

University Senate

Proposed: September 15, 2017

Adopted: September 15, 2017
by unanimous voice vote with 62 of
98 senators present

**RESOLUTION TO CREATE A DEPARTMENT OF MEDICAL HUMANITIES
AND ETHICS AT THE COLLEGE OF PHYSICIANS AND SURGEONS (P&S)**

WHEREAS medical humanities and ethics is the name given to fields of study — philosophy, literary studies, history, religious studies, law, social sciences, and the arts — that help medicine to understand and address the complex human experiences of health, illness, and death, and

WHEREAS while the biosciences provide the foundations for discovery, diagnosis, and management of disease, attention to the existential and moral dimensions of health care must be embedded within the medical school itself, and

WHEREAS while medicine has had ethical codes since Hippocrates, the pace of emergence of new ethical and societal challenges to medicine has increased monumentally in the last half-century, and

WHEREAS significant work is underway in various departments and centers at Columbia in medical humanities, narrative medicine, medicine as a profession, and in several branches of bioethics — precision medicine, neuropsychiatric ethics, stem cell investigations, clinical trial design, human subjects protection, and ethical deliberations at the ends of life — lack of coordination among these efforts means that Columbia is not recognized nationally for its achievements in humanities and bioethics, and

WHEREAS the proposed department embraces three goals: 1) Education, research, and scholarship in the medical humanities; 2) Ethical, legal, and social research and scholarship in emerging fields of socially complex translational sciences; and 3) Clinical bioethics education and mentorship for students, trainees and practicing physicians, and

WHEREAS establishing an institutional anchor for humanities and ethics work within the medical school will position P&S faculty and students to engage in cross-current work among all schools and programs of CUMC, and

WHEREAS Columbia's peer institutions have developed dedicated units to provide humanities and ethical expertise,

THEREFORE BE IT RESOLVED that the Senate approve the establishment of a Department of Medical Humanities and Ethics in the College of Physicians and Surgeons.

BE IT FURTHER RESOLVED that the proposal be forwarded to the Trustees for appropriate action.

Proponent:
Education Committee

1. Defining the Discipline of Medical Humanities and Ethics

Medical Humanities and Ethics is the name given to fields of study—philosophy, literary studies, history, religious studies, law, social sciences, and the arts—that help medicine to understand and address the complex human experiences of health, illness, and death. From population-scaled questions about fairness and safety to the personal need for humanism and professionalism in care, medicine recognizes that diseases come to suffering persons, not just to bodies. While the biosciences provide the foundations for discovery, diagnosis, and management of disease, the medical humanities, professionalism, and ethics provide means to address patients' and clinicians' beliefs, the obligation to put patients' interests first, diverse cultural aspects of health and illness, social issues of access and disparities, legal and economic concerns, and existential and moral dimensions of the human condition. Such aspects of health and health care can perhaps best be perceived by those outside the scientific and clinical disciplines, deploying fresh vision and ways of knowing that complement and illuminate the scientific and clinical models. Attention to these dimensions of health care must be embedded within the medical school itself, for the questions will best be recognized and addressed if those who can help to examine them are right there where the science and the medical care take place. The co-location of the physicians and scientists and their humanities and ethics colleagues will most effectively result in equitable, just, and compassionate care.

Medical Humanities examine the meanings of illness and suffering and the social, cultural, and political dimensions of health and health care. Some of its scholarship focuses on illness narratives in literature and other media (for example, portrayals of aging, dementia, mental illness, and cancer), disability studies (embodiment theory, disability and the built environment), women and gender studies within health care (reproductive issues, transgender studies), and imaginative representations of health and illness that can sometimes reveal more than can fact. Narrative medicine, a medical humanities field that arose at Columbia, brings literary and narrative theories and methods to bear on clinical practice, suggesting that clinicians who understand how stories work can comprehend what their patients tell them while recognizing what they themselves bring to the telling. Qualitative social sciences within medical humanities learn from in-depth interviews with individual patients about their experiences of serious illness and nearness to death, making audible what routine practice often silences. Using rigorous methods from their parent disciplines, medical humanities scholars thereby examine essential aspects of medical practice—the co-constructed process of diagnosis, the presence or absence of altruism and empathy, the phenomena of illness and health care, the source of trust, the distribution of power between physicians and patients, and the identification of good outcomes of care.

