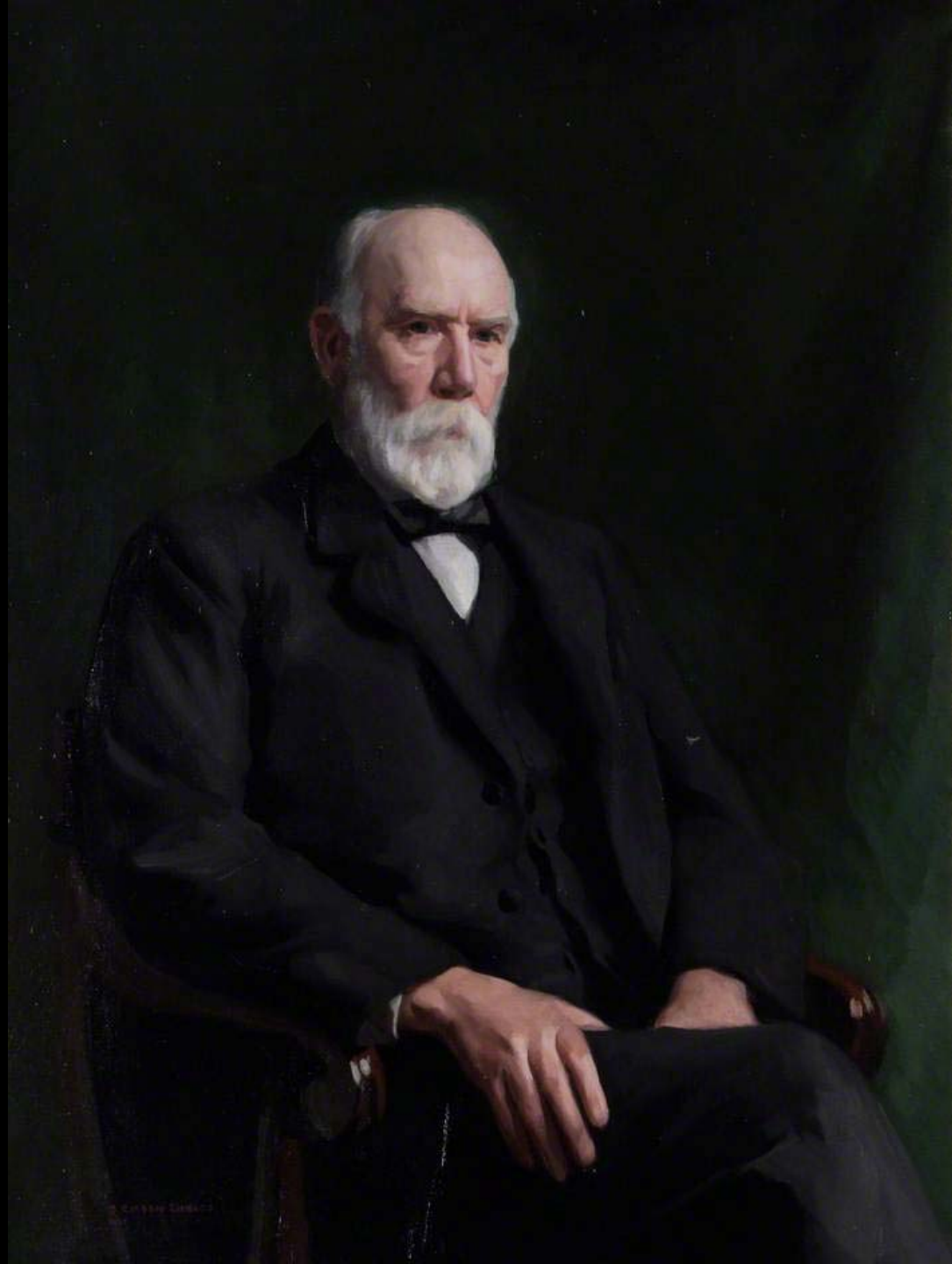


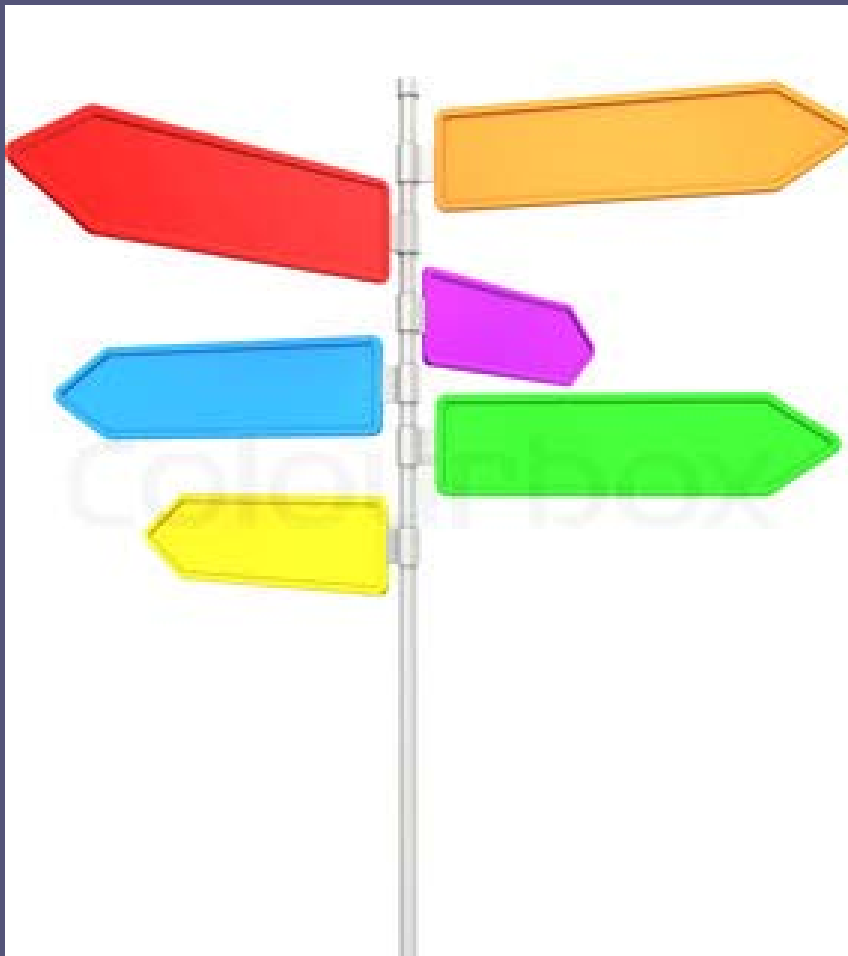
Medical Humanities and the Fifth Wave in Public Health: Parallel Tracks?

