

Medicine and the Arts in the Undergraduate Medical Curriculum at the University of Oslo Faculty of Medicine, Oslo, Norway

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ABSTRACT

The authors describe a course titled Medicine and the Arts, established in 1996, that is part of the first semester of the undergraduate medical curriculum at the University of Oslo Faculty of Medicine. The course comprises four two-hour seminars on literature, visual arts, architecture, and music. The core objectives of the course are to demonstrate how art can be a source of personal and professional development, and also how art represents a source of insight into patients' experiences and the social, cultural, and historical context of medical practice. The course emphasizes that art is ambiguous and many layered and that its interpretation requires sensitivity, engage-

ment, imagination, and reflection. Fostering these skills is a major aim of the course because these skills are also essential for clinical competence and professional development. The course's seminars are integrated into the curriculum but are not compulsory. Although the topics covered by the course have not been explicitly addressed in the formal examination of students, there has been some discussion about doing so, which would be a signal that those topics are as important as others in the curriculum.

Acad Med. 2003;78:1036–1038.

In 1996, the Medicine and the Arts course was established in the first semester of the undergraduate medical curriculum at the University of Oslo Faculty of Medicine, Norway. A major revision of the medical curriculum made provisions for the course. Before the revision, none of the instruction focused specifically on medicine and the arts, and the faculty acknowledged the need for such a course. Other humanities topics such as the history of medicine, medical ethics, and behavioral sciences had already been well established in the curriculum. The aim of the first semester is to give students a general introduction to the medical field and an overview of the attitudes, skills, and knowledge they will be learning during their medical education. The semester comprises three major fields covering the

span from cells to society: human biology, psychology and communication, and public health.

COURSE OBJECTIVES AND STRUCTURE

The core objectives of Medicine and the Arts are to demonstrate how art can be a source of personal and professional development and to show how art represents a source of insight into patients' experiences and the social, cultural, and historical context of medical practice. The first two years of the undergraduate curriculum are taught jointly to medical students, dental students, and students in clinical nutrition. Consequently, we strive to focus on the common issues faced by all health professionals.

Currently, all teachers involved in the course have medical backgrounds: a professor of dermatology, a professor of the history of medicine, a resident in neurology with a degree in anthropology, a family doctor with a research background in the use of music in health care, and a professor of social medicine. The course is administered by the Institute of General Practice and Community Medicine, University of Oslo Faculty of Medicine. The course consists of an intro-

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ductory lecture and four two-hour seminars: Literature and Medicine, Visual Arts and Medicine, Architecture and Medicine, and Music and Medicine; these are described below. Our pedagogical philosophy is to stimulate and provoke students to interaction, engagement, and dialogue.

We have made a 16-page compendium that lists various resources in the field, such as literary works, museums, and Web sites. The compendium is meant to assist and guide students who want to pursue their interest in art. The course is not in-depth; rather, it provides an overview of medicine and the arts issues and is intended to be an “appetizer.”

Literature and Medicine

The seminar Literature and Medicine addresses the role of narrative and metaphor in human experience and understanding. In a recent semester we read and discussed a Norwegian translation of the much-taught short story “The Use of Force” by William Carlos Williams. This story portrays a doctor who gradually ends up using physical force in order to examine a young girl he believes may have diphtheria. The story evokes a wide array of feelings, thoughts, and reflections about the importance of communication, human understanding, empathy, and the healers’ role. Two students are asked to perform excerpts from *An Enemy of the People* by Henrik Ibsen. The excerpts illustrate the difficulties a physician may face when trying to translate scientific knowledge into the arena of political discourse. The students are asked to discuss both literary pieces in groups of three to four before the plenary discussion. The two literary texts have been chosen because they demonstrate the relevance of insights from literary works both for clinical medicine and public health. During some semesters, students have been offered an additional elective course in literature and medicine.

Visual Arts and Medicine

The seminar Visual Arts and Medicine addresses the importance of paintings and photography as a source of insight into the doctor’s role, the human condition in general, and the history of medicine. Students are presented with slides, and they are encouraged to interpret what they see. We believe it is important to present the work of artists with whom students are familiar. For example, we have had good experiences with presenting and discussing the work of the Norwegian artist Edvard Munch, who richly portrayed human emotions in paintings such as *Jealousy*, *Melancholy*, and *The Scream*. The work of other Norwegian artists such as

University of Oslo Faculty of Medicine

Length of medical school program: Six years.

Level of education required for admission: After 13 years of education (equivalent to high school and one year of college).

Average number of students who matriculate each year: 210.

Average number of students who graduate each year: 170–180.

Cost of medical education per student: University and medical school education is government funded and free to all students. Students pay only their living expenses and the cost of books and other study materials.

Number of medical schools in Norway: Four.

Bendik Riis, Christian Krogh, Carl von Hanno, and Ludvig Karsten offer insights into themes such as being a psychiatric patient, prostitution, power relations in the clinical encounter, and the experience of having tuberculosis.

Architecture and Medicine

The seminar Architecture and Medicine aims at making students more aware of how buildings, rooms, and interiors affect both healers and patients. Architecture reflects values and anticipated roles and can be a key to an understanding of ideological aspects and power structures of medicine. Students are shown slides with drawings of old hospitals and photographs of modern ones in Norway and other countries in Europe. They are encouraged to share their reflections on how these buildings and their interiors influence people who work and stay in them. For example, some modern hospitals convey the idea of the hospital as a machine or a factory that treats sick organs. This ideology was challenged when The National Hospital, one of the University of Oslo’s hospitals, was rebuilt to carry out the theme of “the humanistic hospital.” The seminar demonstrates the means by which architects have embodied the humanistic idea in the hospital’s structure and interior.

Music and Medicine

The seminar Music and Medicine addresses the role of music in peoples’ lives and in health and healing. The seminar recounts the close ties between medicine and music from antiquity onward. It presents the latest information on what we know today from research on music and medicine, from biological studies in physiology, endocrinology, and immunology to research describing and investigating the recent

clinical application of music within geriatrics, psychiatry, and neurology. The seminar also gives students an experience of music as a source of creativity and health through musical performances by the lecturer, who also leads the students in song.

DISCUSSION

Our general impression from the evaluation of the semester as a whole is that the response among students is three-fold. One group thinks the course represents a very stimulating input; another group shows moderate interest. A third group has problems with seeing the relevance of the course, and these students are prone to not show up at all of the seminars.

The seminars are integrated in the curriculum, but they are not compulsory, in line with most other plenary teaching in the curriculum. The topics covered by the course have not

been explicitly addressed in the formal examination of students. Recently, we have discussed asking the Board of Examinations to include questions covering the course. This would be a signal to students that this subject is as important as other subjects in the curriculum.

When planning the course we thoroughly discussed the status of art as such. To what extent can we defend using works of art in an instrumental way to teach students? This is a question we are constantly aware of and concerned with. We convey to students that works of art are created to be used in various ways and that different approaches do not exclude each other. We are, however, careful to emphasize the ambiguity and the many layers of meaning embodied in art and the sensitivity, engagement, imagination, and reflection required in its interpretation. Fostering these skills is a major aim because they are essential for clinical competence and professional development.