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A (UN)NATURAL ALLIANCE: MEDICAL EDUCATION AND THE HUMANITIES

The Rise and Fall of the Institute on Human Values in Medicine 1971-1981

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An abstract of a dissertation submitted to the Faculty of the James T.
Laney School of Graduate Studies of Emory University in partial
fulfillment of the requirements for the degree of Doctor of Philosophy in
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2020

Abstract
A (Un)Natural Alliance: Medical Education and the Humanities
The Rise and Fall of the Institute on Human Values in Medicine 1971-1981
By Mary E. Kollmer Horton

The medical humanities have long been considered a valuable part of physician education. Yet, its standard inclusion in undergraduate medical education has been elusive. In the 1960's leaders in medical education began formal meetings with humanists to discuss concerns that medical students were increasingly cynical, and that the content of their curriculum had become highly scientific and technical to the exclusion of humanism. The Society for Health and Human Values, incorporated in 1969, formed from these concerns. The Institute on Human Values in Medicine, a project of the Society, was formed to consider the integration of human values content into medical curricula. With funding from the National Endowment for the Humanities leaders of the Institute worked tirelessly from 1971 to 1981 through a variety of well planned and executed activities to promote the teaching of human values content. Ultimately, the Institute lost its funding, which ended its active work. Lacking direction from its parent Society or professional associations, it closed. The Institute's efforts drew attention to the medical humanities in medical education and laid some of the groundwork for the inclusion of ethics into the accredited undergraduate medical curriculum. Nonetheless, it fell short of its goal to integrate a spectrum of humanities content into the standard medical curriculum.

This dissertation uses historical methods to examine the activities of the Institute to identify barriers in the standard inclusion of humanities in medical education. Barriers identified validate sociological theories of schools as complex open organizations with strongly institutionalized cultures. Sociological studies of mass global curricula also show the devaluation of humanities as an essential curricular element. The institutional scientific and corporate culture of academic medical centers makes the integration humanities difficult and 'unnatural'. This study emphasizes the strength of social and professional belief systems, legitimizing agencies, and forces in constant interaction with the institution and supports a predictive model based on the sociological definition of professions and organizational theories. Calls for humanism in medicine and medical education have escalated in the current century. Recent efforts to integrate humanities cast in language acceptable to corporate and scientific culture predicts greater integrative success.

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Dedication

This dissertation is dedicated to my father, Henry 'Harry' Kollmer, whose belief in education, hard work, and doing the things you love inspires all that I do.

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Tables and Figures

Chapter One: An Introduction to Humanities in American Medical Education

Discussion and debate around the inclusion of the humanities in American

medical education has been ongoing for much of the twentieth century into the

twenty-first. Many of the great medical educators of the twentieth century believed

in the foundations of an academic liberal arts education. Sir William Osler and his

intellectual followers, such as Henry Sigerist, Erwin Ackernecht, and Owsei

Tempkin, firmly believed in the value of the human elements of medicine, and

utilized them in their teaching practices.[1] These early medical education leaders

saw value in and used humanities knowledge and methods to bring greater context

and meaning to their teaching, practices and research.[2] Osler frequently used

biography as a method of teaching professionalism, medical ethics and values to the

young physicians that he taught.[3] Henry Sigerist, Osler's professional successor at

Johns Hopkins, valued medical history as a critical medical field of knowledge and

study, and used it in medical education as a way of displaying the errors of past

thought and lessons to be learned through historical insight.[4] Temkin, Sigerist's

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[1] Osler's history and love of academics, teaching, and intellectual pursuits is well documented in Bliss' biography. (Bliss 1999) Alan Bleakley discusses the Osler's humanistic view of medical education on page 10 and 11 of his book. (Bleakley 2015) Sigerist's academic works in areas of medical history and sociology are evident from his published works and those analyzing his works. (Sigerist 1970, Fee 1997) A comparison of Osler and Sigerist's contributions and interests in the medical humanities can be found in Fee (2004). Fee and Brown (2004 include comments on Sigerist's passing the academic baton to Erwin Ackernecht and George Rosen following his retirement from academic medicine (page 159). Dolan also reports on Ackernecht, reprinting Ackernecht's 1947 *Bulletin of the History of Medicine's* publication on The Role of Medical History in Medical Education in Chapter Four, Pages 70-81. (Dolan 2015) Owsei Temkin, Sigerist's student, used history in medical education as a tool of professional development and grounding for students. See (Brieger 2003, Kushner 2013) Additional sources include: (Dolan 2010, Warner 1985).
[2] (Dolan 2010, Bliss 1999)
[3] (Jackson 2002)
[4] (Warner 1985, Dolan 2010)

student, used history in medical education as a tool of professional development and grounding for students.[5]

Early in the century Abraham Flexner's 1910 review and critique of medical schools in the U.S. and Canada maintained the importance of medical education's alignment with institutions of higher education, creating a European, specifically German, model of medical education.[6] Later in his career Flexner supported, even assumed, the teaching of humanities would be a component of medical education as a way of promoting an educated class of professionals.[7] Yet, as scientific knowledge increased the medical school curriculum became increasingly focused on scientific and technical content forcing out humanistic studies.[8] Time and space in the curriculum was one reason for exclusion, another was the value that the medical profession placed on science and the drive for medical discoveries and research.[9] As the twentieth century progressed medicine witnessed an extraordinary growth in the science and technology available to it, as well as the institutional growth of

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[5] (Brieger 2003, Kushner 2013)

[6] Flexner's use of the university model as a gold standard for medical education is apparent in his 1910 report critiquing schools, and recommending schools seek an allegiance with nearby universities. See (Flexner 1910) Kenneth Ludmerer provides an historical review and discussion of the development of the university based medical school and Flexner's use of the Johns Hopkins University medical school as the gold standard in Chapter 1 of his text. In Chapter 5 he describes the connection between medical schools and teaching hospitals. See (Ludmerer 1999)

[7] (Flexner 1910, 1925)

[8] Discussion around an overburdened curriculum and the need for balance can be found in Jones (2015), (Pellegrino 1979, 2008, Ludmerer 1999, Downie 1992).

[9] Ludmerer (1999) Chapter 3 "Undergraduate Medical Education" notes the value faculty placed on scientific preparation for medical school, pages 60-62, and the "bloated" curriculum, leaving little time for students to reflect and think, page 67. Chapter 3, "The American Medical School Between the Wars", describes the rewards to medical school faculty from the public and profession's belief and trust in research; faculty researchers received monetary donations for their research and nonmonetary rewards in the form of "publications, appointments, titles, memberships and awards" from page 38. Chapter 4, "The Rise of Graduate Medical Education" notes that residency directors chose residents based on personal recommendations as well as aptitude for research, pages 93-94.

academic medical centers, so termed after World War II, where laboratory sciences and medical research were even more valued and rewarded following the 1940s.[10]

While medical science was progressing challenges related to its rapid growth began to arise within the profession that directly affected medical education. Increased medical knowledge led to a need and desire for organized graduate medical education and medical specialties and subspecialties with their own training pathways.[11] Increases in specialization training within the profession led to fears of a fractured profession.[12] Formal residency training programs under the direction of hospitals, solidly tied medical education to hospital corporations as well as medical schools and universities.[13] By the 1940s the research mission of academic medical centers, now funded by the federal government as well as philanthropies, was the driver behind the interests of the medical center, which had become behemoth, conglomerate organizations with their own complex organizational structure, so called "multiversities".[14] Without oversight,

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[10] Ludmerer (1999) in Chapter 6 "Academic Medical Centers and the Public", describes the use of the term on page 114, and the dedication of these Centers to its public mission. Belief in medical science and growth of medical centers is also described in Ludmerer (2015), see particularly Chapter 7, "The Expansion of the Residency in an Era of Abundance", page 135.

[11] Ludmerer presents the development of specialization education in (Ludmerer 1999) Chapter 4 "The Rise of Graduate Medical Education" and Chapter 10 "The Maturation of Graduate Medical Education". Starr describes the rise in medical specialties as related to the increase in scientific knowledge related to medicine, but also the appeal of status and economics. Starr (1982), Book Two Chapter Three "The Liberal Years", pages 355-359.

[12] This fear is expressed in the "Minutes of Committee on Medical Education and Theology, March 17-18, 1967". See Chapter Three of this dissertation, Footnote 29. Ludmerer discusses tensions in the growth of residency programs and specialties in (Ludmerer 2015) In particular see Chapter 6 "Consolidating the System. (Lippard 1972a) Also describes the "danger in premature specialization" and the fear of creating technicians over fully engaged physicians, page 17.

[13] (Ludmerer 1999) Chapter 4 "The Rise of Graduate Medical Education" and Chapter 10 "The Maturation of Graduate Medical Education". (Ludmerer 2015) Chapter 7.

[14] The term "multiversity" was used by Clark Kerr, president of the University of California in 1963, to describe the expanding medical education university complex focused on research. Ludmerer utilizes this term throughout his text to describe the complex organization in which medical schools

questionable practices in clinical research, rationalized as benefitting mankind, arose as the pressure to solve medical problems, competition between academic groups and institutions, and the drive for recognition through grants, awards, and publications rose unchecked.[15] Likewise, by the 1950s, technologies not previously imagined began to beckon moral questions around their use in clinical settings in areas such as euthanasia and reproduction.[16] Some felt medical education with its heavily scientific prerequisites and curriculum now lacked the foundations of the human elements of medicine, and under prepared students for the clinical moral issues that lie ahead in their careers.[17] Additionally, it was recognized that medical students were becoming more cynical and less empathetic as they progressed through medical school.[18] Medical educators by the late 1950s were seeking ways to address both the preparation of students for a scientific and technological medicine, as well as a way to rebalance medical education with humanism as a way of fostering compassion.[19]

The academic struggle to rebalance the medical curriculum and humanize medicine has continued relatively unchanged into the twenty-first century, which begs the question as to why earlier efforts were unsuccessful. This dissertation is a

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reside, which answers to multiple constituencies, pages 51,140, 162, 181,196, 217, 236, 309, 334. (Ludmerer 1999)

[15] Beecher's article publically exposed colleagues performing medical research with ethics issues. (Beecher 1966) Also see Chapter Three of this dissertation.

[16] (Fletcher 1954) Also see Chapter Three of this dissertation.

[17] See Chapter Three of this dissertation. Publications covering this topic include (Pellegrino 1971, Pellegrino 1979, Barker 1987)

[18] (Becker 1961 , Barker 1987)

[19] See Chapter Three of this dissertation. Publications covering this topic include (Mueller 1963, Barker 1987) Mueller outlines the edition dedicated to discussing medical education and ethics from a Christian theological perspective. Barker provides a detailed historical perspective. The Institute on Health and Human Value's first two conferences are dedicated to the topic of humanism in medicine and rebalancing the curriculum. See (1971, 1972).

historical study that offers evidence for the reasons behind the difficulties to integrate humanities into the standard medical curricula. It does so by studying the life of the Institute on Human Values in Medicine, 1971 to 1981, which grew out of concerns primarily starting in the late 1950s that medicine and its education had become overly scientific, technical, and impersonal. The Institute, a product of the Society for Health and Human Values, focused on the possibility that the humanities could be taught in medical and health professional schools to balance a heavily scientific training with non-scientific, humanistic content. A training that would prepare doctors for a modern practice of medicine that would include questions, dilemmas, and challenges of a moral and ethical nature. However, by the time of the Institute's major activities in the 1970s and 1980s, academic medical centers had become even large complex corporate organizations with business models that included collaborations with and reporting to financial, government, private corporations, and other outside industries.[20] This corporate model of modern medicine and medical education was an academic culture unreceptive to the humanities.[21] Medical schools embedded within this organizational environment, and their accrediting bodies, had to live symbiotically within this culture. The medical humanities would find it difficult to find a home within such an institutional environment and culture.[22]

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[20] Ludmerer describes the growth of academic medical centers and the forces influencing them in both Ludmerer (1999), (Ludmerer 2015). Samuel Martin in a 1971 Keynote Address to the Institute on Human Values in Medicine's first conference notes the competitive, war-like behavior between faculty within the medical schools and the medical education hierarchy. He describes an overall contentious environment for medicine and medical education that needs humanism. (Martin 1971)
[21] Eliot Freidson also notes that corporate management practices comes into direct conflict with the professional attributes of medicine. (Freidson 2001)
[22] For an in-depth presentation of this topic see Chapter Five of this dissertation.

The Growth of Academic Medicine and Loss of Humanism – Historical Context

Abraham Flexner's 1910 report played at least a partial role in the growth of a scientifically focused medical education through the value it placed on medical schools with university affiliations and laboratory science based curriculum.[23] Even prior to 1910 the number of medical schools was on decline for economic reasons. Strengthening of the medical profession had led to a rise in state licensing boards and educational requirements for licensure. Medical schools without other sources of support beyond tuition costs could not sustain themselves and began closing before the publication of Flexner's review.[24] The 1910 report forced the final closure of many medical schools that did not have formal science curricula, laboratories, and clinics. Many of the schools that survived had close ties to universities with state funding and endowments that could support the new academic requirements of medical education, which closely aligned with research.[25] Societal and professional beliefs in science and research, and the validity it provided to medicine, was no doubt a force behind the support and growth of university based medical schools with clinics and a scientific research mission.[26] Prior to World War II the majority of support for research came from private sources, such

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[23] Ludmerer describes the impact of the American progressive movement in supporting a belief in medicine, and the impact of Abraham Flexner's report in Chapter 1 "Creating the System". (Ludmerer 1999)

[24] Starr (1982) Chapter Three covers the rise in medical professional authority from 1850 to 1930, pages 116-123 cover the turn of the twentieth century decline in proprietary medical schools and the economic rise in university based schools.

[25] (Starr 1982, Ludmerer 1999)

[26] Warner provides an insightful description and analysis of the interrelationship of medicine and science, and how science added to the professionalization of medicine in a positive way particularly from the 1870s to 1910s. (Warner 1985) Burnham provides an historical overview of the rise of medicine's status with progressive scientific beliefs in the early part of the twentieth century and its erosion across the century. (Burnham 1982) See also Starr (1982) Book Two.

as philanthropies, foundations, and the pharmaceutical industry, which funneled

millions of dollars into schools with medical research programs.[27] The triad of

school, hospital and university benefitted all parties as the grateful wealthy were

willing to donate to the medical center as a whole, which often meant more money

for research.[28] In Ludmerer's analysis the growth of research, initially intended to

benefit medical education took on a role of its own beyond education. He notes the

time "between the wars" as one of great growth for medical institutions as the

perceived success of medical science, funding to support it, and belief in its power

grew.[29]

By the cusp of World War II the Unites States had established itself as a

global leader in medical research. Medical centers with schools, clinical space and

associated universities were at the center of this success. These academic medical

centers had become well-funded, complex clinical and biomedical research

institutions that included schools.   Once the driver for research in medical schools,

education and teaching had become secondary to the engine of research for

discovery and disease treatment, faculty incentives and school status were focused

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[27] Starr (1982) Page 121 notes that the Rockefeller General Education Board contributed millions to schools more closely allied to a medical research mission over medical practice. Pages 338-339 notes the sources of support prior to 1945. Ludmerer (1999) also notes the importance of philanthropies to the growth of academic medical centers with a strong research mission in Chapter 2.