Glasgow Centre for Population
Health Seminar Series

23rd April 2013







1. Common origins
2. Parallel tracks
3. Walking together

The NEW ENGLAND JOURNAL of MEDICINE

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1077 THIS WEEK IN THE JOURNAL

ORIGINAL ARTICLES

- 1085** Clinical Spectrum of Obesity and Mutations in the Melanocortin 4 Receptor Gene
I.S. Farooqi and Others
- 1096** Binge Eating as a Major Phenotype of Melanocortin 4 Receptor Gene Mutations
R. Branson and Others
- 1104** Soluble CD40 Ligand in Acute Coronary Syndromes
C. Heeschen and Others
- 1112** An Outbreak of Conjunctivitis Due to Atypical *Streptococcus pneumoniae*

PERSPECTIVE

- 1079** Behind the Research: Medical Detection in the 21st Century
A. Zuger
- 1081** Medicine and the Racial Divide
E.G. Phimister
- 1083** A Death at Duke
E.W. Campion

EDITORIALS

- 1160** Defective Melanocortin 4 Receptors in Hyperphagia and Morbid Obesity
J.F. List and J.F. Habener
- 1162** CD40 Ligand — Assessing Risk Instead of Damage?

S U D D E N
C O L L A P S E S
I N
P U B L I C
P L A C E S

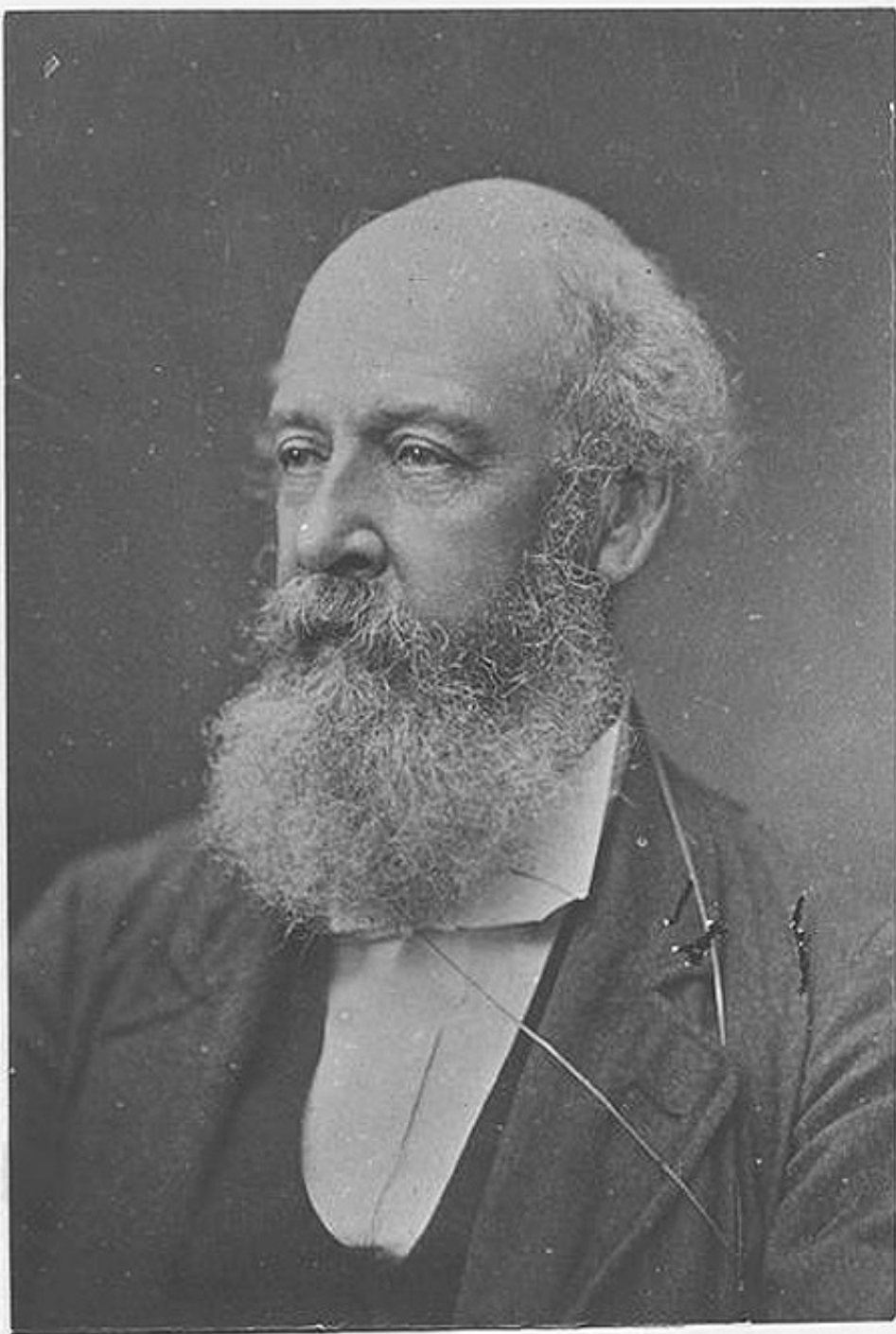


JULIA DARLING



POETRY BOOK SOCIETY
RECOMMENDATION

From: Shapiro, Charles L. et. al.. Side Effects of Adjuvant Treatment of Breast Cancer. *New England Journal of Medicine* 2001; 344 (26): 1997-2008.

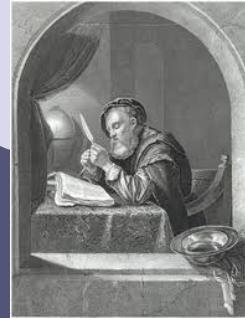


...and the patient, after coughing up an immense quantity of sputa various in appearance, till from feebleness he can expectorate no longer, dies from the accumulation: the last hours, in such cases, exhibiting very dreadful struggles with the disease, and the patient often becoming delirious before he sinks under it.

