphasizing humanities in medical education and promoting the integration of science and humanism is not easy. The model for including the humanities in medical education was defined by Shapiro (2012) who described two models. One of them is an instrumental intervention which may be used to assist in the fostering of the empathy or communication skills of medical students. The other type of intervention is fostering creative thinking, reflection or critical appraisal. With traditional didactic approaches, it is difficult to teach humanities; hence complex emotional, interpersonal, and spiritual aspects of being human cannot be totally understood by reading text books. Consequently, there are many ways of teaching humanities to medical students and examples are: being role models, bedside visits of patients, roleplaying, facilitating problem based learning classes, using arts and literature, creative writing, storytelling, using movies and other audio-visual materials etc. (Tseng, Shieh, Kao, Wu, Chu, & Chen, 2016; Charon, Hermann, & Devlin, 2016; Pfeiffer, Chen, & Tsai, 2016; Rojí, Noguera-Tejedor, Pikabea-Díaz, Carrasco, & Centeno, 2017; Jones, Kittendorf, & Kumagai, 2017; Chiavaroli, 2017; Zazulak, Sanaee, Frolic, Knibb, Tesluk, Hughes, &

Grierson, 2017; Piemonte, 2017; Acai, McQueen, McKinnon, & Sonnadara, 2017).

Since 1970s, movies have been used for the education of humanities (Fritz & Poe, 1979). Today, we are exposed to over two hundred movies that can be used to teach medical humanities (Alexander, Lenahan, & Pavlov, 2005). The use of cinema to teach psychosocial aspects of medicine to medical students and residents is called “Cinemeducation”. Also, the most common strategy in cinemeducation is the use of an entire movie or movie clips to stimulate group discussion and ask trigger questions which are tailored to the teaching goals. Teaching with movies gives students enough time to reflect on a situation they have seen, discuss about the problems with a supervisor, and find a solution which could help them when they are facing similar problems in actual clinical work (Klemenc-Ketis, & Kersnik, 2011). In their literature review, Membrives, Isern, and Matheu (2016) found that cinema is a resource commonly used in health sciences training, but there is a lack of studies demonstrating its usefulness. On the other hand, movies are funny, entertaining, and enjoyed by everyone and are adaptable to the educational context. The teaching goals of cinemeducation could be the emotional reactions of the viewer, diagnostic and therapeutic decisions, and the balancing of professional life with personal life (Blasco, 2001; Deloney, & Graham, 2003; Blasco, Moreto, Roncoletta, Levites, & Janaudis, 2006; Sanchez, Gutierrez, & Morales, 2010). Those goals could be reached by stimulating group discussion or asking trigger questions after watching the movies.

One of the most used movies in cinemeducation is the film “The Doctor” (1991) directed by Randa Haines; written by Robert Caswell. This movie was inspired from the book of Edward Rosebaum (M.D.). He was a retired rheumatologist and in 1988, he published an autobiographical book about what happened to him after he was diagnosed with larynx cancer. The title was “Taste of my Own Medicine: When the Doctor is the Patient”. The book specially reveals how a doctor feels when treated as a patient and how he considers the disease from the eyes of a patient after practicing medicine for many years. “The Doctor” movie is a good instrument to discuss some topics that are ignored during the medical education. These topics are the feelings, frights, embarrassments, and vulnerability of the patients. At the beginning of the movie, the main character “Doctor McKee” portrayed an arrogant and insensitive doctor with a cynical sense of humor, a self-centered heart surgeon who treated his patients like names on a list. At the end of the movie, after the treatment of his larynx cancer, he changed remarkably and he obligated his residents to become patients for a full day: they will wear patients’ garments, eat the same food, and be submitted to some diagnostic procedures. His objective was clear: if you feel like a patient, you will be able to understand and to treat them better.

The objective of this study was to assess the relevance and usefulness of the movie “The Doctor” in teaching medical humanities.

### **Materials and Methods**

This study was an education study that was conducted using qualitative and quantitative data analysis from 55 last-year medical students in a single medical faculty in Turkey. Students who took the family medicine course which lasted 20 working days were the participants. Before showing the movie, a short explanation was given about the purpose of the study, about the movie, and about its characters. The movie was shown in the original language. After watching the movie, students filled out a printed questionnaire to evaluate the movie. The questionnaire was consisted of both structured and open ended questions. On the next day, the students read and discussed their answers and the movie. A sample of the questionnaire used in this study is shown below.