[28] Ludmerer notes a codependency between schools and their associated teaching hospitals through contributions made by grateful benefactors. Funds could be funneled to support research and education. See Chapter 5 "Teaching Hospitals". (Ludmerer 1999)

[29] In Ludmerer (1999) Chapter 2, quote from page 31, although it can be found throughout the chapter. While medical science and research remained generally popular and seen as representing national power and progress, Burnham notes hints of skepticism throughout which culminates in the fall of Medicine's "Golden Age" by the late 1950s. (Burnham 1982) Cautioned optimism was even alluded to by Shryock in 1936, when he warned against "superficial optimism", page 412. (Shryock 1936)

on research.[30] By the beginning of World War II, the quality of American medicine,

its physicians and training, was among the best in the world. Its medical and public

health efforts had created a host of therapeutics and measures to conquer many of

mankind's most infamous diseases, particularly infectious diseases. Academic

medical centers became the model of care – where discoveries were made,

technologies built, and best practices honed. Good medical care was seen as central

to the nation's health, and academic medical centers were the producers of more

and better medicine.[31]

As science and its medical successes became synonymous with American

leadership and strength in the free world, the creation of government sponsored

programs investing and building the medical enterprise ensued, offering evidence of

public belief and support. These included expansion of the facilities and budget for

the National Institutes of Health (NIH), which conducted medical research both

internally and externally through an extramural system, dispersing funds nationally

to universities and medical centers engaged in research. The Veterans

Administration's, the largest hospital system in the U.S., made the decision to

affiliate with medical schools following World War II, serving to enhance its own

reputation while also increasing the funding for affiliated schools, and expanding

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[30] In Ludmerer (1999) see Chapters 2 (particularly pages 41-51 on "Faculty Culture") and 6
"Academic Medical Centers and the Public". According to Ludmerer, page 114, the term 'Academic
Medical Center' began to be used after World War II to describe medical schools with associated
university owned or controlled hospitals and clinics. Also see Cooper (1972) and Starr (1982) Book
Two, Chapter Three "The Liberal Years" where the clustering of institutions of medicine around
universities is noted, creating "medical school empires" focused toward research and training. Quote
from page 361.
[31] (Ludmerer 1999) See Chapter 6, particularly pages 122-123. Also see page 33, Table 1 displays a
five-fold increase in therapeutics available from 1913 to 1943. Starr (1982) Book Two Chapter
Three notes the United States as a leader in research and medicine by the end of World War II and
with a new role as an international leader overall. Starr also presents the disparities in medicine.

their role in hospital administration and management. The increasing demand for medical care following the war also led to federal legislation for hospital construction and expansion primarily in communities (Hill-Burton Act, 1946), bringing medical care to more Americans. With shared state and local contributions, this law led to the construction and improvement of community hospitals often associated with medical schools. Recognition that the cost of medical care had risen beyond the means of many Americans, federal legislation to make medical care not only available, but also affordable came in 1965 with the passing of the Medicare and Medicaid government sponsored insurance programs. The new affordability of care previously out of reach for the poor and elderly resulted in further increase in the use of medical facilities and services, and academic medical centers and their affiliated community hospitals became the welcome beneficiaries. Teaching hospitals that at one time simply absorbed the cost of charity care, providing a needed service to society as well as servicing their own need for clinical material, were now paid for it. The influx of public funds from these various sources fed medical schools and their affiliated hospitals and universities from the 1940s through the 1960s, allowing them to become even larger and more complex organizations. By 1960 Starr noted the mission of these medical conglomerates were "three-fold: research, education, and patient care (usually in that order)." [32]

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[32] (Starr 1982) Book Two Chapter Three describes the postwar U.S. investment in research and expansion of federal funding. Quote in Starr page 352. Ludmerer (1999) in Chapter 9 also describes Hill-Burton Act and the public belief and investment in large medical centers.

These national efforts, which served to grow the size and complexity of academic medical centers, also changed the practice and education of physicians. The growth of specialization in medicine was fed not only by increases in medical knowledge, technology, and the complexity of care. The experience of World War II showed military physicians that specialty training also offered status and financial rewards, which added to its attractiveness, and veteran physician returning home overwhelmingly sought out specialty training. The growth of the hospital infrastructure with well-equipped clinical departments further encouraged physicians to seek specialty training. Community hospitals in need of house officers offered welcome placement and training grounds for medical residents, as did Veterans Administration hospitals affiliated with medical schools. With the rise of medical residency as the standard of training, medical students no longer saw generalists as their role models, but sought to go on for internship and residency training. In Ludmerer's words "The transformation of residency from a privilege to a right reshaped the contour of medical education."[33] The medical degree alone no longer sufficed in training, it was simply one of several milestones, and postgraduate education in the form of residency and fellowship training for specialization (Graduate Medical Education) became the most influential component of physician formation.[34]

In combination the growth academic medical centers, their affiliated hospitals, availability of technologies, and the specialization of physicians changed the practice of medicine. As more technologies and tests became available more

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[33] (Ludmerer 2015) Chapter 7, pages 137-145. Quote from page 145.
[34] (Ludmerer 2015)

were used, sometimes substituting for the observational, hands on clinical skills so valued and well practiced by the likes of Osler. Following World War II and the expansion of hospital construction, the availability of technologies to physicians increased, and physicians, particularly resident physicians in well-equipped hospitals and medical centers extensively utilized these technologies. The ordering of expensive laboratory tests, imaging studies, and procedures by house staff (residents) were described by attending faculty as excessive and wasteful, yet criticism did not impede the practice. Faculty did not always take the time to teach critical thinking and discernment at the bedside, were critical when orders for tests were omitted, and the technology for testing was easily and abundantly available. Residents at academic medical centers became deeply involved in the clinical instruction of medical students, instilling in the new generation a heavily technological practice of medicine.[35] Melvin Konner, in his personal story on attending medical school in the early 1980s, states that the overextended residents were the primary role models for medical students on the wards.[36] This was a change from earlier decades.[37]

Large academic medical centers, and their affiliated hospitals staffed by specialists, subspecialists, and those in specialization training also changed the practice of medicine from a personal to impersonal experience. Unlike pre-World

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[35] (Ludmerer 2015) See Chapter 7, pages 156-160 under "The Propagation of Wastefulness". (Ludmerer 1999)   Chapter 4, under "Graduate Medical Education and Public Interest" pages 98-101 also describes teaching practices in residency, excessive use of testing, and abundance.   Chapter 10 includes resident responsibilities in academic medical centers including the instruction of medical students, page 183.

[36] Konner (1987)on his medical school experience at Harvard University, page 363.

[37] Ludmerer (2015) on page 220 notes a statement by Lewis Thomas on his experience in medical school at Harvard where senior faculty were always present and available.

War II America where the family doctor typically lived, served, and contributed to the communities in which they resided, the post war medical experience included doctors who were usually outsiders.[38] In historian David Rothman's words "doctors were strangers" and hospitals were "strange institutions".[39] The physicians servicing large medical centers were often transplants from outside of the communities in which they worked. As a result they were unfamiliar with the cultures, lives, and communities of the patients they served as well as the details of their patients' lives outside of the isolated exam or hospital room. Rothman describes this change in the relationship between the doctor and patient as "social distance", resulting in a "decline of trust" in the relationship.[40] Medical centers constructed earlier in the century in middle class areas of inner cities were now subject to the economic declines of these areas and in some cases by the 1960s and 1970s within seriously economically depressed areas. The hospital house staff in medical centers such Johns Hopkins in Baltimore were not only different from the members of the communities in which they served, they were also often the targets of contention and hostility.[41]

In addition to medical training and practice issues, World War II and the post war era presented challenges to medical education related to curricular requirements and training necessities. The belief in medicine created an increased need for it and recognition of areas where there were gaps in care. During the war,

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[38] According to Rothman in the post world war world a three fold break occurred that broke the trust and comfort seen earlier in the century in the doctor-patient relationship: break between doctor-patient, doctor-community, and hospital-patient-community, pages 108-126. (Rothman 2003)
[39] (Rothman 2003) Quote from page 13.
[40] (Rothman 2003) Quotes from pages 109 and 108, respectively.
[41] (Ludmerer 1999) Chapter 14 "Academic Health Centers Under Stress: External Pressures".

the combined need for more physicians to serve abroad and domestically to replace

those in war service placed pressure on medical schools to graduate more

physicians.   Responding to this pressure, schools considered shortened and

condensed curricula. Concerns about inadequately prepared physicians followed,

and efforts to create a larger pool of medical manpower by shortened and reduced

requirements were largely disparaged by medical educators. [42] A variety of

solutions to address the perceived shortage of physicians following the war

included relaxing admissions requirements and condensing curriculum by

eliminating breaks, reducing electives, and concentrating on generalist principles.[43]

Pressure to produce more physicians to resolve projected shortages continued into

the 1960s, as did concerns around abridged preparation and curricula for medical

students.[44]

In the postwar era national leadership looked to medical schools to solve

identified gaps in the distribution of medical care. However, simply increasing the

number of physicians entering the employment pool, failed to recognize that clinical

specialization had complicated the market. Adding more physicians to the pool did

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[42] (Ludmerer 1999) Chapter 7, "World War II and Medical Education". General review, see particularly pages 126-131.

[43] Methods to reduce the years of undergraduate medical training, which received support by the Carnegie Commission (Cooper, page 7), are covered in various papers (Cooper, Lippard, and Strickler) of the report from the 1971 Macy Conference. (Lippard 1972b)

[44] A 1959 report from the Surgeon General's Consultant Group on Medical Education gave urgency to the need for more physicians, citing a shortfall of tens of thousands of physicians by the 1970s. The report recommended an immediate increase in the number of trained physicians in order to avert this healthcare crisis. From (Ludmerer 1999) Chapter 11, pages 210-211. Edmund Pellegrino in 1971 directly expressed concern over the preparation of premedical students and the detriment of preparation and curricula for medical students. See Institute on Human Values in Medicine proceedings (Pellegrino 1971) Reports from a 1971 Macy Foundation conference discusses shortened curricula for medical students with serious concerns of creating technical specialists and assistants instead of adequately trained physicians. (Lippard 1972b) In the same text see chapter by Cooper (1972).

not, in reality, translate into service for the most needy populations. In a paper from

the 1971 Macy Conference one author reflected that reliance on the "market place"

was not a solution to disparities in healthcare. Imbalances between the number of

new graduates entering residency, seeking specialization, and those walking into a

general practice were not to be easily resolved.[45] By 1970 it was clear that the

government-sponsored programs for certain groups (Medicare and Medicaid) did

not completely resolve gaps either, and may have in fact made them more obvious

and inescapable. The poor were now part of the categorical clientele of medical

centers and practicing physicians.[46] Concerns over disparities in medical care,

professional responsibility, what and how doctors were being taught about their

social responsibility would become an impetus for curricular change in the 1970s

and beyond.

Another outcome of the fast, unprecedented growth of medical research was

the independence researchers were allowed within large academic medical centers

and universities. Belief in the expansive societal benefits of medical research

fostered during World War II, led to growth of federal institutions (National

Institutes of Health) to support research and provide mechanisms to fund it.

Despite the knowledge of Nazi war crimes involving human subjects research, the

outcomes of the Nuremburg trials and its resulting code, American clinical research

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[45] Comment and quote from page 8, (Cooper 1972) Starr presents the disparities in medical care throughout the twentieth century and American medicine's struggle to respond to this need throughout Book Two of his grand narrative on the medical profession. Specific comments on the gaps left between those eligible and ineligible for Medicaid can be found on page 374. (Starr 1982) Imbalances between generalists and specialists are also discussed in Ludmerer's Chapters 4 and 14 on graduate medical education. (Ludmerer 1999)

[46] (Hoffman 1989) Study describes the involvement of professions with 1960s to 1980s activist movements.

from 1945 to 1965 progressed with little to no oversight.[47] Rothman described this time as the "gilded age of research" and "the triumph of laissez-faire in the laboratory".[48] The autonomy assumed essential to scientific progress and discovery remained a priority, and a utilitarian belief in the greater good prevailed. The decentralized structure of the U.S. government offered opportunity, and the sovereignty of the medical profession rationalized the freedoms given to medical research to function unchecked.[49] Universities could have filled the gap, but were instead complicit in believing that investigators should self-regulate, and that the ethics of the clinic would translate to the laboratory.[50] The 1966 publication by Harvard physician-scientist Henry Beecher citing over twenty studies with questionable ethical practices involving patients was a final blow to the decades long trust that medical research had enjoyed.[51] Coming at a time when public trust in medicine was waning and concern for social issues rising, Beecher's voice was finally heard, and the issue of ethics in medicine and research became a topic of great importance to medical scientists and their institutions.[52]

Socially and politically the 1960s was a time of questioning and challenge of previously accepted societal norms and institutions in the United States, and the medical institution and profession were not immune to this. Poverty and racial inequalities were key issues of civil unrest for Americans; for the medical profession such unrest was only fanned by the American Medical Association's lack of attention

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[47] (Starr 1982) Book Two Chapter Three. (Rothman 2003) Chapter 3, "The Gilded Age of Research".
[48] (Rothman 2003) Quotes from page 51.
[49] (Starr 1982) Book Two Chapter Three.
[50] (Rothman 2003) Chapter 3.
[51] (Rothman 2003) Chapter 4, "Doctor as Whistle-blower". (Beecher 1966)
[52] Beecher had expressed his concerns for several years prior to his 1966 publication both publically in professional meetings and in private. From (Rothman 2003) Chapter 4.

to it.[53] While medical students were generally from conservative backgrounds, they did get involved in the social causes of the times joining groups related to healthcare and human rights. Ludmerer divided medical student activism into three categories: Political and social issues (war, environment, human rights, poverty, racism), health care and disparities, and medical education reform.[54] Hoffman's study of professions and social movements in the 1960s through 1980s contends that federal programs like Medicare and Medicaid forced professionals to recognize on a daily basis disparities in treatment.[55] The diversification of students in medical schools, increasing with the rights movements, added pressure to the profession as racial and gender-based sympathies increased within the ranks of the profession itself. Ludmerer noted that much of the activism that incited students into action in the 1960s had diminished by the 1970s, yet the autonomy given up by the profession to government, corporate, and now social forces continued.[56]

While activism among medical students may have abated by the end of the 1960s decade, the loss of public trust and faith in the medical profession and institution had not. Public awareness of the ethical breeches in medical research and treatment, disparities of care, distrust with an overly technological, costly practice by strangers led to a reckoning with the profession. Patients began rejecting paternalistic practices and wanted to share in their own medical decisions. Leaders in research began to meet to discuss ethical and moral guidelines for

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[53] (Hoffman 1989) Chapter 1.
[54] (Ludmerer 1999) Chapter 13, pages 237-243.
[55] (Hoffman 1989)
[56] (Ludmerer 1999) page 243. (Hoffman 1989) See Chapter 3 "The Postwar Context of Activism".
(Starr 1982) Book Two, Chapters Three and Four.

research.[57] The government and private insurance corporations paying large sums for expensive treatments demanded an accounting. The civil rights movement of the 1960s became a general rights movement in the 1970s, including a demand for equal care, decision-making with professionals, and rights of informed consent for research.[58] While individual and group rights in society were being won, the professional freedoms that medicine had enjoyed in practice and research were lost.