Charles Badham, *Essay on Bronchitis*, 1814.

MH's 'personalities'

1. List of disciplines
2. Programme of moral development
3. Supportive friend
4. Disruptive/troublesome teenager



Clinical Judgement
Evidence in Practice

Department
of
Clinical
Judgement
Evidence in Practice



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'Brilliant' *The Times*
'Brilliant' *Sunday Telegraph*
'Brilliant' *Spectator*



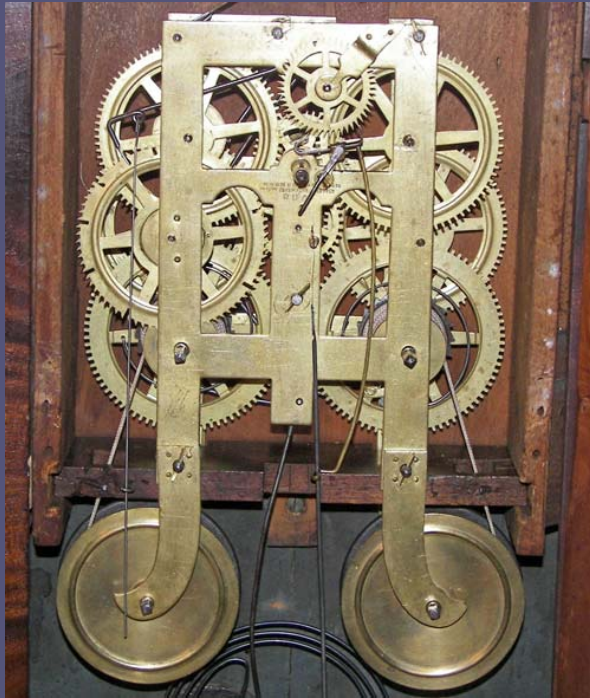
Hippocratic Oaths

MEDICINE AND ITS DISCONTENTS



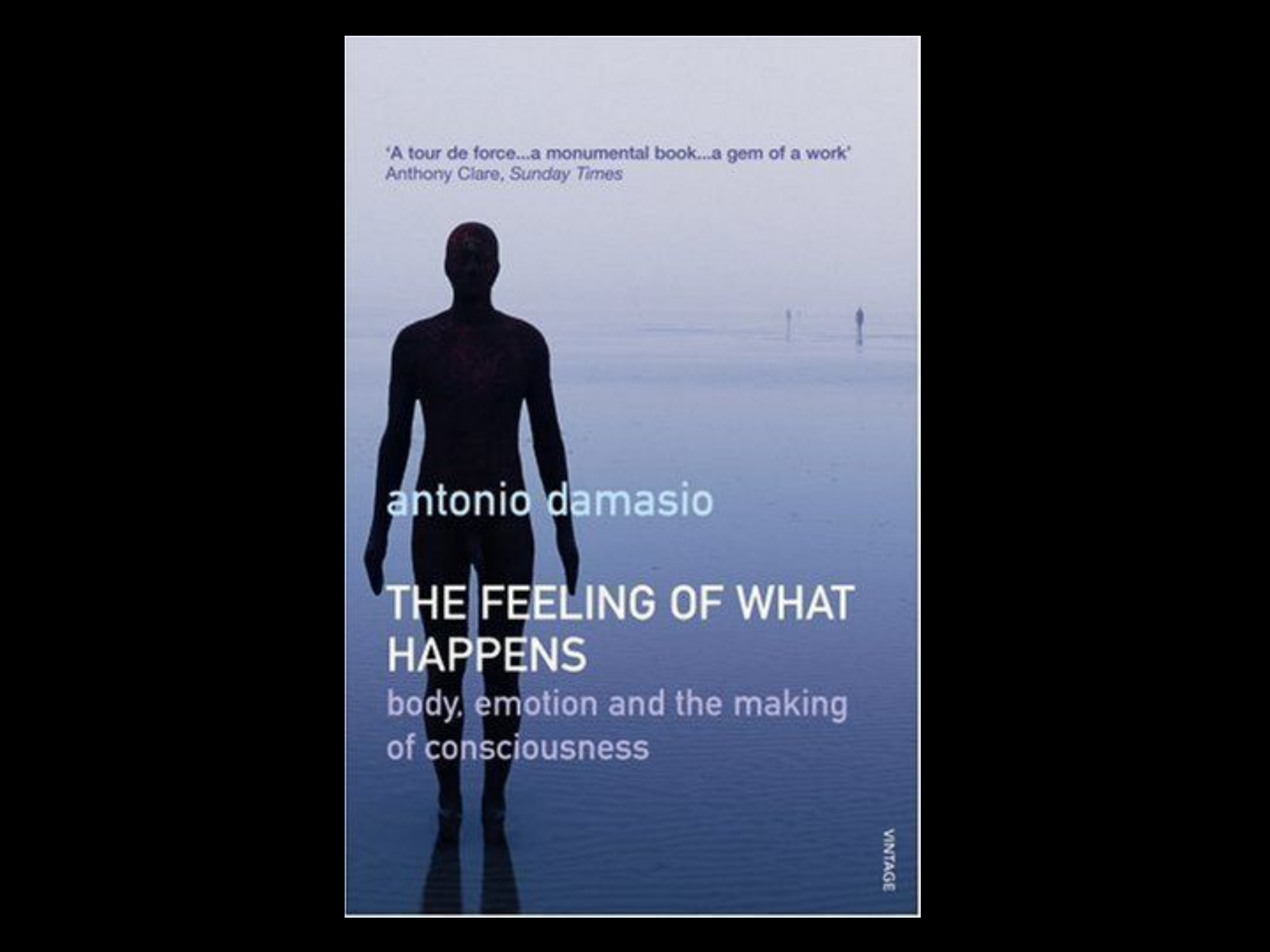
RAYMOND TALLIS

...the idea of the body as a carnal machine emerged as an intellectual framework for a systematic investigation of its component mechanisms
Tallis, p. 16



The invention [in the Renaissance] of real complex machines such as clocks gave the human imagination an immensely powerful piece of new material. Machine-imagery changes the world-view profoundly because machines are by definition under human control. They can in a sense be fully understood because they can be taken to pieces. And if the world is essentially a machine, then it can be taken to pieces too and reassembled more satisfactorily. It was the fusion of these two imaginative visions that made modern science look possible. And it had to look possible before anybody could actually start doing it.

