



Original Article

History of Medicine in US Medical School Curricula☆☆☆

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ABSTRACT

Study Objective: To determine the extent to which the history of medicine (HOM) and its related topics are included within the curriculum of accredited medical schools in the United States.**Design:** Survey instrument.**Setting:** US allopathic medical schools.**Measurements:** An online survey was sent to officials from every medical school in the US. Respondents were asked to provide institutional identifiers, the presence of an HOM elective offered to medical students, the years during which the elective is offered, the existence of an HOM department, and the contact information for that particular department. Nonresponders were contacted by phone to elicit the same information. History of medicine electives included didactic sessions and seminars with varying degrees of credit offered in different years of medical school.**Main Results:** Based on responses from 119 of 121 contacted medical schools (98%), 45 (37%) included formal lectures or weekly seminars in the medical school curriculum. Five (11%) curricula had or have required HOM, whereas 89% offered elective HOM instruction. Course duration and credit awarded varied. Eighteen (15%) medical schools included departments dedicated to HOM. Providing education in HOM was limited by faculty interest, clinical training hours, and low interest.**Conclusions:** Data collected by our study suggest that substantial barriers exist within the academic medical community towards a wider acceptance of the importance of HOM. Causes for such lack of interest include absence of questions on written or oral tests related to HOM, difficulty in publishing articles related to HOM in peer reviewed journals, near absence of research grants in HOM, difficulty in getting academic promotions or recognition for activities related to HOM, and a lack of support from academic chairpersons for activities related to HOM.

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Introduction

Limited information exists on the extent of history of medicine (HOM) teaching in medical schools in the United States. It may be argued that interest in the study of HOM began in the 19th century as scientific medicine made significant strides. Medical historians have argued about the utility of teaching medical history, what should be included in such teaching, and who should teach such courses.^{1–4}

The discipline of HOM has its roots in Germany, where Karl Sudhoff (1853–1938) established an Institute of the History of Medicine in

Leipzig in 1905.⁵ Abraham Flexner (1866–1959) published a detailed study of medical school education in the United States and Canada in 1910 and suggested that Johns Hopkins Medical School ought to be considered a model for education.⁶ William Osler (1849–1919), William Welch (1850–1934), and Howard Kelly (1858–1943) at that institution were firm supporters of history, and it is not surprising that the first Department of History of Medicine was established at Johns Hopkins University in 1929.⁷ Henry Sigerist (1891–1957), a student of Sudhoff, was appointed the first Welch Professor in History of Medicine in 1932.⁸ Earlier, in 1927, Edward Krumbhaar (1882–1966) from the University of Pennsylvania established the American Association for the History of Medicine (AAHM), an association that had begun publishing its own journal, the *Bulletin of the History of Medicine*, in 1939.⁹ The second department of medical history was established at the University of Wisconsin at Madison in 1947, with Erwin Ackerknecht (1906–1988) as Chairman.¹⁰

Sigerist was born in Paris to Swiss parents and earned a medical degree from the University of Zurich. He served as a medical officer

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in the Swiss Army but devoted the rest of his career to HOM. He moved to the United States in 1932 and was appointed director of Johns Hopkins University's Institute of the History of Medicine. He was a prolific writer and very influential in shaping the direction in which medical history would evolve.⁸ He was a visible and public spokesman not only for HOM but also for matters relating medicine to society. He appeared on the cover of *Time Magazine* on January 30, 1939, and was a popular speaker for nonmedical audiences. Being a strong proponent of the government's role and obligation in providing health care to all citizens, he wrote about socialized medicine in the Soviet Union¹¹, and his ideas were used in the creation of socialized medicine in Canada.¹² As a result of his views on socialized medicine, he was opposed by the American Medical Association and other proponents of the status quo. He left the United States in 1947 and retired to Switzerland, where he died in 1957.

A case for inclusion of medical history in the curriculum has been made since the beginning of the 20th century.^{4,13–16} These pleas have been ignored largely, and there has been a gradual decline in the percentage of medical schools offering or requiring courses in medical history. There has also been a gradual shift in the training and background of medical historians, from MD historians to PhD historians.¹⁷ This is evident in membership, presentations, and publications of the AAHM, including the *Bulletin of the History of Medicine*. Most medical history courses are taught by PhD historians, and topics being researched place emphasis on society and policy rather than physicians, patients, and disease.