Into this milieu of questioning and distrust were medical educators concerned about the human values training of new physicians. Such concerned faculty, many medical chaplains, had watched as the curriculum became both bloated with scientific facts as well as compressed to supply demand, loosing both its humanity in training as well as content along the way.[59] Medical students had become unhappy and cynical, and they were calling for change.[60] Medical school since the Flexner generated reforms had always been demanding in time, content and expectation, but medical students in the 1950s and beyond found themselves in an increasingly technical medicine focused on research rather than patient care, lacking the humanism that had brought them to the profession. By the 1960s medical students were more often taught by overworked residents in the absence of senior role models, aware of public questioning of their profession, and

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[57] (Rothman 2003) Chapter 5 "New Rules for the Laboratory". Also see Chapter Three of this dissertation for details of the meetings leading to the advent of the field of bioethics.

[58] (Starr 1982) Book Two Chapter Four, "End of a Mandate". Hoffman (1989) Chapter 3, reports on the "shifting balance of power within the profession", page 40.

[59] Ludmerer (1999) reports on the "bloated" curriculum in Chapter 3, quote from page 67. See Footnote 42 for citations and details on concerns around condensing the curriculum.

[60] Barker (1987) highlights the concerns of medical educators and chaplains. (Dolan 2015) Chapter 6, is a reproduction of a 1969 *Journal of the American Medical Association* that includes a panel discussion from four medical students from different schools around the country to the 65th Annual Congress on Medical Education sponsored by the American Medical Association. Dolan reproduced it in his text to show the concerns of medical students in the 1960s that their curriculum was dehumanizing to themselves and patients.

experiencing the reality of an inequitable two-tiered medical care system.[61]

Students and concerned faculty were calling for a more humane, balanced

curriculum that both informed about the disease, but also considered the patient as

a person, and demanded an understanding of the whole patient. Changes in

medicine, the practice and profession, and society set the stage for these activist

voices to be heard.[62]

Humanism in Modern Medical Education – Review of the Current Debate[63]

In the wake of 1960s social activism, civil unrest and the exposure of medical

research atrocities, a realization of the need for humanistic training in medicine

became apparent. The Society for Health and Human Values incorporated in 1969

became one of the agents driving this call in medical education. Created and led by

both physicians and humanities scholars, the Society promoted humanities training,

research and scholarship. Funded by the National Endowment for the Humanities,

the Society created the Institute for Human Values in Medicine, which provided

resources to medical schools seeking to teach humanities and human values content

in their schools and explored the scholarly intersections of humanities in medicine

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[61] (Hoffman 1989) Chapter 3, describes residents and students as suffering from serious power differentials in the hospital system, they were a "weak point", page 40. See also Footnote 34, (Ludmerer 1999)   Chapter 4, under "Graduate Medical Education and Public Interest" pages 98-101 also describes teaching practices in residency, excessive use of testing, and abundance of technology. Chapter 10 includes resident responsibilities in academic medical centers including the instruction of medical students, page 183.

[62] Discussed in (Dolan 2015) Chapter 6. Prior attempts by students to voice their concerns were stifled under the label "radical minority". Quote from page 105.

[63] Much of the substantive content of this section is covered in a published paper by the author. (Horton 2019)

and medical education through academic discussion groups.[64] As the result of such

efforts the use of humanities in the form of medical ethics became widely accepted

in the medical curricula, also owing in large part to the value physician-educators

gave medical ethics.[65] The Association of American Medical Colleges (AAMC), the

professional association of the medical education community, as of the mid 1980s

published standards that all medical graduates should exhibit a working knowledge

of the theories and principles required for ethical decision-making and knowledge

of medical ethical dilemmas.[66] However, critiques state that ethics taught in medical

schools generally lacks the benefit of other humanities content for historical, social

and cultural context, and thus serves only to validate itself, adding nothing toward

the development of critical thinking and analysis.[67] The call for a more balanced,

humanistic curriculum in medical schools continues, amid decades of curricular

reforms that do little to change the balance of the curriculum or experience for

medical students.[68]

     Regardless of the efforts of organized professional organizations and medical

schools over the past sixty years, medical educators in the twenty-first century

continue to call for a rebalancing of the curriculum between scientific and

humanistic content.[69] They call for major revisions of the medical curricula in areas

that promote greater competency in critical analysis, habits of inquiry, ethical

conduct, communications and cultural competency, and counter the reductionism of

[64] (McElhinney 2001)
[65] (Dolan 2010)
[66] (Lehmann 2004)
[67] (Cooter 1995, 2010)
[68] Chapter Six of this dissertation discusses curricular reforms in medical schools since the 1960s. See also (Christakis 1995, Bloom 1988)
[69] (Doukas 2010, 2012, 2015)

scientific thinking.[70] The so-called 'medical humanities', is looked upon to provide

much of this competency.[71] In the context of medicine, Brian Dolan, Professor of

Anthropology, History and Social Medicine at the University of California, San

Francisco, states that the medical humanities is: "Anything that touches on 'the

human condition', 'the humanizing process' or 'the humanist philosophy'". It can be

"History of medicine, bioethics, narrative medicine, medicine in literature, creative

writing, and various social sciences". [72] In its current use, it refers to anything

outside of science and technology in medical education and practice. Exposure to

the medical humanities has been promoted as a remedy for the reductionism of

molecular science in the medical school curriculum, the dehumanization of patients

in technological practice, and the promotion of personal intellectualism, lifelong

learning, and balance.[73]

While there is much literature supporting the value of the humanities in

medical education, its standardized inclusion remains elusive.[74] Questions remain

contentious and unresolved regarding the type of humanities content that is most

essential to be taught, who should teach it, and the most effective methods of

teaching it. Current attempts to include humanistic content in the medical school

curriculum include courses and training in professionalism and clinical ethics, yet

[70] (Irby 2010, Frenk et al. 2010)

[71] (Charon 1995, Dolan 2010)

[72] (Dolan 2010) Quote from page 394.

[73] Good reviews of this topic include: (Pellegrino 1979, 2008, Charon 1995, Doukas 2010, Cole 2015, Bleakley 2015)

[74] Publications across the decades abound citing the importance of the humanities to medicine and medical education, yet to date no standard curriculum for humanities in medical school curricula exists. An abridged list of publications citing the value of the humanities and calling for its inclusion in the medical curriculum across the decades includes: (Feinstein 1967, Pellegrino 1979, 2008, Duffin 1995, Jones 2015, Kushner 2008, 2013, Wald 2019, Macnaughton 2000, Downie 1992, Cole 2015, Charon 1995, Bleakley 2015, Greene 2017).

curricula in these areas across schools varies dramatically so that no one student receives a standard of content.[75] Standardization would not only increase the perceived value of such content, it would also ensure all medical students receive similar preparation.[76]

Arguments for the inclusion of the humanities are two fold, professional and personal. Professionally, medicine is both a technical, scientific profession, as well as a humanistic, moral one. Medicine is a profession that must engage not only the scientific basis of disease, and the technologies available to treat disease, but also the whole person living with the disease. Engaging with the humanities helps doctors to see their patients beyond the disease, to understand their life stories and circumstances, to hone their skills in listening and interpreting their patient's words and images, and to read and think more critically.[77] Advocates for the use of humanities in medicine contend that a clinician must not only have scientific and technical knowledge, but also the skills and ability to understand, acknowledge and make moral and ethical decisions for their patients as people, as members of families and communities.[78] Thus, physicians in their training must learn not only the scientific basis of disease but also the personal and human aspects of illness, which goes beyond the pathology and refers to the whole persons' experience of illness. It is thought that by exposing physicians to training in the humanities they can better learn to see and appreciate their patients as more than their pathology, to

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[75] (Lehmann 2004, Wear 2009) (Lakhan 2009)
[76] (Hafferty 1994) Discusses the marginalization of ethics training. Lakhan (2009), (DuBois 2002) point out the need for standardization.
[77] (Charon 1995, Jones 2015) More are cited throughout this section that point to similar benefits.
[78] (Cassell 1976, Freidson 1970, Vaughn 2013)

see them from a humanistic perspective.[79] To do this requires knowledge of human affairs and moral training, which is not accomplished through scientific training, but a study of the humanities. Additionally, the humanities, particularly history, is known to provide important tools for research, critical thinking and inquiry, all of which are essential to physicians in both clinical practice and research.[80]

Melvin Konner in his 1987 text describing his experiences as an academic anthropologist attending medical school reflects on the medical treatment desires of the American public in relation to the training he experienced. He states that most Americans approach medicine as consumers. They, as do medical school faculty who serve them, place high value on the most up-to-date technology, technical abilities and scientific knowledge of disease. However, Konner states conclusively that there is a healing that goes beyond disease and relates to a myriad of nonphysical, existential considerations in the patient such as hope, will, courage, heart, mind, and culture. Physicians must be trained to understand this realm as well as the scientific in order to treat the whole person in their personal life complexities.[81] Edmund Pellegrino asked, "Can the doctor simultaneously attend Man the molecular aggregate and Man the person; Man the unit of a complex society and Man the ineffable?"[82] The methods to train such a physician continue to remain in question, contention, and development.

Medical historian John Harley Warner discusses science in medicine through the twentieth century, and notes that particularly in the latter part of that century

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[79] From Pellegrino's text *The Philosophy of Medicine Reborn* page 338. (Pellegrino 2008)
[80] (Duffin 1995, Kushner 2008, 2013, Dolan 2010, Jones 2015, Greene 2017)
[81] (Konner 1987) From the concluding chapter of his text on his journey through medical school.
[82] (Pellegrino 1979) Quote from page 16.

there has been an infusion of scientific knowledge into the practice of medicine with

a popular and professional belief in its efficacy. Nonetheless, this same period does

not reflect a consequent improvement in patient care. In fact, the belief in modern,

scientific medicine as a curative agent has been challenged since the 1960s from a

number of avenues. Warner cites physician Alvan Feinstein who in 1967 warned

that too great a reliance on scientific knowledge may get in the way of good clinical

judgment.[83] An advocate of humanistic training in medical school, Feinstein stated

in 1967 that humanities content within medical education provides a foundation for

good patient care. Without this foundation the doctor is a "bedside technician"

instead of a "scientific healer".[84] As Konner notes, patients believe in science, even

want science in their care, but science does not completely or even adequately

understand or treat their ills.[85] In the words of physician-humanist Rita Charon, the

humanities allow doctors the ability "to reach to the heart of human learning about

meaning, life and death."[86]

Personally, the humanities provide a valuable resource for reflection,

relaxation, and self-care for physicians. Introduction to a life of literature, learning,

art and music is a restorative resource that can help to sustain them personally, and

restore their capacity for empathy and compassion.[87] Humanities exposure and

training can be used as a personal resource for physicians to remain balanced,

sensitive and understanding of the human condition.[88] The late Edmund Pellegrino,

[83] (Warner 1985)
[84] (Feinstein 1967) Quote from page 363.
[85] (Konner 1987) See Konner's concluding chapter.
[86] (Charon 1995) Quote from page 758.
[87] (Charon 1995)
[88] (Cassell 1976, Davies 1997)

physician and scholar of the latter 20th century, states that training in the

humanities offers three important benefits to physicians that are essential to their

competence: they are methods of inquiry or thought, content of knowledge, and the

power to feed and invigorate the spirit.[89] Literary humanist Robertson Davies in his

1984 lecture at the Johns Hopkins Medical Institute stated that he learned early in

his career that doctors needed to be humanists first and doctors second, as they

needed to be people with full lives in order to understand the lives others.

According to Davies, the humanities, such as art, literature and music promote a

work-life balance and intellectualism that is necessary to survive the daily grind of

the physician's life.[90] Melvin Konner points out that doctors in training learn to

become cynical, cold, mechanical, reflexive, and omnipotent over their patients as a

way to cope.[91] It is believed that the humanities can be used to help counter these

negative emotions and attitudes.

The value of humanities and humanistic inquiry is not publically challenged,

yet how to fit it into an already overloaded curriculum with much competing

content and many competing players is an unresolved conundrum.[92]

Medical educators interested and dedicated to incorporating humanities into

their curricula struggle with questions of content, methods and who to teach it.

Physician scholars and educators such as Edmund Pellegrino, Rita Charon and Peter

Williams suggest that the humanities be team taught by faculty experts in the

various fields, such as philosophy, history, literature, theology and ethics, visual arts

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[89] (Pellegrino 2008) Discussed on page 338.
[90] (Davies 1997)
[91] (Konner 1987) See pages 361-377.
[92] (Pellegrino 1979, Jones 2015)

and jurisprudence so as not to loose the intellectual essence, culture and rigor of each.[93] However, forums of instruction that combine so many areas of study face the danger of diluting the relevance of each subject, loosing their pedagogical depth and impact.[94] Physician-scholars have reported discontinuing humanities courses in medical school because the content was too limited, and the student body not adequately prepared for critical analysis.[95] A 2009 survey of medical school faculty in the United States that teach medical humanities in their school curriculum advocate for the breakdown of disciplinary boundaries and support methods that integrate humanities disciplines in ways that follow their own theories and norms yet juxtapose them against each other in dialogue, a so called "informed disciplinarity", "synthetic interdisciplinarity", or "transdisciplinarity".[96]

Physician historians and academic historians, such as Howard Kushner, continue to embrace the importance of teaching medical history in medical schools. One such physician historian and medical educator, Jacalyn Duffin, is a strong advocate of such coursework and content. She developed her own curriculum that integrates history of medicine into each basic science and clinical competency area across all four years of the curriculum in her medical school within Queens University in Ontario, Canada. Her goals in teaching this curriculum, were to foster skepticism, create humility, and embed a habit and interest in life long learning in each student. The success of the curriculum gained her further access to both

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[93] (Pellegrino 1979) See pages 198-199. Also see (Charon 1995)
[94] (Dolan 2010)
[95] (Brieger 1982)
[96] (Wear 2009) Quotes from pages 216 and 217.

increased curricular time and faculty involvement.[97] Case based methods have also

been advocated for teaching medical students who are otherwise inundated with

didactic facts. Methods based on concrete examples in clinical practice

communicate information more effectively in an active rather than passive

experience.[98]

In no case has teaching the humanities been seen not as an assurance of

creating humanism or humanitarianism in physicians, like a magic bullet. It is seen,

instead, as a way of developing, encouraging, stimulating and motivating such

emotions and practices within medical practitioners.[99] Even the most passionate

proponents of humanities training in medical education realize that the drive for

service and humanism in medicine is distinct from anything that can be taught.