Midgley, 'Why Visions Matter', in *Science and Poetry*, 2001.



'A tour de force...a monumental book...a gem of a work'
Anthony Clare, *Sunday Times*

antonio damasio

**THE FEELING OF WHAT
HAPPENS**

body, emotion and the making
of consciousness

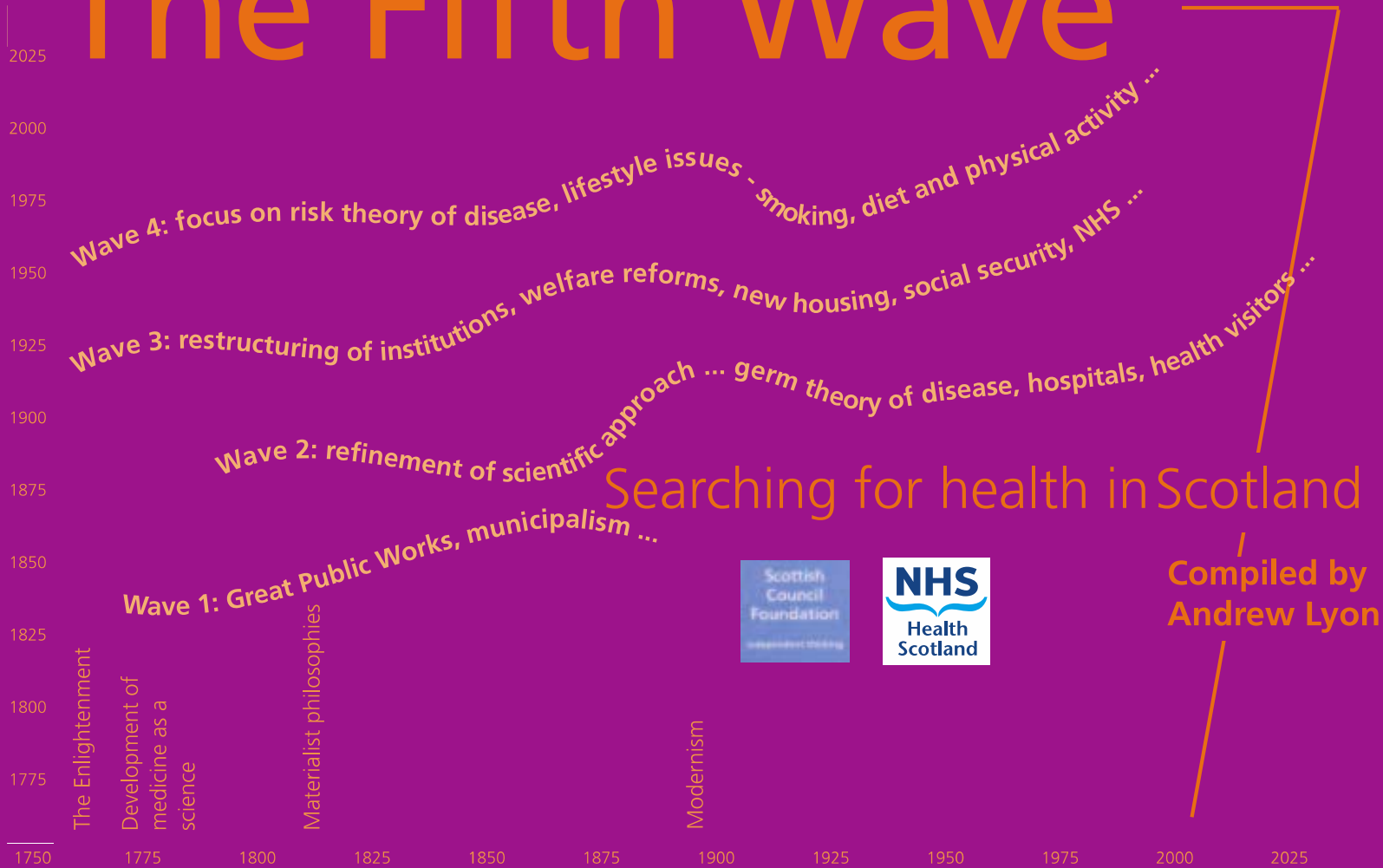
VINTAGE



James, the only American philosopher [in his time] trained in medicine, cautioned his own age against misplaced infatuation with a medical materialism that operates a positivist insistence on the absolute separation of facts and values: as James himself writes, ‘there is no purely objective standard of sound health ...we should broaden our notion of health instead of narrowing it ... in short **we should not be afraid of life**’.

Waugh, 2013 (unpublished essay)

The Fifth Wave



Emergent qualities of a 'fifth wave'

1. Complex adaptive systems with multiple points of equilibrium
2. Rebalancing our mindset – 'anti' to 'pro', from dominion and independence to interdependence and co-operation
3. Rebalance models – mechanistic to organic
4. Rebalance our orientation – objective to subjective
5. Develop a future consciousness to inform the present
6. Iterate and scale up through learning – try things out and share.

Hanlon, et al, 2011



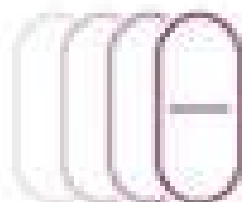
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WORD

LABEL

MODEL



TOO MUCH MEDICINE

Too much medicine? Almost certainly

Most doctors believe medicine to be a force for good. Why else would they have become doctors? Yet, while all know medicine's power to harm individual patients and whole populations, presumably few would agree with Lee Rich that "the medical establishment has become a major threat to health."