### **Study Questionnaire**

Participant’s Age:            Gender:

How would you rate the film in terms of doctor-patient relationship?            1)

Poor..... 5) Excellent

To what degree did the film move you emotionally?            1)

None.....5) Extremely

How was your emotion? 1) Very Negative.....5) Very positive

How useful was the film as a tool for learning compared to:

Didactic lectures? 1) Not much at all.....5) Very much

Journal article readings? 1) Not much at all.....5) Very much

Bedside rounds? 1) Not much at all.....5) Very much

Which scene of this movie affected you most emotionally? Why? (Please write)

Which scene of this movie did you dislike mostly? Why? (Please write)

Furthermore, we used SPSS-IBM Statistics version 23.0 for analyzing the data and performed descriptive statistics and independent samples Mann-Whitney U test.

### **Results**

All of the participants were last year medical students and 50.9% were female. The mean age of our study group was 24.0±2.5 years.

**Table 1.** Distribution of Students According to Gender and the Rating of the Movie “The Doctor”

	Excellent + very good	Good	Fair + poor	Total
Male	13 (48.1 %)	14 (51.9 %)	-	27 (100.0 %)
Female	12 (42.9 %)	14 (50.0 %)	2 (7.1 %)	28 (100.0 %)
Total	25 (45.4 %)	28 (50.9 %)	2 (3.6 %)	55 (100.0 %)

The mean rating score on a five point Likert type scale was  $2.5 \pm 0.6$ . This score was  $2.4 \pm 0.6$  for the male and  $2.6 \pm 0.6$  for the female students. We found no significant difference among the mean rating scores of male and female students.

Table 2 shows the distribution of students in terms of emotional experience of the movie. Most of the students found this movie little or not at all emotional.

**Table 2.** Distribution of Students According to Gender and their Emotional Experience Gained by Watching the Movie “The Doctor”

	Extremely + very emotional	Somewhat emotional	Little + not at all emotional	Total
Male	2 (7.4 %)	11 (40.7 %)	14 (51.9 %)	27 (100.0 %)
Female	-	15 (53.6 %)	13 (46.4 %)	28 (100.0 %)
Total	2 (3.6 %)	26 (47.3 %)	27 (49.1 %)	55 (100.0 %)

We found no significant difference among male and female students in terms of emotional experience.

Table 3 shows the distribution of students in terms of positive and negative emotional impact. Most of the students reported a positive emotional impact of the movie.

**Table 3.** Distribution of Students According to Gender and the Emotional Impact of the Movie “The Doctor”

	Very + somewhat positive	Neither positive nor negative	Total
Male	17 (63.0 %)	10 (37.0 %)	27 (100.0 %)
Female	21 (75.0 %)	7 (25.0 %)	28 (100.0 %)
Total	38 (69.1 %)	17 (30.9 %)	55 (100.0 %)

We found no significant difference among male and female students in terms of emotional impact.

Table 4 shows the usefulness of the movie ‘The Doctor’ compared to the other approaches to learning about patient-doctor relationships.

**Table 4.** The Usefulness of the Movie “The Doctor” as a Tool for Learning Patient-Doctor Relationships Compared to Other Approaches

	Much more useful	Somewhat more useful	Equally as useful	Somewhat less useful	Not at all useful
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Lectures	12 (21.8 %)	38 (69.1 %)	5 (9.1 %)	-	-
Journal articles	20 (36.4 %)	30 (54.5 %)	5 (9.1 %)	-	-
Bedside rounds	7 (12.7 %)	23 (41.8 %)	13 (23.6 %)	10 (18.2 %)	2 (3.6 %)

Most of the students found the movie more useful than lectures (90.9 %) and journal articles (90.9 %) in teaching the patient-doctor relationships. This proportion was 54.5 % compared to bedside rounds. Therefore, this finding revealed that students accept the bedside rounds as an important component of learning patient-doctor relationships.

Answers regarding to the question “Which scene of this movie affected you most emotionally?” pointed mostly to the last scenes of the movie. The words of the participants were as follows: “*Dr. McKee was cured and returned to his job. He has changed remarkably. When receiving his new resident physicians, he obliges them to become patients for a full day: they will wear patients’ garments, eat the same food, and be submitted to some diagnostic procedures. The last message of Dr. McKee is to recognize that patients feel frightened, embarrassed and vulnerable, and they are so confident in their physicians that they put their life in their hands*”. Participants of this study reported that they would like to have such kind of experience during their medical study and found this experience very useful in fostering empathy and compassion.

Answers regarding to the question “Which scene of this movie did you dislike mostly?” pointed out to several scenes and the mostly reported were: The first scene of the movie where Dr. McKee plays rock 'n' roll into his operating theater while literally holding the hearts of his patients in his hands. The scenes where he advises his residents not to be getting too involved with patients and their feelings. The scenes where he makes jokes about a colleague, a doctor of the caring type. Furthermore, the scene where he tells a patient who is dismayed by a new scar that she looks like a magazine centerfold, staples and all. The students reported that they did not find those behaviors suitable for a medical doctor; hence physicians should be more humanistic, compassionate, and patient-friendly. The study group said that before his diagnose of larynx cancer, Dr. McKee was an arrogant, insensitive, self-centered man who believes that he is the master of medicine. The study group concluded that being a good doctor does not solely depend on having good medical knowledge or technic, but also on having certain humanistic features like compassion, understanding, patience, and confidence.