However, the demands of medical education and clinical training has been seen to

drive out these beliefs, leaving trainees cynical, mechanical, entitled and unable or

unwilling to connect with their patients. It is hoped that the humanities can move

students to see beyond the grind of long hours, overwhelming clinical services,

patient complexities and corporatized medicine to appreciate their patients in their

lives and reclaim and continuously restore their own personal sense of purpose and

self.[100]

Humanist physicians lament that twenty-first century medicine needs the

humanities more than ever. In fact, the number of publications regarding medicine

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[97] (Duffin 1995)
[98] (Brieger 1982)
[99] (Clouser 1971)
[100] (Clouser 1971, Davies 1997, Coulehan 2001)

and the humanities has nearly doubled since the 1990s.[101] The centenary of the

1910 Flexner report brought forward multiple calls to reevaluate medical education

and to integrate more social, cultural and other non-scientific content.[102] The need

to gain scientific technical expertise alongside more humanistic topics like ethical

decision-making, doctor-patient relationships, communications, and team

approaches to medicine have created continuous calls for humanistic content now

often referred to under the title 'Professionalism'.[103] Edmund Pellegrino in his long,

six-decade career as a physician scientist and scholar, referred to medicine as "the

most humane of sciences, the most empiric of arts, and the most scientific of

humanities".[104] He stated that physicians must be knowledgeable and capable of

using current scientific technologies, as well as be humane clinical care givers even

to the point of protecting patients against the dehumanization of technology, science

and modern medicine. He believed that integrating humanities within professional

medical education, as opposed to relying on humanities taught in a four-year

undergraduate degree, was the best way to humanize medical practice and

stimulate the minds of new physicians. What becomes clear is that science and

technology teach physicians how to treat acute disease, but not how to help patients

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[101]See publication survey conducted for this dissertation study presented in Chapter Six, Figure 2 of this dissertation. Also see Chapter Six of this dissertation for a selection of literature and textbooks published on the medical humanities for a lay and professional audience.

[102] (Cooke 2010, Irby 2010, Frenk et al. 2010, Bhutta et al. 2010)

[103]See Chapter Six of this dissertation for a review of the most prominent reforms and movements in medical education across the past forty years related to clinical ethics, professionalism, and other curricular movements involving the integration of the medical humanities into medical education. Early uses of the term "professionalism" can be found in the late 1980s and becomes part of the accepted jargon in the 1990s and beyond. See Reynolds (1994), (Reynolds 2019, Colleges 1998, 1999). These AAMC publications, part of a series, outline the importance given to curriculum outside of the biosciences, including those of professional responsibilities, psychosocial factors in medicine, and communications.

[104](Pellegrino 2008) Quote from page 309.

live with chronic, debilitating illness, or even how to die. Doctors must see, listen and respond to the whole patient on all levels: spiritual, emotional and physical.[105] The humanities are still believed to provide the foundations for this type of holistic care.

The barriers that prevent standard humanities integration into the undergraduate medical curriculum is the topic of this dissertation study. The argument for the importance and value of humanistic content is clear from discussions and publications spanning over sixty years, yet no consistent progress has been made toward integrating this content in a standard way. Suggested barriers to standardized inclusion are an overloaded curriculum, and the prioritization of scientific content over humanistic content. This study contends that other forces are also at play, such as professional and societal belief in the humanities, support from legitimizing organizations, and the culture of the academic medical complex in which medical education fully resides. This study seeks to bring a response and clarity to these suppositions.

Project and Study Questions

Spurred by concerns that medical education had lost its human elements, become too technical and scientific, a group of medical educators in the late 1950s, including medical school chaplains and humanist physicians, many with religious affiliations, began to discuss what could be done to bring humanism back into medical education. Aside from the concerns about growing awareness of ethical

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[105] (Pellegrino 1993, 1981)

issues in medical practice and biomedical research made possible by the science and

technology knowledge of the mid twentieth century, these practitioners were also

concerned about student wellbeing. They conceived that content related to the

humanities could best serve medical students in their training and create more

humanistic physicians. Meeting as a group, aligning with organizations interested in

humanities education, publishing on the topic led to new areas of study, including

the new field of bioethics born from such concerns and dilemmas. The Society for

Health and Human Values formed by the end of the 1960s and included clinicians,

humanists, and clergy concerned about medical education. A product of the new

Society was the formation of an institute tasked with investigating the feasibility

and promotion of teaching humanities in medical schools to stave what was seen as

a growing inhumanity in medical practice, cynicism within students, and to train

doctors to manage the complex human problems of modern medical care.[106] This

Institute for Human Values in Medicine (IHVM), existed as a funded entity for ten

years (1971-1981) actively engaged in a variety of broad reaching activities

designed to aggressively forward its mission: identifying if and how humanities

could be integrated into medical education; providing resources to schools that

wanted more information on teaching human values content; training fellows in

humanities disciplines who would return to their institutions with new connections,

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[106] Ronald McNeur, present at the inception of these discussions, put forward his ideas in this edition of the *Christian Scholar,* which includes his publication. (McNeur 1963) Verlyn Barker covers this early history of the committees that formed the Society and development of the Institute. (Barker 1987) Edmund Pellegrino presents his version of the history of the Society that led to the Institute in his address of the first Institute conference. (Pellegrino 1971)

language and perspectives; creating conferences, spaces of dialogue and communication, for high level medical administrators and educators.[107]

In 2010, the one hundred year anniversary of the Flexner Report, medical educators nationally and internationally published works calling for a very similar upheaval of American medical education. These groups, publishing in high profile medical journals, called for training in cultural understanding, sensitivity, leadership, areas related to and within the humanities and social sciences. They stated a need for physicians to be able to understand and serve global populations, to communicate more effectively with their patients and be leaders and advocates for them.[108] Through the latter half of the twentieth century medical educators have been engaged in this recurring debate over the need and feasibility of incorporating humanities, social and behavioral sciences into medical education so as to combat the overly scientific and technical nature of its current content. The Institute for Human Values in Medicine (IHVM), fifty years earlier, intended to push forward these same concepts by incorporating a broad spectrum of humanities into medical training. This goal was partially accomplished at the time of IHVM's 1981 closure with the required incorporation of ethics content into the undergraduate medical curriculum.[109] The questions posed by this dissertation study are why the Institute, with its many faceted, broad reaching activities, did not make a greater, more multidisciplinary, perpetuated impact on national medical education curricula? Considering the continued calls for more humanistic and social science content in

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[107] (McElhinney 2001)
[108] (Bhutta et al. 2010, Frenk et al. 2010, Irby 2010)
[109] (Pellegrino 1982)

the medical curricula, what barriers exist that prevent standard incorporation of such valued content? This study proposes the following formal questions to examine.

1. After decades of discussion, the integration of humanities content in the undergraduate medical curricula remains controversial and highly unstandardized. What are the barriers to integration and change?

2. Concerned physicians and chaplains formed the Society for Health and Human Values who believed medical education had become too technological and scientific, had lost its humanity. What were their strategies and were they effective?

3. How did the activities of IHVM promote change in medical education? How effective were its activities in forwarding the integration of humanities into the standard medical education curriculum?

4. The 1960s movement to reintegrate humanities in medical education was founded by members of the medical education community who were tightly linked to formal religious institutions and belief systems. What role did ministry and religion play in promoting humanities? Does ethics represent a secularized humanities?

5. The barriers to change in organizations, including schools, can be predicted by sociological theories. Can these theories of the function of complex organizations, professions and curriculum development be useful in understanding barriers to including humanities in medical education?

This project is an historical analysis of the life of the Institute for Human Values in Medicine (1971-1981) of the Society for Health and Human Values, whose sole mission was to encourage and provide support for the integration of the humanities in medical education. As a case, its historically and socially contextualized life history, including in depth analysis of its activities, tests the hypothesis that the barriers that exist within medical education are institutional and cultural. For systematic, standardized curricular changes to occur in the setting of large complex organizations, like medical education,

there must be a convergence of factors related to professional and social belief systems, governing authorities, and closely related institutional factors that must support the momentum for such change. This study also provided insight as to why medical ethics is the only humanistic topic to receive standard inclusion in the medical curricula, why this is not be responding to the need, and the barriers that still exist for the humanities.

A predictive model was developed for this project to assist in visualizing the hypothesized elements affecting curricular change in a highly hierarchical and institutionalized system, such as medical education, which is embedded in the larger organization of American healthcare. External institutional forces, which include social and professional society beliefs, licensing and accreditation boards, government and private funding agencies, and employment agencies play a strong role in the evolution of this organization. Internally, they must respond to administrative power structures that are rigidly hierarchical and the pressures of faculty, staff and students needs and relations. The most effective means of creating lasting change in this system involves top down influences that ripple downward with an authority that motivates change. External forces are also constantly at play, greatly influencing the decisions of these institutions. At the turn of the twentieth century belief systems promoting an elite profession were powerful. The American Medical Association (AMA) and the American Association of Medical Colleges (AAMC) had gained power and prestige as elite professional societies. At the height of the progressive movement, popular belief in education was high, and scientific breakthroughs created a widespread belief in medicine's merits. State-based

licensing requirements for physicians were being developed, and the AAMC was creating training standards. These social, professional, and legitimizing movements laid the groundwork and created the great momentum for changes that both preceded and following Abraham Flexner's 1910 Report. In the twenty-first century the same forces remain with greater complexity with the addition of multiple layers of scientific, technology and financial business complexities, all of which impact the likelihood of change within the institution.

Figure 1.

Model for Curricular Change in a Complex Organizational System
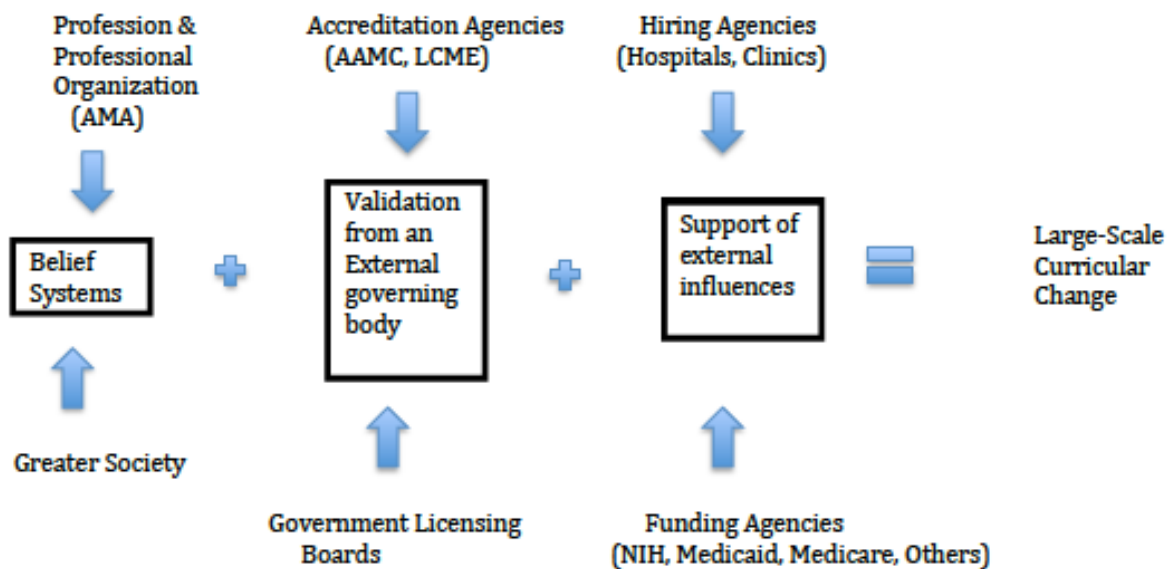
Movements to establish a place for humanities content in standard medical education curriculum, outside of the narrow content of clinical ethics training, have consistently lacked broad societal and professional appeal, failed to be integrated as a part of accreditation or licensing requirements, and increasingly lacked value in

the now highly technical, corporatized workplace of modern medicine. The model described above would predict the success of the early twentieth century changes to medical education, and the failure of the late century movement promoting greater humanities content. Current curricular influences by the AMA driven toward patient satisfaction and quality assurance cast in the language of corporate consumerism may predictably have a greater likelihood of success as predicted by this model. Similarly the current move to include curricular content directed toward professionalization that includes humanities content may also be more likely to succeed since the language of professionalism is easily accepted within corporate and scientific culture.

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Chapter Two: Study Methods

The Institute on Human Values in Medicine (IHVM) conducted a variety of activities to support and promote the integration of humanities content into medical school curricula nationally. This study sought to identify, collect and exam original materials related to the organizational structure of the institute to ascertain how it performed its work and assess the outcomes of its activities in order to inform current, related efforts. Data was collected using a mixture of methods typical of an historical study: identification and examination of archival records from the three major library archives associated with the IHVM and several additional relevant sites; unstructured interviews were performed with experts having historical memory of IHVM; semi-structured interviews with subjects directly impacted by IHVM interventions, such as trainees; collection of survey responses from schools receiving IHVM interventions; and the identification and analysis of publications and reports of the IHVM. The data extracted from these various methods and sources was used to understand the organizational structures, leadership and influence of IHVM's activities on medical schools and legitimizing agencies of American medical education, such as the Association of American Medical Colleges (AAMC) and the Liaison Committee for Medical Education (LCME). Workshops focused on utilizing qualitative data for analysis was helpful in creating the interview schedules and analyzing content.[110] The data support the predictive hypothetical model proposed in Chapter One. The project received Institute Review

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[110] Two workshops were attended sponsored by the Rollins School of Public Health, Emory University. *Qualitative Research Methods Training Workshop*, held August 12-15, 2014 and *Qualitative Data Analysis Training Workshop*, held November 3-4, 2014.