▶
BY MICHAEL
LEWIS
THE
NEW YORK
TIMES





Institute of
Advanced
Study

wellcome trust
Strategic Award

Hearing the Voice



£1m Wellcome Trust Strategic Award
2012 – 2015

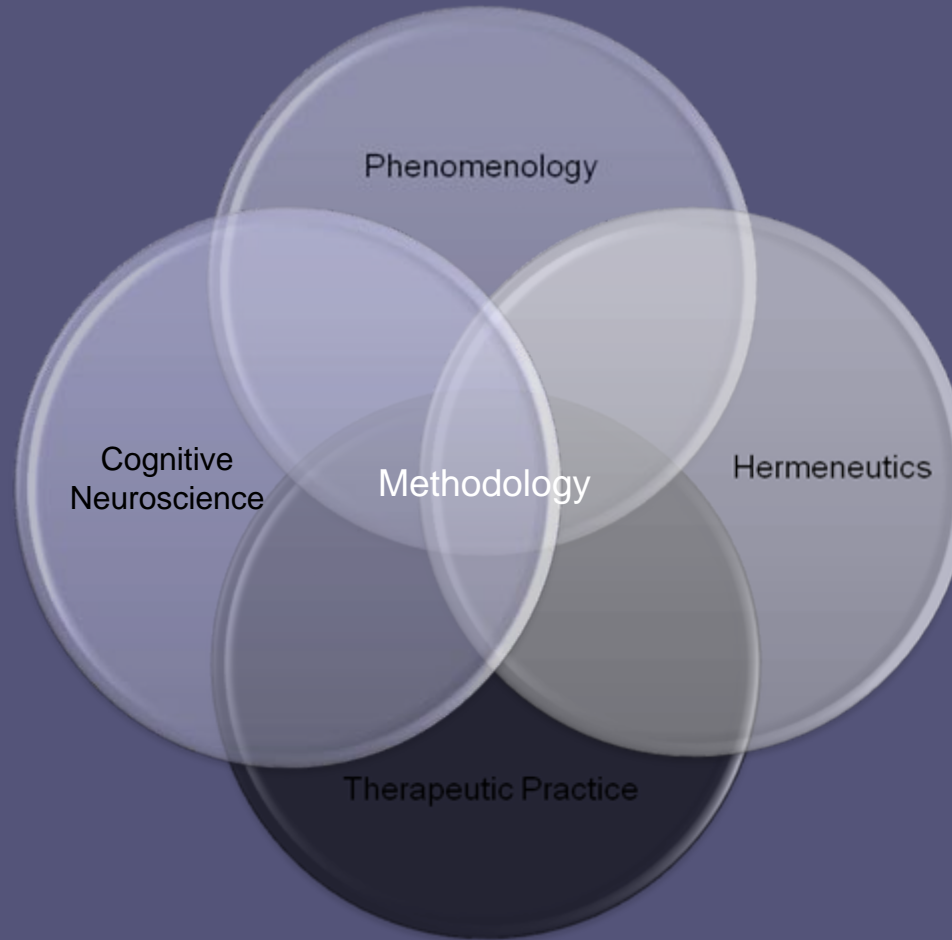
Core research team of 18

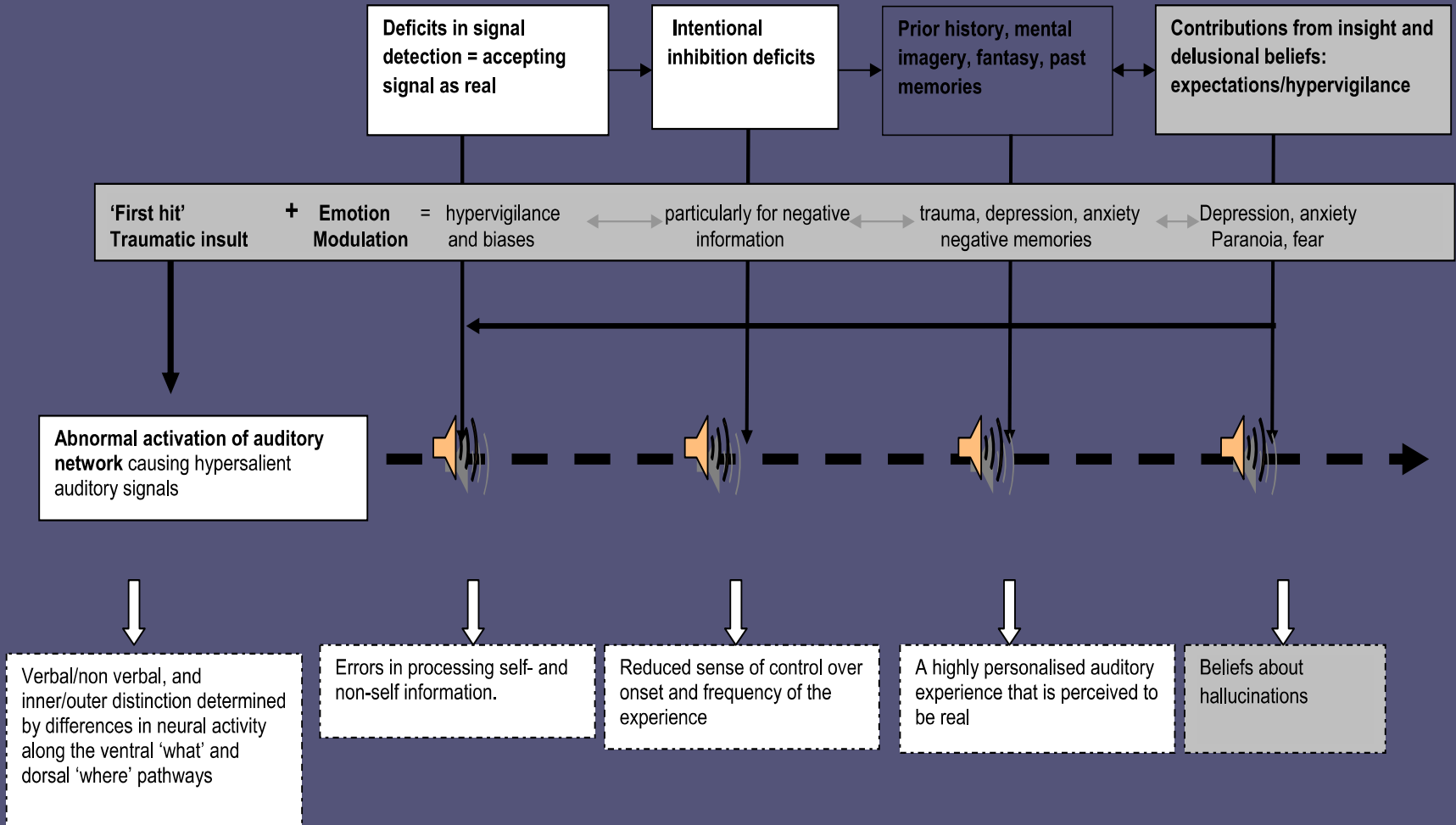


Hearing the Voice

welcome trust
Strategic Award

Institute of
Advanced
Study





The doing of Interdisciplinarity



Emergent qualities of a 'fifth wave'