Bioethics examines questions of protection of human subjects, fairness in allocating health resources, and specific health policies regarding ethical quandaries (organ donation, timing of death, proxy decision-making, physician-assisted suicide, health enhancement, sharing of genetic information, gene editing, quarantine, synthetic biology, and stem cell research). Relying on legal frameworks and philosophical tenets, bioethics develops policies regarding patients' autonomy and justice, guides decisions regarding ethically complex patient situations, and proposes guidelines for the institutional delivery of health care. Drawing on history, political science, and economics, the study of medicine as a profession interrogates the socio-political areas of health care to examine the professional regulation of medical practice, outside influences on medical actions, and conflicts of interest for individuals and institutions in health care.

Medical humanities and ethics together have come to be essential for scientists, physicians, and patients as they look full in the face at the predicaments of illness, its meanings, its economic toll, the disparities of health worldwide, and the commitment to do no harm. They are equally essential in the education of medical students and trainees to cultivate the personal and relational aspects of being a physician, including the ethical discernment to practice with a moral compass and the interpretive depth

to accurately understand perspectives of patients and colleagues. The presence of these disciplines in our premier academic medical institutions confers the breadth and depth to face the challenges of responsibly treating each patient while expanding our knowledge and using it, always, as a force for the good.

2. Emergence of Medical Humanities and Ethics as a Contemporary Discipline

Medicine has had its ethical codes since Hippocrates in 4th century BCE, Avicenna of Persia in the 9th century, Maimonides in the 12th century, and Percival in the 18th century. Contemporary bioethics began post-WWII with the Nuremberg Code of 1947 outlawing Nazi atrocities and practices of fatal human experimentations. The post-war rise of the NIH and sub-specialization ushered in life-saving developments including renal dialysis and intensive care units that required methods to allocate scarce, life-saving resources. In the wake of Nuremberg, medical practice was examined closely to identify and guard against any forms of human experimentation on unsuspecting patients. By the late 1960s, academic medical centers and hospitals developed ethics committees to safeguard fairness in allocation of resources and to prevent conflict of interest within science and clinical practice.

Humanities scholars and ethicists mobilized to develop means to face these challenges. By the early 1970s, cadres of lawyers, philosophers, historians, literary scholars, and theologians founded professional societies, launched scholarly journals, and debated positions on the most urgent issues. Such national and international landmark reports as the Declaration of Helsinki (1964) on human experimentation, the Belmont Report (1979) on human subjects protection after Tuskegee, the Harvard definition of brain death (1968), and the Alma Ata Declaration of the duty of nations to protect and promote health of all people (1978) articulated an emerging international consensus on moral and legal aspects of health. Pivotal cases in the US furthered this process, including *Roe v. Wade* legalizing abortion (1973), Karen Ann Quinlan's case of rights of patients or families to withdraw life-saving care (1975), and the Baby Doe cases on withholding care to children in settings of futility (1982).

At the same time that national and international bodies faced these large, public issues of fairness and justice, clinicians and patients addressed private aspects of the doctor-patient relationship that require altruism, truth-telling, confidentiality, and compassion. Humanities scholars helped patients and doctors to maintain dignity throughout illness and to safeguard the personal ethics of care between one patient and his or her physicians and nurses. Narrative ethics arose to help all involved in bioethics to elicit and heed the personal narratives of a particular patient and family. The psychological and phenomenological dimensions of illness came into focus to address emotional and existential factors of the suffering of both patients and clinicians. These currents in medical humanities have culminated in the developments of literature and medicine, narrative medicine, phenomenology of the body, disability studies, palliative care, and care ethics as necessary forces balancing population-based and legal dimensions of bioethics with attention to each patient's and clinician's singular situation.