Board (IRB) approval under Exempt status on June 22, 2016 by the Emory

University IRB, Study Number IRB00087873.

Archival Research

  The locations of materials related to the history of the IHVM were identified

through publications, interviews with knowledgeable experts, and telephone

calls.[111] Several source locations were identified and subsequently visited that held

original documents and records associated with the IHVM and its activities. These

locations were the Truman G. Blocker Jr. History of Medicine Collection at the

Moody Medical Library of the University of Texas Medical Branch, the Presbyterian

Historical Society, and the Bioethics Research Library at Georgetown University.

Additionally, several other schools associated with leaders of the Institute during

the period of the IHVM's work were visited: Center for Medical Humanities,

Compassionate Care, and Bioethics, State University of New York, Stony Brook,

Department of Humanities & Kienle Center for Humanistic Medicine, Penn State

University, the Department of History and Philosophy of Medicine, University of

Kansas Medical Center, and the Institute for Medical Humanities, University of Texas

Medical Branch. These visits included review of available materials mainly derived

from meetings and interviews with knowledgeable faculty and staff at these

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[111] The search for the main collection of SHHV and IHVM files began with an initial interview with Thomas McElhinney, Ph.D., the Director of Programs for the IHVM, on July 19, 2014. He provided direction that materials may still be held at the Presbyterian Historical Society as indicated in his 2001 publication with Edmund Pellegrino. (McElhinney 2001)   This publication provided a list of the eighteen published reports of the IHVM held at the Presbyterian Historical Society (PHS). A telephone call to the PHS archives provided information that the majority of files had been moved to the University of Texas Medical Branch in Galveston, Texas, the last home of the SHHV. Four boxes remained at the PHS, two open and two sealed. Access to the sealed boxes was given by the PHS administration in 2016 for use in this dissertation study.

locations. These visits will be further described in the Interviews section of this "Methods" chapter. The archives of the Association of American Medical Colleges (AAMC) and the National Endowment for the Humanities (NEH) were also accessed. The archivists at the AAMC provided valuable information. The contact at the NEH was not able to provide assistance or information.

Truman G. Blocker Jr. History of Medicine Collection at the Moody Medical Library of the University of Texas Medical Branch

The official collection of papers from the Society for Health and Human Values (SHHV) from its incorporation in 1969 to its closing in 1997 are held within the Truman G. Blocker Jr. History of Medicine Collection at the University of Texas Medical Branch's Moody Medical Library in Galveston Texas. This eight-box collection includes two boxes of IHVM specific materials. The materials are well archived and maintained by the archivist staff of the Moody Medical Library. These records were found to include a large variety of original papers related to the daily activities of the IHVM, which included internal memos between IHVM board members and staff, external communications from IHVM leaders and staff to schools seeking resources, visits and other inquiries, communications with publishers and potential funding sources, and annual reports, grant applications and related communications to the major funding agency, the National Endowment for the Humanities (NEH). Also included were early drafts of manuscripts ahead of publication, communications with publishers, annual reports of the Fellows program, as well as Edmund Pellegrino's personal correspondence in his role as the IHVM Chairman of the Board and as a leader in medical humanities teaching efforts

in healthcare settings. Indeed, it appeared that not a single paper had been discarded.

The collection at UTMB is the largest single collection of primary source materials associated with the activities and actions of the IHVM. I visited Collection multiple times between January 2016 and January 2019 to review, scan, photograph and photocopy materials of interest.   In January 2016 I spent a week reviewing the entirety of the collection, and continued to visit to look more carefully at particular files and access the archives of the UTMB Institute for Medical Humanities also held in the Blocker Collection. The UTMB Institute was of interest because of the leadership of Chester Burns, M.D., Ph.D. in the SHHV and IHVM. He was a one-time president of the SHHV and member of the IHVM Board. He was a dynamic leader in the IHVM, coordinating the third conference of the IHVM in Galveston, arranging UTMB as the host. He was a founding faculty member of the Institute for Medical Humanities at UTMB during the time of IHVM. With the assistance of the Moody Library archivists associated with the Blocker Collection pertinent letters, memos, NEH reports, images, and pre-publication drafts were copied and digitized for my reference and use in this research project. Many of the memos and letters of correspondence had personal notes written on them. The collection truly contained a treasure trove of information on the functioning of the Institute.

Presbyterian Historical Society

The second largest collection of materials related to the SHHV and IHVM were found in the library of the Presbyterian Historical Society, Philadelphia,

Pennsylvania. The Presbyterian Historical Society (PHS) was the original location

for the IHVM records according to a 2001 publication by McElhinney and Pellegrino

describing the works of the IHVM.[112] Involvement of the Presbyterian Church

followed the Church's support and engagement with the Society from its inception.

Most of the founding members of the original committees that grew to become the

Society for Health and Human Values were chaplains and sensitive medical

practitioners and educators concerned by medicine's trend away from humanistic

practices. The Society and later the IHVM were formed with the administrative

support of the United Ministries of Higher Education (UME), a combined ministry of

the Presbyterian and Methodist Churches. Ronald McNeur, Ph.D., Executive Director

of the SHHV, was associated with the United Ministries, and the UME staff in their

Philadelphia offices of the Presbyterian Church provided administrative and

financial management of the IHVM and its NEH grants.[113] The UME ceased to

provide this administrative support to the IHVM in 1982 as their office moved from

Philadelphia, the NEH grant supporting the IHVM's projects was denied, and Ronald

McNeur resigned as SHHV Executive Director.[114] The four boxes of records

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[112] (McElhinney 2001)

[113] During an interview, July 19, 2014, Thomas McElhinney communicated that the UME allowed the Society and Institute to be housed in the Presbyterian Church. This was corroborated in Verlyn Barker's discussion of the SHHV and IHVM in (Barker 1987) Memos found in IHVM archives in both Galveston and Philadelphia refer to Mervyn DeLapp as the financial manager for the NEH grant supporting the IHVM: he was a staff member of the UME.

[114] A memo dated April 12, 1982 in which Ronald McNeur alerted Andrew Hunt, then SHHV President, of his decision to resign as the SHHV Executive Director. Prior to this the UME was already closing its administrative support for the IHVM and SHHV. March 19, 1982 memo from Ronald McNeur to the NEH business officer, Ray A. Beaser, indicates the end of this support and movement of UME office. Memos located in IHVM Archives Folder 21 IHVM NEH Correspondence 75-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. It is likely the SHHV and IHVM archives originally housed at the Presbyterian Historical Society were moved with the leadership of the SHHV, which eventually ended at the University of Texas Medical Branch (UTMB) in Galveston.

remaining at the PHS were reviewed across three visits in 2016. Documents of interest were photographed and copied by PHS staff and delivered to me. The boxes contained a trove of materials from the UME, and Ministries in Medical Education (MME), including directories of ministers associated with the early 1960s movement of chaplains involved in medical education, documenting the involvement of these ministers in this medical education effort. In September 2016 I gained access to the two sealed boxes, which contained unpublished communications and documents of the IHVM. Importantly, these records contained minutes of committee meetings of the Society as it was forming in the late 1960s, documenting the introduction of key IHVM figures such as Edmund Pellegrino and Lorraine Hunt. These boxes also contained duplicates of memos seen in the UTMB archives, such as National Endowment for the Humanities (NEH) reports and communications. Based on the carbon copy notes on letters, it appears that these were Ronald McNeur's files.[115] The PHS archives were important in documenting the great involvement of the United Ministries of Higher Education and campus ministries at medical centers at the inception of the Society and IHVM, and the break of the SHHV from the UME in the early 1980s. These records also contained and documented the early thoughts and activities establishing the society and its leadership in the late 1960s.[116]

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[115] Thomas McElhinney, IHVM Director of Programs, consistently included McNeur and Pellegrino on all official IHVM correspondence. There were many duplicate documents, and the author surmised that the files in Galveston were Pellegrino's files since many are directed to him, signed by him, etc., and the PHS files may be McNeur's. This is logical since McNeur was associated with the Presbyterian Church and UME. Also McNeur was involved as an official of the SHHV in the NEH funding for IHVM projects. The NEH funding went directly to the Society and required McNeur's official involvement for release and was responsible for its management.

[116] These findings are consistent with Verlyn Barker's text. (Barker 1987)

**Georgetown University Kennedy Institute of Ethics, Bioethics Research
Library**

The Bioethics Research Library of the Kennedy Institute at Georgetown
University in Washington D.C. was found to contain many later records of IHVM
related activity, particularly after the IHVM closed as a project of the SHHV.
Edmund Pellegrino moved to Georgetown in 1982, becoming the John Carroll
Professor of Medicine and Medical Ethics and in 1983 became the Director of the
Kennedy Institute of Ethics at Georgetown University. Following the closure of the
Institute, Pellegrino was awarded smaller NEH grants to run summer programs for
medical students. Records of these summer programs directed at medical students
nationally who wanted to engage with the medical humanities were found in the
Edmund Pellegrino's materials held in the Georgetown Bioethics Research Library.
The Library also holds curricula that Pellegrino developed with colleagues at
Georgetown to teach medical humanities to Georgetown health professions
students. These materials are still in the process of being organized and catalogued
by the staff at the Bioethics Research Library.

I first visited the Library in June 2014, again July 2016, and have returned
annually since 2018 for the Pellegrino Symposium held at the Leavitt Conference
Center on the Georgetown University campus. On my visits the archivists of the
Bioethics Research Library have provided me the privileges of a visiting scholar and
through this relationship I have been able to gain access to records, curricula and
works of Edmund Pellegrino not generally available. Also found were the

documents related to the NEH medical humanities summer programs that

Pellegrino administered following the close of IHVM in the mid 1980s. These

included faculty schedules, student reports and correspondences. The Library

archivists identified and digitized materials for me within the Pellegrino papers,

which most importantly included the finding of responses to the 1999 survey

McElhinney and Pellegrino sent to IHVM training fellows soliciting information on

the course of their careers following their IHVM training experience. McElhinney

and Pellegrino published data from this survey in 2001.[117] These materials are

archived with the collection of Edmund Pellegrino papers at the Bioethics Research

Library of the Kennedy Institute of Ethics, Georgetown University. Pellegrino's

records, left to the Research Library continue to be organized and catalogued. The

Library has successfully digitized the majority of the eighteen published reports of

the Institute, which can now be accessed remotely.[118]

Association of American Medical Colleges

The archives of the Association of American Medical Colleges (AAMC) in

Washington D.C. was visited in March 2017. AAMC archivist Molly Alexander

communicated prior to the visit that there were limited materials and very little

about the IHVM or Ronald McNeur. There were committee minutes and agendas

from Edmund Pellegrino's involvement on the editorial board of the AAMC's journal,

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[117] (McElhinney 2001)

[118] The documents located within Pellegrino's files at Georgetown University would not have been possible without the latitude given and assistance provided by Martina Darragh, Deputy Director of Reference at the Bioethics Research Library of the Kennedy Institute of Ethics, Georgetown University.

Journal of Medical Education, which extended through the 1970's. I was able to review these meeting minutes and agendas during my visit, which established Pellegrino's legitimacy with the AAMC and his involvement as a national leader in academic medical education. Pellegrino served as the chair of the editorial board in the 1970s. The journal's name was changed to its current title, *Academic Medicine*, in 1989.[119]

Interviews

Expert Interviews and Institutional Visits

In June and July 2016 I began visits to select medical schools that had a history with the IHVM's leadership. I visited **Stony Brook University School of Medicine, Long Island, New York** (SUNY-SB) where Edmund Pellegrino served as the founding dean of the medical school in the late 1960s to early 1970s. I conducted unstructured recorded interviews in June 29-30, 2016 with faculty and past colleagues who had a memory of Pellegrino, his work at Stony Brook, which involved the formation of a medical humanities curriculum, and of the IHVM and its influences on medical education. The Center for Medical Humanities, Compassionate Care, and Bioethics provided information on the evolution and status of the current curriculum and Center.[120] Semi-structured interviews were conducted with those having had direct knowledge or contact with Pellegrino

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[119] Communications with the AAMC archivist Molly Alexander on March 21, 2017. Background of the AAMC journal was provided in an internal document found in the archives, digitized and provided by Molly Alexander in a March 24, 2017 e-mail communication.

[120] Unstructured interviews conducted on June 29 and 30, 2016 with current instructional faculty Michael Vetrano, Ph.D. (6/29), and Stephen Post, Ph.D. (6/30), current Director of the Center for Medical Humanities, Compassionate Care, and Bioethics, State University of New York, Stony Brook

during his time at Stony Brook. These included recorded one to two hour interviews with the following experts. Daniel Fox, Ph.D., was interviewed in New York City on July 1, 2016. Fox served as a top administrator under Edmund Pellegrino at Stony Brook, and remained a close colleague of Pellegrino during the time of the IHVM and after it. He also participated in IHVM activities, serving as a member of the *Dialogues* group in history. John Coulehan, M.D., M.P.H, Director Emeritus of the Center was interviewed on June 30, 2016. Dr. Coulehan also had direct knowledge of the Center's curricular progress in the humanities and is a author on a number of publications regarding the value of humanities in medicine. Two telephone interviews were conducted with Peter Williams, J.D., Ph.D. on June 10th and 30th. Williams came to Stony Brook after Pellegrino had left but was intimately involved in the continued development of the medical humanities curriculum following Pellegrino's departure. He is also an author on a number of publications with Coulehan and others regarding professionalism in medicine and value of the medical humanities.

Following the visit to Stony Brook in June 2016, I visited the **Penn State College of Medicine in Hershey, Pennsylvania**, and met with members of the Department of Humanities, the first department of humanities within a medical school in the United States. This department's first chair, E. A. Vastyan, B.D., was a founding member and active leader of the SHHV and the IHVM. The founding dean, George Harrell, M.D., hired Vastyan. Harrell was also engaged in the development of the SHHV and active in medical humanities efforts.[121] Again, I conducted

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[121] See the history of the Penn State College of Medicine. (Lang 2010, 2015)

unstructured interviews with current faculty to understand the development of the

humanities curriculum over time, and semi-structured interviews with retired

faculty members who had a memory of the department's beginnings and Vastyan. I

conducted telephone and in-person unstructured interviews in 2016 with the

following current and past faculty of the College of Medicine.