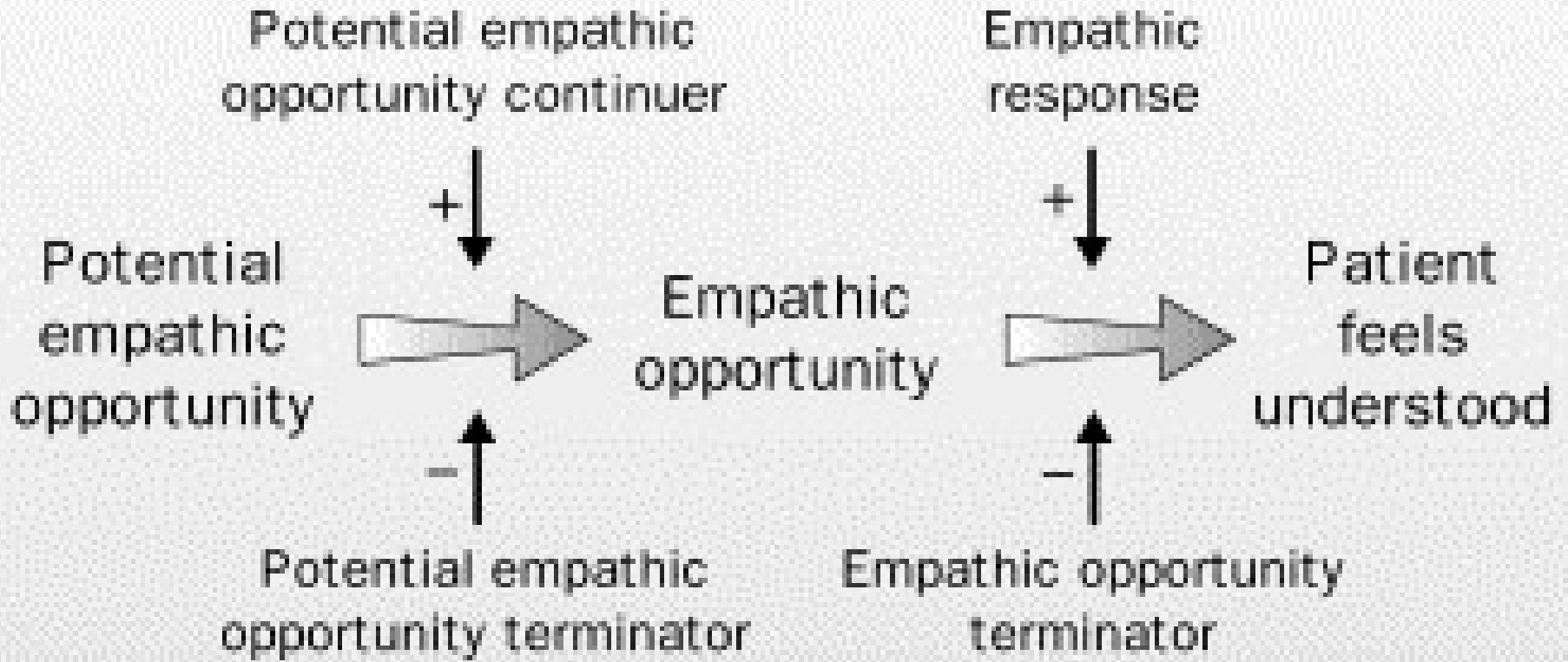
1. Complex adaptive systems with multiple points of equilibrium
2. Rebalancing our mindset – 'anti' to 'pro', from dominion and independence to interdependence and co-operation
3. Rebalance models – mechanistic to organic
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5. Develop a future consciousness to inform the present
6. Iterate and scale up through learning – try things out and share.

Hanlon, et al, 2011



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Model of physician empathy

Suchman et al, JAMA 1997; 277: 678-82

Emergent qualities of a 'fifth wave'

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Hanlon, et al, 2011



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‘An important question in psychiatry shouldn’t be ‘what’s wrong with’ you but rather ‘what’s happened to you’.’



Eleanor Longden, TED talk, London 2012
<http://www.youtube.com/watch?v=AgZHOSxN5cE>

One day, about six weeks after the operation, when the wound was healed, I was looking at my new scar in the bathroom mirror. It wraps horizontally from breastbone round onto my back, with a branch-line into my armpit. I can only see it in the mirror, of course, with a mirror's reversals. I saw it as a site of change, of injury. But also, something in its shape made me pause. As I turned this way and that, I thought it looked like the low shores of an island, seen from afar.

[Image] Or a river, seen from above. A bird's eye view of a river. Or a map. Then, I fancied it looked like the stem of a rose. Image With that, a line of Burns arrived in my head. 'You seize the flo'er, the bloom is shed'.