## Discussion

Using movies in medical education has been documented very well in the literature (Darbyshire & Baker, 2011; 2012). Topics about medical

humanities such as ethics, the end of life, bereavement, the doctor-patient relationship, empathy and altruism, have received considerable attention since the year 2000 (Darbyshire & Baker, 2011; 2012). Virzi, Dipasquale, Signorelli, et al. (2011) evaluated 292 movies from 1909 to 2007 and concluded that cinema seems to suggest the necessity of a new figure of the doctor and of a new relationship with the patient. In their review and analyses of 113 articles about movies and TV series which are used in medical education Law, Kwong, Friesen, Veinot, and Ng (2015) concluded that there is promise for television and movies to play a unique role in medical education in relation to fostering compassionate, critically conscious care orientations. However, the Doctor movie is used by many authors to explore issues including the doctor-patient relationship, communication skills, grief and bereavement, and cross-cultural issues in medicine (Alexander, 2002; Baños, 2007a,b; Byrne, 2009). According to Alexander (2002), “The Doctor” movie provides useful vignettes for teaching residents and medical students alike in the following topic areas: 1) interviewing skills, 2) delivering bad news, 3) the psychosocial impact of terminal illness, 4) balancing work and home: the medical marriage, 5) cross-cultural issues in medicine, 6) hospital bureaucracy and patient satisfaction, 7) legal issues in medicine, 8) gender and medicine, and 9) effective residency education. In this study, we evaluated only the usefulness of the movie in terms of communication and patient-doctor relationships. The main rating score of the movie was not high (2.5 on a five point Likert scale) and about 45.4 % of the participants found the movie equal or less useful than the bedside rounds in terms of teaching patient-doctor relationships. These finding suggests the desire of the students for the bedside rounds and shows the importance of this teaching method. Movies should be an enhancement tool for the curriculum, but not the curriculum; and by using film as a tool, educators are able to allow students to take ownership in learning (Head & Smith, 2016). When used appropriately in the classroom, movies can motivate students to learn beyond memorization of theories and concepts and inspire higher level learning (Head & Smith, 2016). Nevertheless, the curriculum with some instructional goals such as understanding, reasoning, critical thinking and reflection should guide the use of movies.

Limitations of this study are: Small sample size, limited and self-reported data to one medical school that cannot be generalized.

### **References:**

1. Acai, A., McQueen, S.A., McKinnon, V. & Sonnadara, R.R. (2017). Using art for the development of teamwork and communication skills among health professionals: a literature review, *Arts & Health*, 9(1), 60-72.

2. Alexander, M. (2002). The Doctor: A Seminal Video for Cinemeducation, *Family Medicine*, 34(2), 92-94.
3. Alexander, M., Lenahan, P., & Pavlov, A. (2005). *Cinemeducation: A Comprehensive Guide to Using Film in Medical Education*. Oxford: Radcliffe Publishing.
4. Banaszek, A. (2011). Medical humanities courses becoming prerequisites in many medical schools. *CMAJ (Canadian Medical Association Journal)*, 183,E441-E442.
5. Baños, J.E. (2007a). How thick the shield should be: Teaching the subtleties of the doctor-patient relationship using literature and popular movies, *Journal of Medicine and Movies*, Vol. 3 No.4.
6. Baños, J.E. (2007b). How literature and popular movies can help in medical education: applications for teaching the doctor-patient relationship, *Medical Education*, 41,918.
7. Blasco, P.G. (2001). Literature and movies for medical students, *Family Medicine*, 33, 426–428.
8. Blasco, P.G., Moreto, G., Roncoletta, A.F.T., Levites, M.R., Janaudis, M.A. (2006). Using movie clips to foster learners' reflection: Improving education in the affective domain, *Family Medicine*, 38,94–96.
9. Bolton, G. (2003). Medicine, the arts, and the humanities, *The Lancet*, 362, 93-94.
10. Brody, H. (2011). Defining the medical humanities: Three conceptions and three narratives, *Journal of Medical Humanities*, 32,1-7.
11. Byrne, P. (2009). Why psychiatrists should watch films (or what has cinema ever done for psychiatry? *Advances in Psychiatric Treatment*, 15,286-296.
12. Charon, R., Hermann, N., Devlin, M.J. (2016). Close reading and creative writing in clinical education: teaching attention, representation, and affiliation, *Academic Medicine*, 91(3), 345–350.
13. Chiavaroli, N. (2017). Knowing how we know: an epistemological rationale for the medical humanities, *Medical Education*, 51, 13–21.
14. Darbyshire, D., Baker, P.(2011). Cinema in medical education has it penetrated the Mainstream? *Journal of Medicine and Movies*, 7,8-14.
15. Darbyshire, D., Baker, P.(2012). A systematic review and thematic analysis of cinema in medical education. *Medical Humanities*, 38, 28-33.
16. Deloney, L.A., Graham, C.J. (2003). Wit: Using drama to teach first year medical students about empathy and compassion, *Teaching and Learning in Medicine*, 15,247–251.
17. Fritz, G.K., & Poe, R.O. (1979). The role of a cinema seminar in psychiatric education, *American Journal of Psychiatry*, 136, 207–210.