> Dan Wolpaw, M.D., Professor of Medicine and Humanities and Director of the
>   Doctors Kienle Center
> Therese Wolpaw, M.D., Vice Dean for Educational Affairs, Professor of
>   Medicine
> Daniel Shapiro, M.S., Ph.D., Chair, Department of Humanities (in 2016)
> Michael Green, M.S., M.D., Professor of Medicine and Humanities
> Rebecca Volpe, Ph.D., Assistant Professor of Humanities
> J.O. Ballard, M.D., Professor of Humanities, Medicine and Pathology
> Philip Wilson, Ph.D., past history faculty in the Department of Humanities

I also reviewed materials from the Doctors Kienle Center for Humanistic

Medicine, a current institution within the Department funded through an

endowment from a physician couple, Drs. Lawrence F. Kienle M.D. and Jane Witmer

Kienle, M.D. who believed in the importance of the humanities in medicine. At the

time the Center supported an artistic publication, *Wild Onions*, artistic forums, and

global health scholarships.[122] I returned in October 2016 to review additional boxes

of materials that were part of the Center. These materials were in boxes located in

Dr. Daniel Wolpaw's office in the Department of Humanities.   Dr. Wolpaw allowed

me free access to peruse these materials and make photocopies. They contained

copies of the *Wild Onions* publication, flyers and images from humanities events,

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[122] Interview with Daniel Wolpaw, M.D., Director of the Kienle Center and Professor of Medicine and Humanities.

images of the benefactors of the Center, and articles reflective of the department's evolution over time.

I continued to review schools that shared a distinct history with the IHVM. As a result I traveled to the **University of Kansas Medical Center in Kansas City, Kansas** (KUMC) in February 2018. The Provost and Dean of this school in the late1960s was George A. Wolf, a founding member of the Society, first president of the SHHV, and a Board member of the IHVM.[123] This medical school, unlike the others had never had a required humanities curriculum for medical students, but it did have a long-standing department within the medical school that created a humanistic presence, the Department of History and Philosophy of Medicine. Also unlike the others, it had on staff a skilled archivist and well organized archives documenting the department and its evolution. The archives were made fully available to me during this visit, and the archivist scanned and provided me with digital copies of correspondence and documents of interest. The archive did not contain unique materials about the IHVM; however, it contained correspondence to Dr. Pellegrino, including invitations to visit, which he did. It also documented the school and department's engagement in the humanities and its instruction during the period of interest, 1960s-1980s. Flyers and faculty development materials wee found showing that the school may have been engaged with other, potentially competing organizations, not the IHVM, in faculty development in the humanistic approaches.

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[123] (Barker 1987) Wolf's position is noted on page 47. IHVM published reports note Wolf's board position.

During this visit I met with physician-historian Carla Keirns, M.D., Ph.D., MSc. who was a faculty contact within the school who before and after the visit provided valuable information to assist this project. Prior to her appointment at KUMC, Dr. Keirns was on faculty at SUNY-SB in the Center for Medical Humanities, Compassionate Care, and Bioethics. She assisted me prior to my 2016 visit to SUNY-SB to identify key informants for my research (Peter Williams, John Coulehan, Daniel Fox, Nancy Tomes, Susan Cowan). Prior to my visit to KUMC, she again assisted in providing contact information and an introduction to the Head Archivist for the Department, Alex Welborn, MLIS. I also conducted an unstructured interview over dinner with past faculty emeritus Drs. Frederick and Grace Holmes both of who had served as faculty the medical school and knew George Wolf. Both were highly accomplished academic clinicians and health professions educators, as well as humanists with theological training and historical interests. Dr. Frederick Holmes received an MA in History following an accomplished medical career. Dr. Grace Holmes authored essays and a book on the role of women in medicine in World War I.[124]

The **University of Texas Medical Branch in Galveston, Texas** was visited a number of times between 2016 -2019. In addition to conducting archival research in the Moody Medical Library, four past and current faculty were interviewed. Three were past IHVM fellows who were given semi-structured interviews: Ronald Carson, Ph.D., Howard Brody, M.D., Ph.D., and William Winslade, J.D., Ph.D.. The

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[124] Interviewed February 26, 2018. Unrelated to this study, but of general interest, Grace Foege Holmes is the sister of William Foege, noteworthy public health physician who led the effort to successfully eliminate smallpox. Grace Foege's book is entitled, "North Dakota Nurses Over There, 1917-1919."

fourth was an informal meeting with Anne Hudson Jones, Ph.D.. Jones was hired by the Institute for the Medical Humanities (IMH) at UTMB in 1979. She was among the first literary scholars to be hired in a medical school.[125] Jones provided information on the history of the Institute for the Medical Humanities at UTMB, their graduate, medical school and MD-PhD curricular programs. She is currently the Director of the IMH graduate program.[126]

Additional conversations that informed the research of this project were conducted through unstructured conversational interviews. These 'expert' interviews included the multiple meetings with Thomas McElhinney, Ph.D., past Director of Programs for the IHVM reporting to both Edmund Pellegrino as IHVM Board Chair and Ronald McNeur, SHHV Executive Director, between 2014-2020. His detailed knowledge of the Institute and its operations was critical. He has continued to meet with me across the years of this project, occasionally reading or checking facts for me. We first met for an exploratory conversation about the IHVM with his wife who also had detailed knowledge of Edmund Pellegrino on July 19, 2014 and last met at the Pellegrino Symposium at Georgetown University on March 5-6, 2020.

Other key informants on the IHVM and Edmund Pellegrino were found at Georgetown University in the Kennedy Institute of Ethics, particularly its Bioethics Research Library, and the Pellegrino Center for Clinical Bioethics, the Center which now bears his name. All had worked with Dr. Pellegrino professionally and knew him well. These conversations began in 2016 and continue.

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[125] https://imh.utmb.edu/about/biographies/jones-anne-hudson. Accessed July 19, 2020.
[126] Personal communications January 2016.

Using archival information other informants or experts familiar with the IHVM were identified and contacted. These interviews were unstructured and exploratory, and took the form of directed conversations, which allowed the conversation to follow its own course based on content. These personal communications were fruitful in a number of cases. One such contact included a telephone interview with Guenter Risse, M.D., Ph.D. on June 24, 2019. Dr. Risse, a prominent retired physician historian provided valuable information about the IHVM *Dialogues* groups. He was the chair of the history *Dialogues* group, and offered previously unknown information about the one group that did not produce a textbook based on their discussions, the history group. Dr. Risse also scanned and forwarded unpublished essays created by the history group. Another key contact was Loretta Kopelman, Ph.D., a prominent bioethicist and faculty emeritus of the East Carolina State University Brody Medical School. Dr. Kopelman had initiated an IHVM resource visit in 1978 for this medical school. As a new humanist faculty she was tasked with developing a medical humanities program in the medical school. Dr. Kopelman provided first hand knowledge of an IHVM resource visits from the perspective of a recipient. She also later participated in the delivery of resource visits for the IHVM with other medical humanists, specifically H. Tristram Engelhardt, Ph.D., M.D. and Lawrence Churchill, Ph.D. (also an IHVM trainee).[127] Thus, Dr. Kopelman could provide detailed, personal knowledge of IHVM resource visits from all perspectives. She was also very active in the SHHV until its closing.

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[127] Telephone interview on October 20, 2019. I had also met and made contact plans with Dr. Kopelman previously at the early 2019 Pellegrino Symposium at Georgetown University.

She was the last President of SHHV as it merged with other bioethics organizations in 1997.[128]

Fellows Interviews

Fellows interviews were conducted in a more formal semi-structured style with consistent questions that allowed open ended responses. A draft of the interview schedule is included here as Appendix A. The interviews frequently went off in a variety of unanticipated directions based on responses and the memory of the respondent. Thus, the schedule was used as a guide. Initial questions always started with the subject's memory of the IHVM and knowledge of it, their fellowship project and experience, how they heard about the IHVM, and the fellowship program. It then progressed into how they utilized their experience with the IHVM, how it affected their career, and what advantages it gave them professionally, and the barriers they perceived in their careers in utilizing the gained knowledge and exposure. Closing questions related to their relationship with Edmund Pellegrino, how involved he was with their IHVM training experience. If they were involved in medical education, I asked for their thoughts on the current medical curriculum, humanities inclusion, and barriers to humanities inclusion in medical education. I also asked all interviewees their thoughts on ethics, and why it became the humanities content of choice.

A total of 75 fellows were trained by the IHVM, two received a second fellowship for a total of 77 fellowships awarded. Some fellows were prominent

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[128] Kopelman delivered a compelling speech at the closing of the SHHV, starting a new chapter with bioethics associations. (Kopelman 1998)

figures in medical humanities or known and were easily located. I reached out to

six of these individuals with personal e-mail messages explaining the study and

requesting an interview visit in person or by telephone. These six interviews were

conducted 2017. To expand this search, data from a 1999 survey by McElhinney

and Pellegrino, which included location and status information on each fellow in

1999, was used to inform online searches for current information.[129] Twenty

additional fellows were found to have current email addresses. For each fellow

found to have a current email address, a letter explaining the study and requesting a

telephone interview was sent; the letter is included here as Appendix B. From these

twenty messages, twelve responses were received. From the twelve, six additional

correspondences were established, resulting in five additional interviews by

telephone and one email correspondence providing the information needed.

Through in person, telephone and email correspondence substantive information

was received on twelve IHVM fellows. All but two of the twelve described the

experience as transformative. Of those two, one didn't offer a response, and the

other, an academic historian, used the funds for research travel, not professional

development purposes.

IHVM Reports Analysis

Each of the IHVM Reports were considered a primary source and analyzed

accordingly, considering authors, purpose, locations, audience, and the data each

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[129] 1999 Survey materials found in the Pellegrino archives at the Bioethics Research Library, Kennedy Institute on Ethics, Georgetown University with the help of library archivists. Research assistant Ivelina Arnaoudova did the online searches and organized the updated information into charts for easy tracking and use.

provided to understand the activities of the IHVM. There were eighteen reports

produced by IHVM in its ten-year history.[130] They included:

❖ Conference proceedings were produced from conferences held annually in the

  first three years of the Institute, 1971, 1972 and 1973. These conferences

  included medical educators and scholars and provided a place for

  interdisciplinary dialogue. The dialogue of these conferences provided the

  direction for the formation of IHVM's programs. A capstone conference in 1981

  brought closure to the Institute by reviewing its mission, the current status of

  human values in medicine, and explored ways to continue and sustain the efforts

  begun by IHVM.[131]

❖ Reports of the Institute Fellows in years 1973-74, 1975-76, 1976-77, 1977-78.

  These reports included written summaries of project results by the fellows.[132]

  IHVM trained seventy-five fellows. These fellows were students, as well as

  junior and senior faculty members from medical and nursing schools. Some of

  the fellows were from humanities backgrounds and those fellows were expected

  to be involved in projects involving medical experiences. Fellows with clinical

  training were to work with humanist scholars, learning the content and methods

  of the specific discipline. Areas of study are reported to most frequently have

  been in ethics and philosophy, but also in literature, religion, social and

  behavioral sciences. It was anticipated that faculty fellows would return to their

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[130] A compiled listing of these reports was originally found in McElhinney (2001)

[131] Institute on Human Values in Medicine: Proceedings of the First Session, Arden House, Harriman, New York, 1971; Institute on Human Values in Medicine: Proceedings of the Second Session, Williamsburg, Virginia, 1972(1971, 1972, 1973, Pellegrino 1982)

[132] (1974, 1977a, 1977b, 1978)

institutions and utilize their new knowledge and skills by creating medical

humanities teaching programs within their institutions. It is reported that by the

end of the Institute twenty-eight fellows had begun teaching programs on

human values and fifteen led such programs in their schools.[133]

❖ Conference proceedings on special topics pertinent to the mission of IHVM.

These were mini-conferences related to resource visits that served multiple

schools (Reports Number Five and Six), a conference on medical education and

malpractice (Report Number Ten). These IHVM sponsored conferences also

helped to support those leading humanities programs at their institutions.[134]

❖ Publications for teaching resources and methods in the humanities. Three of the

listed published reports (Numbers 4, 7, 14) providing data on schools teaching

medical humanities and sharing best practices and curricula. While the training

of medical students was the focus, some programs included teaching to allied

health programs as well.[135]

❖ Published texts from the *Dialogues Between the Disciplines* groups.[136] IHVM

formed focus groups of scholars in five areas considered critical for the teaching

of humanities in medical education: Literature, History, Religion, Visual Arts and

Social Sciences. The groups consisted of equal numbers of humanist scholars

and medical professionals (mostly physicians but not all). These groups were to

explore and examine the intersections between their humanities area and

medicine, and explore new avenues for research and teaching, and to consider

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[133] (McElhinney 2001)
[134] (circa 1975, McElhinney 1975, 1976)
[135] (Pellegrino 1974, McNeur 1976, McElhinney 1981)
[136] (Rogers 1979, Shriver 1980, Trautmann 1982, Berg 1983)

ways for the discussion to continue. Each group produced a publication with the exception of History.

Survey of Schools

Seventy-seven resource visits were made by the IHVM in the 1970s.[137] These visits were initiated at the request of senior school administrators at medical schools. In the archives thirty-six individual institutions could be identified as receiving a resource visit based on a recorded date for the visit. A web search was done for information on these individual schools looking for an identifiable medical humanities teaching presence, and contact information for faculty associated with curriculum development or the medical humanities. Of the thirty-six, two were not medical schools. All but seven of the remaining thirty-four had an identifiable medical humanism presence, broadly defined as anything related to medical humanities, humanism, ethics, social medicine, or similar. A 'presence' was considered an advertised group, program, center, department or other defined unit on their website. A contact, primarily directors of units or curricula, was identified for each, and a letter was emailed explaining the study and requesting a telephone conversation. A sample letter is attached as Appendix C. Fifteen contacts responded, five telephone interviews were arranged, additional interviews with school contacts had been made previously (John Moskop, Wake Forest and interviews at SUNY-SB) and other contacts at non-respondent schools had also been

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[137] (McElhinney 2001)

made by other means.[138] Some of the faculty interviewed were not the original

contacts but were senior or retired faculty who were asked to respond since they

knew the history of the school's curriculum development. See chart below for

schools and an accounting of responses.[139]

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[138] Some of these contacts were met at forums of interest such as annual meetings of the Academy for Professionalism in Healthcare (Doukas) and Pellegrino Symposium (Giordano, Kopelman). Some were IHVM fellows (Moskop and Churchill). SUNY-SB and Penn State Hershey had been visited and knowledgeable faculty interviewed.

[139] Website reviews and collation of this data was performed by a hired research assistant, Ivelina Arnaoudova.