Kathleen Jamie, *Granta* 120, Summer 2012





you seize the stars,



its bloom is shee

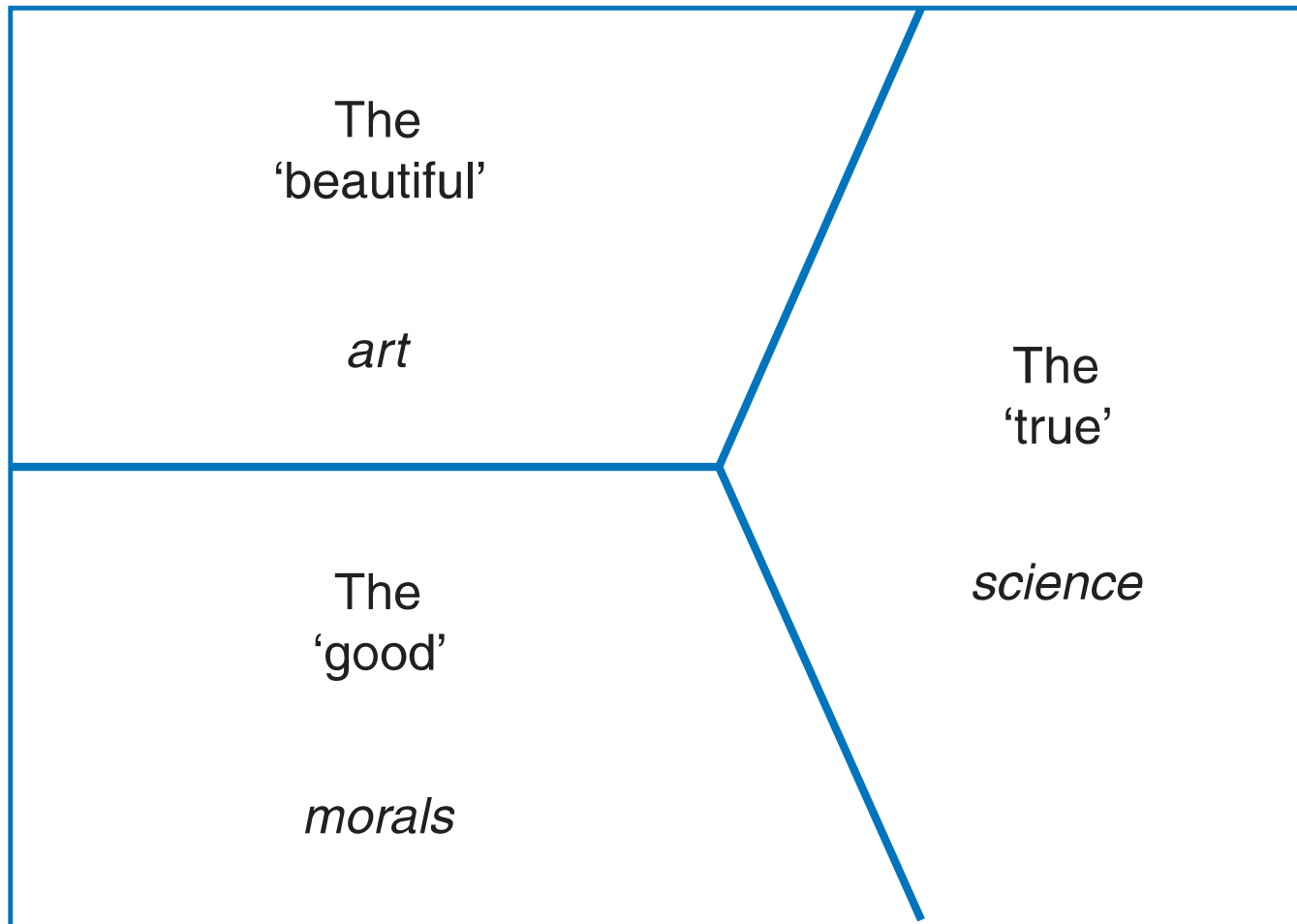


Fig. 1 Plato and the good, the true and the beautiful.



'I love stroking this lovely tube of
delight'

Dennis Potter

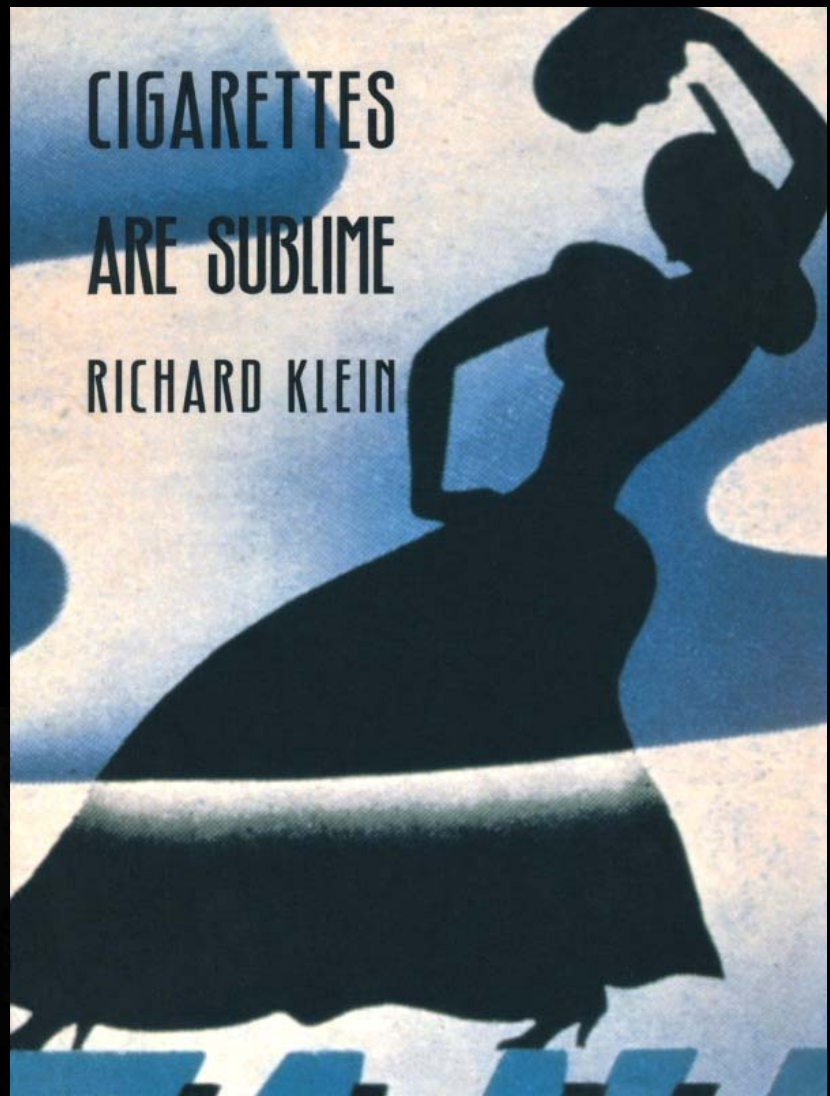
'I love to touch the pack in my pocket,
open it,
savour the feel of the cigarette
between my fingers,
the paper on my lips, the taste of
tobacco on the tongue'


Luis Buñel

‘..our smoking was exhilaratingly furtive, the deep, dark, swirling pleasures of the smoke being sucked into fresh, pink, welcoming lungs, it took me just three or four cigarettes to acquire the habit and you know there are still moments now when I catch more than a memory of the first suckings-in, the slow leakings-out when the smoke seems to fill the nostril with far more than the experience of itself, and I regret the hundreds or thousands of cigarettes that I never experienced, inhaled and exhaled without noticing...’

Simon Gray, *The Smoking Diaries*, 2004.