3. Rationale and Vision for a Department of Medical Humanities and Ethics

Rationale: The aspects of bioethics and medical humanities briefly summarized above—from public fairness and safety to the humanism of individual care and obligations of physicians—are widely recognized as urgent academic and clinical pursuits. Neither the bioethical principles and their application nor the foundational knowledge from the humanities upon which the principles are based are comprehensively addressed in any one department at CUMC or elsewhere in the university. Therefore, P&S proposes that we create a department where these concerns will belong and where the conceptual and scientific resources to address them can be found.

The pace of emergence of new ethical and societal challenges to medicine has increased monumentally. While Columbia scientists and clinicians work at the frontiers of their fields, attuned to breaking developments in their technical realms, they may not always foresee the potential for societal and ethical complications of developments in their specialty. The use of genetically manipulated stem cells in creating replacement cells and organs and the application of CRISPR technology to reverse retinitis pigmentosa are but two examples of recent discoveries by Columbia faculty with profound ethical downstream implications. A department equipped to assist faculty to envision and address ethical and social dimensions of science and clinical practice can maintain Columbia at the forefront of societally responsible clinical research, able to articulate dawning ethical issues and to include awareness of potential consequences into the development of treatment for diseases. The currently decentralized nature of ethics and humanities scholarship and consultation at P&S is no longer adequate to serve faculty in their research and practice. Creating a department with the mandate to serve the medical school with the resources of insight, experience, and vision will assure our own ethical and humanistic practice while providing leadership nationally and internationally.

Significant work is currently underway in various departments and centers at Columbia in medical humanities, narrative medicine, medicine as a profession, and in several branches of bioethics: precision medicine, neuropsychiatric ethics, stem cell investigations, clinical trial design, human subjects protection, and ethical deliberations at the ends of life. Columbia has taken the lead in developing the theories and practices of Precision Medicine, setting the standards for discovery and long-range therapeutic vision for this signal advance in human biology and therapeutics. From the start of its commitment, Columbia has envisioned the need for expert attention to its bioethical, legal, and social policy implications.

However, lack of coordination among these efforts means that Columbia is not recognized nationally for its achievements in humanities and bioethics. What is currently an *ad hoc* patchwork of bioethical and humanities expertise will be coordinated, strengthened, and supported by the new department. Peer institutions (see Appendix A) have well-established departments and centers for ethics and humanities whose work has eclipsed equally substantive work accomplished in our institution. Creation of a department will make visible the research and scholarship currently underway, improving our influence nationally and internationally and adding to our ability to attract collaborators and external funds. The department is envisioned to generate new research and scholarship in ethics and humanities, increase information flow about on-going projects in CUMC, and allow for increased collaboration among researchers and scholars. The department will inspire investigators among faculty, trainees, and students to include considerations of ethical practice and policy dimensions in their clinical and research careers and may encourage some to make ethical and humanities issues their primary scholarly work.

Establishing an institutional anchor for humanities and ethics work within the medical school will position P&S faculty and students to engage in cross-current work among all schools and programs of CUMC. Faculty from eight health disciplines have worked together on educational, research, and institutional culture projects through Columbia Commons IPE, the inter-professional education and practice unit at CUMC. This unit is currently directed by Dr. Rita Charon. As a position on the map for ethics and humanities work, the new department will be in a position to partner with such units as Mailman School of Public Health's Department of Socio-Medical Sciences, the School of Nursing's Academic Division and Office of Diversity and Culture, the College of Dental Medicine's Clinical Clerkship Course and Interprofessional Programs, and Physical Therapy and Occupational Therapy's narrative medicine curricula. Campus-wide initiatives are envisioned in many aspects of ethics and humanities, in which departmental resources can be shared, and partnerships with the Morningside and Manhattanville campuses can be potentiated.