Table 1. School Contact and Outcomes Chart[140]

School Name	Response	Contacts
Saint Louis University School of Medicine	Yes	Chad Miller, M.D.
Wake Forest School of Medicine	Yes	John Moskop, Ph.D.
UNC School of Medicine	Yes	Larry Churchill, Ph.D.
IU Carver College of Medicine	Yes	Richard Caplan, M.D.
Columbia U Vagelos College of Physicians and Surgeons	Yes	Rita Charon, M.D., Ph.D.
SUNY-SB Renaissance School of Medicine	Yes	Multiple interviews
Drexel University College of Medicine	Yes	Steven Peitzman, M.D.
MSU College of Human Medicine	Yes	
Medical College of Ohio now U of Toledo	Yes	
U Penn Perelman School of Medicine	Yes	
UW School of Medicine and Public Health	Yes	
University of Colorado Medical School	Yes	
Mayo Clinic Alix School of Medicine	Yes	
MU School of Medicine	Yes	
South Carolina School of Medicine	Yes	
Tulane Medical School	No	David Doukas, M.D.
Georgetown University School of Medicine	No	James Giordano, Ph.D.
SUNY-Buffalo Jacobs School of Medicine and Biomedical Sciences	No	Linda Pessar-Cowan, M.D.
East Carolina State Brody School of Medicine	No	Loretta Kopelman, Ph.D.
Penn State College of Medicine Hershey	No	Multiple interviews
UI College of Medicine	No	
VCU School of Medicine	No	
College of Physicians of Philadelphia	No	
U of Calgary Cumming School of Medicine	No	
UCLA David Geffen School of Medicine	No	
Duke Medical School	No	
East Virginia Medical School	No	
USC, Keck School of Medicine	No	
College of Medicine and Dentistry (now merged with Rutgers U)	No	
Ohio State University School of Medicine	No	
School of Medicine University of Louisville	No	
Sidney Kimmel Medical College	No	
UAB School of Medicine	No	
University of Maryland School of Medicine	No	
UNMC College of Medicine	No	

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[140] Table created by Research Assistant Ivelina Arnaoudova.

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Appendix A

Subject Interview Semi-structured Schedule

DRAFT INTERVIEW SCHEDULE

Introduction to the Study: I am examining the history and outcomes of the Institute for Human Values in Medicine. As a past fellow receiving support from the Institute, I'd like to ask you about your experience with the institute and what your training through the institute helped you to accomplish professionally and personally. I will also ask you for a copy of your Curriculum Vitae, and may request copies of course curricula that you may have produced as a result of your training with the IHVM.

Personal Information:
Name:
Current Professional Title and Institution:
What was your position when you began your IHVM fellowship?
What was your position when you ended your IHVM fellowship?

Disclosures – Provide consent/assent form:
Participants will not receive any financial or other incentive to encourage participation. Participation in the study is completely voluntary, and may be terminated at any time. Subjects will be able to decline future contact, or the interview at any time. Disclaimers releasing participants from any obligation to participate in the study will be added to the invitations to participate. Participants will also be notified that interviews can be terminated at any time in the process, before, during or after the interview, with the information removed by request.   All data will be de-identified when used for presentation or publication.

SCHEDULE QUESTIONS:
Project:
1. How did you learn about the IHVM's fellowship?
2. How many years of support did you receive from IHVM?
3. Describe your proposed project.
4. Did it change in the course of your fellowship?
5. What did you learn or gain from accomplishing this project?
6. Do you believe the project worthwhile?

Professional Goals and Outcomes:
1. When you applied for the fellowship, what was your intended goal for this support and the proposed project?
2. Describe the professional training benefits you received from this fellowship beyond the monetary.

       a. What were you able to do with this training?
       b. How did it benefit your career?
       c. Review and reflect with the subject on the professional developments after the fellowship from the CV (specifically courses taught, programs developed and where).
3. What academic or career achievements, if any, do you credit specifically to the fellowship?

Personal Reflections
1. Describe your general experience as an IHVM fellow.
2. What was your impression of the Institute and its goals?
3. Do you think the Institute was successful in achieving its goals?
4. Did you receive benefits beyond career development from your fellowship project, such as personal benefits? If yes, describe these.

General Reflections
1. Do you think the IHVM and its activities made an impact on medical education?
2. Explain response. Provide details on specific achievements or lack of achievements.
3. What did the IHVM do right or wrong in accomplishing its goals?
4. Do you think medical education today is in the same place it would have been without the IHVM, or do you think IHVM changed the trajectory of medical education in some way? How small, how large?
5. How much affect do you think the following concepts and structures have on medical education:
       a. Popular belief in science and technology.
       b. Popular belief in the arts and humanities
       c. Medical profession's belief in science and technology
       d. Medical profession's belief in the arts and humanities
       e. Government regulations and licensing
       f. Professional accrediting agencies (LCME)
6. Do you think any of these concepts and professional organizations and external structures helped or hindered the IHVM, its work and lasting legacy?

Thank you for your participation and time.

Appendix B

Fellows Interview Request

Dear [insert name of fellow],

I am writing to you as a graduate student working on a doctoral dissertation about the works of the Institute on Human Values in Medicine (IHVM), 1971-1981. As you probably know, the IHVM was a group spearheaded by Edmund D. Pellegrino in the 1970s, and its main purpose was to increase the presence of humanities in medical education. One service the IHVM offered was a fellowship training program. According to my records, you were one of the individuals chosen to become a fellow during the 1970s. Would you be willing to answer a few questions about the training and how it has impacted both you and your career?

Kind regards,
Mary E. Kollmer Horton, MPH, MA
Doctoral Candidate, Institute for the Liberal Arts
Assistant Dean for Student Affairs & Professional Development
The Laney Graduate School of Emory University

cc: Ivelina Arnaoudova, Research Interviewer[*]

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[*] While Ms. Arnaoudova's title was listed as Research Interviewer, she did not do any interviews. The title was an HR technicality to allow her to be paid for her assistance in this project. While Ms. Arnadaoudova assisted me in preparations for the interviews, transcription, filing and collation of the data, I performed all interviews personally.

Appendix C

Dear [Insert School or representative name],

I am writing to you as a graduate student working on a project related to the Institute on Human Values in Medicine (IHVM). The IHVM was a group spearheaded by Edmund D. Pellegrino in the 1970s with its main purpose to increase the presence of humanities in medical education. The IHVM visited and provided resources to schools interested in medical humanities. According to my records, your school received resources from the Institute during the 1970s. Would you be willing to answer a few questions about these resources and how they were utilized at your institution?

Kind regards,

Mary E. Kollmer Horton, MPH, MA
Doctoral Candidate, Institute for the Liberal Arts
Assistant Dean for Student Affairs & Professional Development
The Laney Graduate School of Emory University

cc: Ivelina Arnaoudova, Research Interviewer

Chapter Three: An Answer to the Call – Finding the Humanity in Medicine through the Humanities

The cry for rediscovering humanism in medicine began in the 1950s in the midst of the extraordinary strides in medical science and basic research following World War II that progress at an unprecedented rate within professional cultures – science and medicine - that are considered to be self-governing.[141] Such growth in research and technology in medicine led to concerns that medical practice, and equally medical education, was quickly becoming all consumed by the science of disease and technological practices, loosing sight of its humanity, seeing the patient as a whole person. This chapter describes the outreach by medical leaders to humanists, primarily theologians, seeking to address these human concerns of medicine and its education. Such outreach led to the development of movements by scholars and professionals to consider the affects of science and technological progress in medicine and the attempt to create methods, guidelines and boundaries for medical research and practice. These movements would eventually result in the advent of a formal discipline, bioethics. One of these groups, the Society for Health and Human Values and its Institute on Human Values in Medicine, is the focus of this dissertation. This chapter details the theological roots of the Society, it's role in the development of the new discipline that would be called bioethics, the loss of theology in the search for a secular morality, and the work of the Society's Institute on Human Values in Medicine. The Institute's sole mission was to explore and forward the use of humanities as a means to reintegrate human values concepts into

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[141] (Evans 2012) Evans, a sociologist, discusses this history from the context of the sociological definition of professions and professionalism.

medical education. The chapter concludes with a reflection on the progress that the

Institute on Human Values in Medicine made in its decade long history.

Modern Medicine Finds and Looses Religion

The concerns that brought together members of the medical education

community and religious leaders interested in the human problems of medicine

were part of a larger movement that form the foundations of the discipline of

bioethics. While the longer history of bioethics can be traced back to the Nuremberg

trials, Nazi experimentation and the American eugenics, the concerns about the

dehumanization of medical education and practice stemmed from theologians,

chaplains, and humanistically-oriented physicians in the 1950s. Fox and Swazey

comment that the Nuremberg Code had little impact on American medicine and was

almost immediately responded to as a story for the history books – such were the

acts of horrific war criminals, unlikely to be possible in a sovereign, self-regulated

profession as American medicine.[142] By the 1960s concern and questioning of

ethics in research and studies using human subjects was forced to the forefront of

national attention with the Beecher publication, yet medical educators concerned

about the moral questions that new technologies raised for medical practice and

training began solidly in the 1950s.[143] Such physician educators, many of them

religiously oriented, sought assistance from their theological colleagues as they

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[142] (Fox 2008) Located on pages 25 and 26.

[143] Henry Beecher writes his paper presenting his concerns about the ethics of practices in ongoing clinical research, and exposing colleagues. (Beecher 1966) David Rothman provides a detailed history of the issues surrounding medical research, technology in medicine and the effects on medical practice in his text (Rothman 2003)

questioned the direction of medicine. Joseph Fletcher, a Protestant theologian, first

raised questions of morality and decision-making in medical practice in the late

1940s in lectures and his text *Morals in Medicine.*[144] Yet, Daniel Callahan states in his

brief history of bioethics that for all of Fletcher's commentary, which included a

1949 Harvard lecture and his 1954 seminal text, Fletcher's views drew little

attention from the medical world at that time.[145] By the end of the 1950s the socio-

political climate was changing, and attention was drawn to moral concerns in

medicine.

Roman Catholic theologians questioning the use of medical reproductive

technologies that challenged the rules and values of the Catholic Church were at the

forefront of the debate. Catholic moral theologians had a long history of

engagement in medical concerns, and were uniquely well equipped to address

questions related to the beginnings of human life, what constituted being human,

issues of human freedoms, and sanctity of the divine. They were equally ready

commentators and activists for causes that were at the heart of religious

congregational concerns on matters, which they had both an intellectual capacity to

address as well as a religious obligation.[146] This line of questioning about human

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[144] (Fletcher 1954)

[145] (Callahan 1990)

[146] The involvement of Catholic theologians in moral debates regarding medicine are discussed in detail by (Jonson 1998, Fox 2008); (Evans 2012) Chapter one of Fox and Swazey's text *Observing Bioethics,* provides different analytical views of the seeds of the bioethics formation and their own summation. Chapter two of Jonson's *The Birth of Bioethics* is dedicated to describing the role of theologians in this developing field. Jonson notes the longstanding interest by Roman Catholic theologians in medical practices, dating back to the fifteenth century when Catholic moral theology was recognized as a distinct field. He notes that the original interest in medicine was to assist the understanding of priests in the confessional, in the twentieth century it took on a broader role. Fox and Swazey describe the roles of other physician educators, some European trained with strong Roman Catholic roots that founded centers focused on questions of medical ethics: Hastings Center (Daniel Callahan) and Kennedy Institute for Ethics at Georgetown University, Washington D.C.

reproductive rights eventually extended beyond reproduction to questions about

transplantation, euthanasia, life support, and the constitution of death. The

committees of scholars and practitioners drawn to debate these issues in medicine

form the foundations of the discipline of bioethics in regard to medical practice, and

drew their intellectual reasoning from moral theologians.

On a practical level the religious professionals associated with medicine and

medical education, namely chaplains and ministers, were the first to engage moral

questioning in education and practice, and were among the first to initiate this

dialogue. It was chaplains, familiar with the larger picture of illness in the person in

the context of family and community, many of whom interacted with medical

students in clinical settings, were present and well equipped both intellectually and

experientially to join and fuel the discussion of complex human problems in

medicine, education, biomedical research and use of new technologies in

medicine.[147] Verlyn Barker documented the early involvement of theologians,

chaplains, ministers, and eventually the United Ministries of Higher Education in his

1987 report entitled *Health and Human Values: A Ministry of Theological Inquiry and

Moral Discourse* which details a history of early concerns about medical education

dating back to 1955.[148] Other evidence of early religious involvement in medicine

and education was the emergence of the Institute of Religion within the University

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(Warren Reich and André Hellegers, the Kennedy Institute's first director). See also Warren Reich's
biography of André Hellegers' draw to medicine through his broad Catholic values in (Reich 1999)
[147] Thomas K. McElhinney, Director of Programs of the Institute on Human Values in Medicine (1974-
82), stated the importance of chaplains in movements around including human values teaching in
medical education. In-depth, open-ended interviews with Dr. McElhinney on the beginnings of the
Institute on Human Values in Medicine (IHVM) conducted in 2014, 2015, and 2016. He stated that
those who began the Society on Health and Human Values were chaplains associated with the United
Ministries in Higher Education. Also see (McElhinney 2001)
[148] This is documented by (Barker 1987)

of Texas Medical Center, an ecumenical interfaith effort to include a spiritual presence in health care, which provided programming for medical and religious staff, including students.[149] Opened in 1955, the Institute was dedicated to the concept that spirituality was an integral part of human health and healing. The Institute of Religion in Texas was closely aligned to the value and importance of chaplains, and is considered to have founded the first formal training program for medical chaplains in the United States.[150] "Ministers in Medical Education", an interdenominational group of pastoral counselors serving on medical campuses, organized as a formal collective to assist in the humanistic aspects of medical education, attempting to bridge the human aspects of medicine to the science.[151] Chaplains, ministers, and their religiously minded colleague physicians turned to the humanists closest to them, theologians, to address the complex questions arising from what Jonson referred to as the "new biology" and "new medicine" of the post-World War II era.[152]

Historical and social analysis of the beginnings of bioethics have concluded that while it is easy to conceive that the boom in science and technology created the stimulus for ethical concerns in medicine, resulting in this field of practice and study, it was likely not as important as the socio-political climate of the 1960s. Concerns of the 1950s, held mainly within religious communities and intellectual

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[149] (Fox 2008) Page 36.

[150] See (https://www.spiritualityandhealth.org/history/). The history of the Institute is documented in Cathey Graham Nickell's 2015 text *Uniting Faith, Medicine and Healthcare: A 60-Year History of the Institute For Spirituality and Health at the Texas Medical Center.*

[151] (Duncombe 1971) Quote from the title, page 1064.

[152] (Jonson 1998) Quotes from page 35. Daniel Fox also describes the Society for Health and Human Values as having its early roots in ministry and theology, which over time and leadership changes becomes secularized. (Fox 1985)

forums, became mainstream and actionable in the 1960s, an era of extraordinary

social and civic activism with the questioning of all types and levels of authority,

including medical authority. This activism produced organized efforts to address

concerns such as the inequity of health care and human values in medicine.[153]

In the 1960s more secular scholars, particularly those trained in analytical

philosophy, began to enter this conversation bringing non-religious ethical

principles to medical questions. Jonson stated that the conversations and

committees begun in the 1950s led to a series of conferences held in the 1960s, a so-

called "Decade of Conferences" held across the national spectrum. The first of these

entitled "Great Issues of Conscience in Modern Medicine" held September 8-10,

1960 at Dartmouth College, attracted many prominent physicians and scientists.