The aim of our study was to define the current state of coursework offered in HOM in US medical schools. We wished to determine whether medical history had been “crowded out” of the curriculum. We proceed to explain changes in the nature of work undertaken by MD historians and PhD historians, and the arenas in which these historians operate. We conclude by proposing a mechanism by which these divergent groups may work together rather than at odds with each other.

Materials and Methods

American medical schools accredited by the AAMC were included in a survey on HOM in their respective curricula. The extramural elective compendium, a searchable database available from the AAMC, was used to contact elective coordinators at each school electronically. The survey instrument was hosted by a commercial Web site (SurveyMonkey, Palo Alto, California). Each coordinator was asked to respond to nine brief questions, available in the [Appendix 1](#). We contacted medical school registrars (by phone) at institutions where survey responses were not initially obtained from elective coordinators. Information was further collected through examination of available online elective catalogs for schools that could not provide information on HOM.

We sought to obtain information pertaining to prevalence of HOM at medical schools in the United States. This information included whether an HOM elective or seminar series was offered at each institution. If HOM instruction was identified, we inquired about requirement status, credits awarded, and hours included. We also sought to understand to whom the course was being offered. We finally inquired about the presence of a department of HOM and dedicated faculty. The study was approved by the Institutional Review Board at University of Massachusetts School of Medicine. Our questionnaire was directed at medical school officials who would not be expected to know details about how history of anesthesia was taught at their medical school or department of anesthesiology. Therefore, our questionnaire did not include questions about the teaching of anesthesia history.

Results

Elective coordinators from 18 of 121 (15% response rate) medical institutions responded to the survey online. The remaining medical schools were contacted via phone through registrar office (76 of 121, 63%) institutions. Questions were posed verbally and recorded. Data were confirmed and missing information was obtained through elective catalogs available on institutional Web sites ([Table 1](#)). Schools were identified as having an HOM elective if they offered a didactic session or seminar series including HOM. Based on responses and information gathered from 119 of 121 medical schools (98%, we were unable to collect information from 2 institutions), 45 (37%) included formal lectures or a seminar series in their medical school curricula. Of these, 5 (11%) curricula required instruction in HOM, whereas the rest (89%) offered HOM instruction on an elective basis. The year during which courses are offered is shown in [Table 2](#). History of medicine education was offered to medical students during all four years of training. Course duration and credit awarded varied greatly. Eighteen (15%) medical schools included departments dedicated to HOM, which included an average of five to six full-time faculty members.

Discussion

History struggles for inclusion in the curricula within institutions of higher learning in the sciences, and the curricular emphasis of history has diminished over the decades. This trend is not unique to history, and many disciplines once considered important in the making of wholesome civil society continue to fight an uphill battle as both pragmatic and economic factors dominate increasingly many aspects of academia. One can argue that, among all the species that inhabit our planet, man alone is aware of the past. Everything that is known with certainty can be considered to be within the realm of history. This is true because the future is largely unknown, and the present is fleeting. When history is viewed from this perspective, one is surprised that more attention is not paid to this important aspect of every discipline. The study of history is an examination of change and provides the means through which we understand how today's world has been shaped. The many challenges faced by medicine are understood better with the perspective offered by historical knowledge. The comprehension of scale, timing, causation, and continuity of change are necessary to understand the evolution of past events and how they apply to the present.¹⁸ History is an essential part of our educational system for this reason, providing students with necessary tools to move forward with a better understanding of their own environment.¹⁹ History also offers information on human behavior in societal context. History collectively provides data on human behavior and is the best way to understand why we exhibit certain behaviors in a variety of settings.¹⁸

Table 1
HOM summary data in four-year allopathic programs.

	Yes	No	Total (%)
Institutional responses	119	2	98
	Yes	No	Total (%)
HOM course offered	45	74	38
	Required	Elective	% Req.
Required vs elective	5	45	11
	Yes	No	Total (%)
HOM department	18	119	15

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