18. Goldberg, J.L. (2008). Humanism or professionalism? The white coat ceremony and medical education, *Academic Medicine*, 83,715-722.
19. Gull, S.E.(2005). Embedding the humanities into medical education, *Medical Education*,39,235-236.
20. Head, B.A., & Smith, L.C. (2016). Use of contemporary film as a medium for teaching an online death and grief course, *Journal of Social Work in End-of-Life & Palliative Care*, 12(3),195-213,
21. Jones, E. K., Kittendorf, A. L., Kumagai, A. K. (2017). Creative art and medical student development: a qualitative study, *Medical Education*, 51, 174–183.
22. Klemenc-Ketis, Z., Kersnik, J.(2011). Using movies to teach professionalism to medical students, *BMC Medical Education*, 11, 60.
23. Law, M., Kwong, W., Friesen, F., Veinot, P., & Ng, S. L. (2015). The current landscape of television and movies in medical education, *Perspectives on Medical Education*, 4(5), 218–224.
24. Membrives, M.D., Isern, M.T.I., Matheu, M.C.L.(2016). Literature review: Use of commercial films as a teaching resource for health sciences students. *Nurse Education Today*, 36, 264–267.
25. NYU School of Medicine (2017). Humanities, Social Sciences & The Arts in Relation to Medicine & Medical Training.
26. Pfeiffer, S., Chen, Y. , Tsai, D. (2016). Progress integrating medical humanities into medical education: a global overview, *Current Opinion in Psychiatry*, 29(5), 298–301
27. Piemonte, N. (2017) More to the story: how the medical humanities can learn from and enrich health communication studies, *Review of Communication*, 17(3), 137-148.
28. Reid, S.(2014). The 'medical humanities' in health sciences education in South Africa, *South African Medical Journal*, 104,109-110.
29. Rojí, R., Noguera-Tejedor, A., Pikabea-Díaz, F., Carrasco, J. M., Centeno, C. (2017). Palliative care bedside teaching: A qualitative analysis of medical students' reflective writings after clinical practices, *Journal of Palliative Medicine*, 20(2), 147-154.
30. Sanchez. J.C., Gutierrez, J.C., Morales, M.D. (2010). Cinema and theater as training tools for health students, *Family Medicine*, 42,398–399.
31. Shapiro, J., Coulehan, J., Wear, D., Montello, M.(2009). Medical humanities and their discontents: Definitions, critiques, and implications, *Academic Medicine*, 84,192-198.
32. Shapiro, J. (2012).Whither (whether) medical humanities? The future of humanities and arts in medical education, *Journal of Learning Through Arts*, 8,26.

33. The Institute for the Medical Humanities. Welcome to the IMH Graduate Program.
34. Tang, W., Song, P. (2017).Emphasizing humanities in medical education: Promoting the integration of medical scientific spirit and medical humanistic spirit, *BioScience Trends*, 11(2),128-133
35. Tseng, F.-Y., Shieh, J.-Y., Kao, T.-W., Wu, C.-C., Chu, T.-S., & Chen, Y.-Y. (2016). Developing and Evaluating Medical Humanities Problem-Based Learning Classes Facilitated by the Teaching Assistants Majored in the Liberal Arts: A Longitudinal Crossover Study, *Medicine*, 95(6), e2765.
36. Virzi, A., Dipasquale, S., Signorelli, M.S., Bianchini, O., Previti, G., Palermo, F., Aguglia, E (2011) Movie portrayals of physicians and the doctor – patient relationship, *Journal of Evidence-Based Psychotherapies*, 11(2), 275-285.
37. Zazulak, J., Sanaee, M., Frolic, A. , Knibb, N., Tesluk, E., Hughes, E., Grierson, L.E.M. (2017). The art of medicine: arts-based training in observation and mindfulness for fostering the empathic response in medical residents, *Medical Humanities*, 43,192–198.