SAPIENZA
UNIVERSITÀ DI ROMA

E-ISSN 2531-7288
ISSN 0394/9001

MEDICINA NEI SECOLI
Journal of History of Medicine and Medical Humanities
35/1 (2023) 5-8

Received: 10.01.2023
Accepted: 20.01.2023
DOI:1013133/2531-7288/2713

Corresponding Author:
valentina.gazzaniga@uniroma1.it

Editorial
Towards 'New' Medical Humanities

Valentina Gazzaniga

Department of Medico-Surgical Sciences and Biotechnologies, Sapienza University of Rome, Italy

ABSTRACT

Towards 'New' Medical Humanities

The debate on Medical Humanities, which is beginning to be historically dated, is still far from having exhausted the potential of its discussion. These editorial aims to overview the current situation of MH and explore new paths for MH opened up by transdisciplinary collaboration.

Introduction

We now have at our disposal several acceptable definitions of MH, in particular the one that points them out as the area of investigation aimed at identifying the places of connection between clinical medical practice and the cultural, intellectual and ethical issues that arise in the contact between biomedicine and its objects of knowledge - the patients, biological beings embedded in the cultural contexts in which they live, which they contribute to forming and by which they are formed. However, despite the ability to define *what* MH are, their strongly interdisciplinary nature is at the same time perceived as having formidable potential but also as the junction of critical issues that cannot be easily resolved.

The disciplines that have traditionally approached MH research topics have always addressed the opportunities but also the risks of an interdisciplinary approach: the historical disciplines have systematically addressed the topic - at least since the 1980s - with a general and gradual tendency towards a more comprehensive approach

open to experimental and eclectic methods, also resorting to concepts typical of other disciplinary fields, such as political and social sciences, cultural anthropology, psychology. The history of medicine, ever since its professionalised origins, has been a discipline with a very marked vocation to transcend its boundaries and the dichotomy between science and humanistic knowledge; it has repeatedly reconfigured itself to deal with borderline themes, including those concerning the history of social structures related to health, the history of scientific ideas, and reflection on medicine as a cultural product and specialised culture. These are themes that need the ability to move simultaneously over different but contiguous disciplinary territories, such as those of the sociology of health, the history of philosophy, the history of ideas, the history of religions, the history of science, and cultural anthropology.

The purpose of an interdisciplinary conversation appears to be to identify shared territories that may be useful for the construction of new medical professions. As we have said, the interdisciplinary attitude proper to MH is an opportunity but also a difficulty and a risk. It is uncomfortable for a scholar to leave the confines of his or her own specialist knowledge, where problems are read according to known perspectives, with the help of well-known bibliographies and addressing an audience that shares skills and methods, research tools and languages. Furthermore, it is necessary to reflect on *what* are interdisciplinarity and transdisciplinarity that characterise the MH. The literature has well pointed out that the risk to be avoided is that of producing a 'collage' of poor quality, juxtaposing themes and working methods that come from different cultural backgrounds.

Rather, it is a matter of achieving true integration between disciplines, trying to construct an integrated reading of the facts concerning health and illness in their historical evolution, their conceptualisations and practices. This approach can be risky, especially in the academic context: it means being forced to investigate unfamiliar literature, accepting the risk of self-isolating (albeit temporarily) from the disciplinary contexts of reference, identifying new 'minimum fundamentals' to guarantee coherence to new topics and new areas of study. It means inventing new languages and shared communication systems; identifying new publishing spaces willing to accept and publish the results of the effort of interdisciplinary work; accepting the idea that no knowledge is exhaustive and all are indispensable.

Despite the difficulties, there are many elements that make us believe in the cultural and educational potential of MH: bioscience and biomedicine move within cultural and social contexts that they continuously contribute to and are shaped by. It is certainly a fascinating challenge to understand the best ways in which disciplines such as clinical medicine, the history of medicine, bioethics, clinical psychology, medical pedagogy, philosophy and the history of science, hygiene and public health, the sociology of health, but also history of art and literary studies can contribute to reading, interpreting and directing the social and economic policies of health; to guide the debate

on human rights in the field of health, prevention, care and assistance; to explain how culture interacts with the individual experience of illness and with the construction of the psychological experience that accompanies it; to teach how the way in which health is understood by different cultures, societies and individuals ends up having a profound effect on the concrete ways in which care is provided and and on the expectations, fears and denials that we all place on medicine and doctors, especially in the new context of merging pathologies.

The example provided by the Covid 19 epidemic is too easy to use: the shared goal of the scientific community to identify and produce a vaccine in a short time required a multidisciplinary effort. Certainly the various and specialized areas of application of the scientific method were central, but equally significant seems to be the data from anthropological research; the reflection on the attitudes and reactions of the communities; the behaviour of the populations involved; the perception and cultural dis-perception of the vaccine; the way in which these vaccines will modify, over a long period of time (if they will modify it) the cultural and social perception of all the others; the reflection on the critical aspects that the disease has exerted and will exert on global economies; the ethical analysis of the implications of the epidemic, including the need to reformulate the idea of personal freedom by balancing it with the concept of equity in health; the analysis of the sociological modifications imposed by the concepts of contagion and quarantine; finally, the historical reflection on events of the past that can guide us in decoding today.

Which of the methodological approaches offered by MH will prove to be most suitable to answer questions of practical relevance in healthcare is part of the current MH debate. There are no easy answers in the face of such a level of complexity in methodology, technology, ethics and understanding of historical contexts. We know that medicine is strictly connected to humans, being at the same time part of biological and cultural, social, affective, political and relational contexts. MH can act as translators of languages capable of connecting very different areas and visions of the world, the body, health, illness and health policies; they can teach us to reflect on the metaphors that are expressive tools of each discipline; they can open a debate on the concept of disciplinary boundary and on the usefulness of covering the intersecting fields of expertise in an integrated way; they can push towards a reflection on the situation and experiences of illness as ‘objects of experience and culture’ to be treated through different points of view and angles, reflecting different social, cultural and psychological experiences.

In a few words, the combined use of different knowledges can actually help physicians to understand the infinite and complex dimensions of the relationship that binds them to their patient. In Italy, this path is still largely to be built: for this reason, the issues that Medicina nei Secoli dedicates to MH have chosen to host contributions of a varied cultural nature, sometimes not fully academic in form, but all characterized by

the common intention to be the first step to start a dialogue that is still to be imagined. The aim of the two issues is to open a debate on how to build new professionalism in medicine that is more competent but also more aware; to provide a wide readership with the initial tools to think in terms of interdisciplinary communication; to build structures and networks in which interdisciplinary work is facilitated and possible; last but not least, to imagine systems to build MH capable of having a real impact on clinical practice.