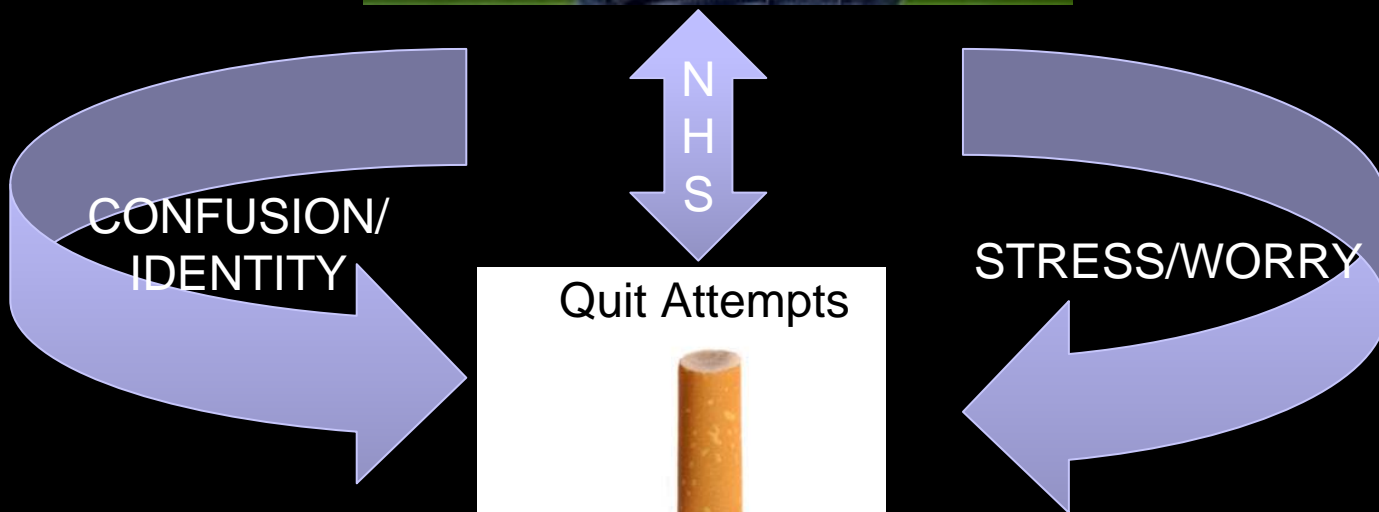
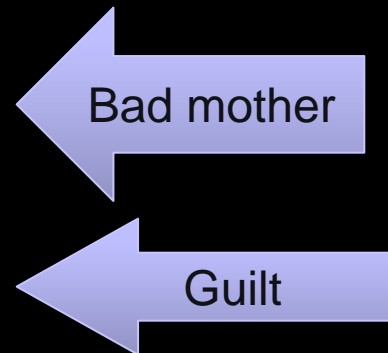
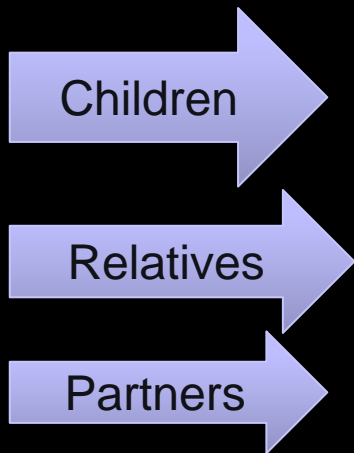


So everytime you get stressed about something, or, you know.. I've got an essay to do and I've got this or I've got that. I'll have a cigarette. It's always a way out, so I see that as like a **partner**.

Hargreaves, Amos et al, 2010

It [smoking] is the **best and worst friend you can have**. .. he is the best because he is with you when you are sad, when you're happy, when you have insomnia, when you're busy, when you're quiet, he's there beside you, at your fingertips... It is worse because it kills you, but it causes great pleasure..

Trotta Borges, Simoes-Barbosa, 2008



After Graham et al, 2011



...it seemed to me that in giving up smoking I was going to strip the film of its interest, the evening meal of its savour, the morning work of its fresh animation. Whatever unexpected happening was going to meet my eye, it seemed to me that it was fundamentally impoverished from the moment that I could not welcome it while smoking. To-be-capable-of-being-met-by-me-smoking: such was the concrete quality which had been spread over everything. **It seemed to me that I was going to snatch it away from everything and that in the midst of this universal impoverishment, life was not so worth living.**

J. P. Sartre, *Being and Nothingness*, 1958

Table 2 Description of the domains in the context of this survey

Domain	Description in the context of this survey
Action planning	Are there procedures in place to support working with pregnant women who smoke, for example, procedures about how to refer women to the stop-smoking service?
Beliefs about capabilities	How difficult or easy is it to support working with pregnant women who smoke? How confident or comfortable do midwives feel about this work?
Beliefs about consequences	What do midwives think will happen when they support pregnant women who smoke to stop? What do they see as costs or benefits of this work?
Emotion	Do feelings of concern make it easier or harder to support pregnant women who smoke to stop?
Environmental context and resources	Are resources available for midwives to support pregnant women who smoke to stop? To what extent do resources help or hinder supporting pregnant women who smoke to stop?
Knowledge	What do midwives know about supporting pregnant women who smoke to stop?
Memory, attention, and decision processes	Do midwives usually think about smoking cessation when they work with pregnant women? How easy or difficult is it to remember to do it?
Motivation and goals	To what extent do midwives want to support pregnant women who smoke to stop? Are there other things that are in conflict with this goal?
Professional role and identity	Is this work compatible with professional identity?
Skills	Do midwives feel they have the appropriate training to support pregnant women who smoke to stop?
Social influences	To what extent do other groups of people influence whether or not midwives support pregnant women who smoke to stop?



Affective Atmosphere

Emergent qualities of a 'fifth wave'

1. Complex adaptive systems with multiple points of equilibrium
people/communities are organic and creative
2. Rebalancing our mindset – 'anti' to 'pro', from dominion and independence to interdependence and co-operation
learning from communities of experience, other disciplines
3. Rebalance models – mechanistic to organic
building an awareness of how models can be modified
4. Rebalance our orientation – objective to subjective
Focusing on what can be learned from experience
5. Develop a future consciousness to inform the present
Recognising the power implied by 'becoming'
6. Iterate and scale up through learning – try things out and share.



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"A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has."

Margaret Mead