The second "Man and His Future" in London, November 1962 sponsored by CIBA

Foundation, again featured prominent research scientists, including a number of

Nobel laureates, who felt the need to voice their concerns that medicine and

technology were presenting moral issues that needed to be understood and

discussed. Future meetings brought invited humanists as speakers and debaters.

These initial conferences were not focused on solutions, but presentation of issues

and discussion in areas such as genetics and brain science. The next set of

conferences hosted at liberal arts colleges across the country took the step to

include both scientists and humanists who were trained in moral and ethical

examination and discourse. These humanists brought an important set of analytical

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[153] A personal reflection of the impact of the 1960's activism movements is covered in (Veatch 2002, Fox 2008). Fox and Swazey's Chapter 1, "The Coming of Bioethics" discusses the importance of social and civic rights movements. The impact of social movements in healthcare of the 1960s is the subject of the comparative study in (Hoffman 1989).

tools to the discussion, which were essential to address the moral and ethical questions raised in the original meetings.[154]   Fox and Swazey described the tensions that eventually arose as the concerns, questioning and debates took on an increasingly interdisciplinary nature, territoriality and tensions arose as approaches to solve problems differed by discipline.[155] The original religious impetus behind addressing the moral concerns in medicine began to fade and a secular ethical focus came to the front. It became morals without theology, a secular ethics.

Formation of the Society for Health and Human Values

Jonson described a "decade of conferences" held from September of 1960 through 1968 that created the groundwork for several institutions focused on the issues of ethics and human values in medicine. These conferences produced a series of proceedings and essays that provided the background and conceptualization of the issues, leading to more concrete directions and actions that formed centers to further examine these issues in academic and scholarly ways. These centers were The Institute of Society, Ethics and the Life Sciences (later renamed the Hastings Center), The Kennedy Institute of Ethics at Georgetown University, and The Society for Health and Human Values, which had a unique focus on medical training and education.[156]

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[154] (Jonson 1998) Devotes a section of Chapter 1, pages 13-26, to "The Decade of Conferences" (quote from page 13), and provides a listing of the conferences that brought increasing awareness of the moral questions and issues in modern medicine and biological sciences.

[155] (Fox 2008) From Chapter 1

[156] This history is covered in Chapter 1 of (Jonson 1998) Quote is from page 13.

The Society for Health and Human Values (SHHV) began as conversations in the late 1950s between Presbyterian minister, Ronald McNeur, Ph.D., and medical educators on the University of California, San Francisco medical campus.[157] McNeur was instrumental in forming the 1963 issue of The Christian Scholar, which was devoted to medical philosophy and ethical issues related to medicine and medical education, setting the stage for inquiry and scholarship by humanists interested in medical education.[158] McNeur described medicine and ministry as related, both committed to the wellness of those they served. McNeur expressed concern that medical students entered medical school hopeful and committed, and within several years were frustrated, disheartened and cynical. McNeur's publication, and the journal issue that he helped organize, called for medicine and theology to break down their walls and discuss how theology and ministry could help the education of young doctors.[159]

The Departments of Higher Education of the Methodist Church and the Presbyterian Church in the United States were active in bringing together ministries from various denominations to discuss work within medical schools.[160] These

[157] (Barker 1987) Stated that the seeds of the Committee began in the 1959 when Ron McNeur, then the University Pastor of University of California, San Francisco Medical School, began conversations and working on student projects with Paul Sanazaro, Professor of Clinical Medicine and Presbyterian elder, and Otto Guttentag, Professor of Medicine and United Church of Christ layman. Sanazaro would move to be Director of Research and Medical Education at the Association of American Medical Colleges in the early 1960s.
[158] (Barker 1987) related this early history in Chapter 1 "Testing an Idea", and cites McNeur's 1963 article in The Christian Scholar, "Theology and the Medical Sciences", as bringing attention to the issues and setting the stage for further action. The editor, William R. Mueller, named Ronald McNeur as the scholar behind the edition. (Mueller 1963)
[159] (McNeur 1963) McNeur's article can also be found in (Barker 1987) as Appendix A, pages 116-136.
[160] By 1963 McNeur was working with the General Division of Higher Education for the United Presbyterian Church in the USA as stated in (Mueller 1963). It is likely he was involved and possibly leading these conversations and lines of inquiry. McNeur acknowledges the history of Church

meetings resulted in the engagement of the Danforth Foundation, which sponsored

a consultation in New York City on May 7-8, 1965. Danforth's interest was in

campus ministries, reforms in medical education, and policies that would affect

medical practice and population health. The Consultation involved presentations by

medical school deans (George A. Wolf, Jr., M.D., Tufts University, and George Harrell,

M.D., Pennsylvania State University), the Association of American Medical Colleges

(Paul Sanazaro, M.D., Director of Research and Medical Education), medical

educators with theology backgrounds (Samuel Banks, Ph.D., University of Florida,

and Samuel Stumpf, Ph.D., Vanderbilt University), and participants from ministries.

Discussions examined issues of mutual concern, where the ministries of the church

could assist medical educators.[161] The outcome of the consultation involved a

recommendation that churches work with medical schools to help prepare students

for the human issues and questions of modern medical practice for which "medicine

had no experience", and for selected schools to experiment with faculty

appointments in the areas of religion and society.[162] The "Joint Committee on

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involvement in his November 17, 1967 "report to the College and University Division of the Episcopal Church meeting in Durham, North Carolina", in which he provides a brief history that states the early consultation work sponsored by Higher Education National Staff of the Methodist and Presbyterian Churches brought together in an ecumenical way "doctors, campus ministers and chaplains, and church administrators" from centers nationally, leading to the formation of a committee and the Danforth Consultation in 1965. McNeur's report found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. Jonson, page 24, refers to the United Ministries in Education as the collaborative group formed by a collaboration between the Methodist and Presbyterian Churches in the U.S..

[161] The connection with the Departments of Higher Education of the Methodist Church and the Presbyterian Church in the United States is described in (Barker 1987), pages 9-10. Details of the Consultation are from the "Working Paper" by Ronald W. McNeur on the results of the Danforth Consultation on May 7-8, 1965. Prepared for discussion on January 21-22, 1966. Document from the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[162] "Working Paper" by Ronald W. McNeur on the results of the Danforth Consultation on May 7-8, 1965, IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. Barker also describes the outcomes of the Danforth Consultation, pages 9-14, quote is from Barker, page 13. He also notes that Kenneth Underwood, Weslyan University, representing the Danforth Foundation

Medical Education and Theology" met on January 21-22, 1966 to discuss a plan for

the implementation of these recommendations.[163]

The Joint Committee became known as the Committee on Medical Education

and Theology, comprised of religious ministers in education and medical educators

and were focused on the education of new physicians and the importance of

teaching human values.[164] The Committee's actions following the Danforth

Consultation involved the development of subcommittees to lead the two arms of

recommendations: ministerial and academic. Data collection, working with existing

agencies as collaborators, and identification of funding sources were key action

items. The Presbyterian and Methodist Churches would fund the work of the

subcommittee on ministry identification and formation, and among the first tasks of

this committee was to develop a questionnaire to survey the current state of

ministries serving students in medical schools. The second subcommittee on faculty

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published an edited version of the Consultation proceedings in The Christian Scholar, L:4 (Winter 1967), 343. Barker noted that medical students were unprepared for their experiences in medicine. (Barker 1987) See page 4.

[163] In the "Working Paper" by Ronald W. McNeur, he described the "committee on Medical Education and Theology" as the "advisory committee" available for consultation on the project. A 1965-1966 document of "A Joint Committee on Medical Education and Theology" lists thirteen members, nine in ministry, including McNeur and Banks, and three physician educators: George Harrell, Dean of the new College of Medicine, Hershey Medical Center, George A. Wolf, Jr., Vice President for Medical and Dental Affairs, Tufts University, and Paul Sanazaro, Association of American Medical Colleges. Documents from the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[164] There are several descriptions of the history of the Committee's formation. Pellegrino in his 1971 "Welcoming Remarks" at the first IHVM conference described the Committee as first meeting March 1963. (Pellegrino 1971) This coincides with the 1963 issue of The Christian Scholar on medical philosophy and ethics with the lead article by Ronald McNeur on "Theology and Medical Sciences" where he describes a human problem in medicine and medical education that needs dialogue. (McNeur 1963)   Jonson (page 24) describes this Committee as "emerging" in 1965 as a result of discussions by the United Ministries in Education, a collaboration of the Methodist and Presbyterian churches. This date coincides with a Consultation with the Danforth Foundation. (Jonson 1998) These details are described in Verlyn Barker's historical review. (Barker 1987) Page 2. Daniel Fox also describes the formation of the Committee in 1963, followed by consultations, meetings, and changes to the direction of the Committee from 1965 to 1969. (Fox 1985)

development moved to develop a proposal for "six pilot experiments" at selected

schools, to seek collaboration with the AAMC, particularly for evaluation, and locate

foundation funding.[165] The survey of the first subcommittee was distributed through

the AAMC to the eighty-four medical schools with four-year programs in the U.S.. It

asked six simple questions regarding school and student resources, including

departments, faculty, organizations, and affiliations related to ethics, philosophy or

religion, and those that provided ministries to students. Of the twenty-nine

respondents, none showed current programs that integrated philosophical thought,

religious concepts and ministry within medical schools as conceived by the

Committee, and some respondents expressed an interest in learning more.[166] It was

determined that The Committee would send representatives to visit schools that

showed some existing programming to examine history, curriculum, practice, and

impact on students in all years of training.[167] At least one of these meetings was

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[165] From "Notes and Minutes of the meeting at the Statler Hilton Hotel in New York City, January 21-22, 1966". Prepared by Ronald McNeur. Quote on page 3 of the notes. Documents held in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[166] From the "Minutes of Committee on Medical Education and Theology Meeting, September 23-24, 1966" in Hershey, Pennsylvania. The survey consisted of six simple yes/no responses, with requested details for 'yes' responses and space for clarification and comment. Of the 16 survey respondents reviewed all were completed by assistant or associate deans of their schools with a mix of responses. Some included appendices of chaplain's notes, course curricula and publications and expressed interest in the area. One completed by a George Washington University physician who had performed his own survey for his masters degree in Religion offered assistance with the current project. He expressed surprise that the AAMC had gotten involved as they were not encouraging that his survey would provide results. He noted that the AMA's Department of Medicine and Religion were interested in these issues. Another response by a University of Rochester chaplain seemed suspicious of the line of questions. These minutes and the survey responses were found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[167] The Committee established a list of questions for the "visitations" and assignments. It established that it should "remain Ad Hoc" from the AMA or AAMC, and that there be a committee to prepare summaries and reports for the visited programs. Visitation assignments including a medical school dean, Harrell or Wolf, and a ministry member: McNeur, Rev. Robert Davis from the Board of Education of The Methodist Church, and Rev. Dr. Bluford, Department of Campus Ministry, Presbyterian Church, US, who was the current Secretary of the Committee. From the "Minutes of

interdisciplinary and included meetings with top educational leaders, the College

President, and deans of the schools of Medicine, Pharmacy and Nursing.[168] The

Committee continued meeting at regular intervals, further redefining their mission

and tasks based on information received from committee members, advisors and

visitations to schools. Subcommittees were again formed to address specific tasks

and topics: (1) faculty development within medical schools in the area of religion

and health sciences, (2) communications with medical schools and The Church, (3)

Organization of a 1968 Consultation for clergy and faculty working in medical

school ministry and education.[169] They viewed their mission as essential to address

critical issues for the profession of medicine, which was concerned about the

fragmentation caused by the rise of specialization and its affect on internships and

training, as well as ethical issues facing medicine for which theology had expertise

and could have input, such as transplantation, time of death, and informed

consent.[170]

Committee on Medical Education and Theology Meeting, September 23-24, 1966" in Hershey,
Pennsylvania. IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.
[168] "Minutes of Committee on Medical Education and Theology March 17-18, 1967 Richmond,
Virginia" which described a visit to the Medical College of Virginia where it met with the "MCV
Committee on Religion and Medicine" staffed by Glenn Pratt, and the President and deans of schools.
IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.
[169] Drawn from the paper prepared by R.W. McNeur "as a report to the College and University
Division of the Episcopal Church meeting in Durham, North Carolina, November 17, 1967, which
summarized the evolution of The Committee on Medical Education and Theology. Meeting "Minutes"
corroborated the regular meetings of the Committee, including a "Report to the Committee on
Medical Education and Theology from the subcommittee on further consultations" by E. A. Vastyan
dated June 20, 1967. IHVM Archives of the Presbyterian Historical Society, Philadelphia,
Pennsylvania.
[170] From the "Minutes of Committee on Medical Education and Theology March 17-18, 1967" in
Richmond Virginia, where George Wolf reported on the present anxiety that specialization of
medicine was having a fracturing affect on the "field of medicine", and the impact on medical
education and internships. A paper prepared by R.W. McNeur "as a report to the College and
University Division of the Episcopal Church meeting in Durham, North Carolina, November 17, 1967",
summarizes these "pressing ethical questions of our time" as part of the mission of The Committee on

In February 1968 a conference was held at the University of Florida,

Gainesville, entitled "Conference on Human Values in Ministry and Medical

Education". Gainesville was the home of Samuel Banks, Ph.D., who was chaplain and

humanist faculty associated within the University of Florida's Department of

Medicine, and records of the conference's preparation stated that he chaired the

planning committee.[171] Following this conference the Committee was renamed the

Committee on Health and Human Values.[172] Influential educators and

administrators continued as leaders, such as George Harrell, who left as Dean of the

Medical School, University of Florida, Gainesville years prior to become the founding

dean of the Pennsylvania State University's Medical School in Hershey (one of the

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Medical Education and Theology, page 2 of the paper. IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[171] Jonson dates the conference as February 1968. (Jonson 1998) Page 24. Ronald McNeur in his later "report to the College and University Division of the Episcopal Church meeting in Durham, North Carolina, November 17, 1967" lists Banks as the Chair of the "1968 Consultation" Committee. E. A. Vastyan in his "Report to the Committee on Medical Education and Theology from the subcommittee on further consultations" meeting May 19, 1967, Richmond, Virginia, to Ronald McNeur "urge the Committee" to begin planning "on a consultation for both clergy and faculty from medical schools for the spring of 1968" with a focus on medical education, its challenges and where religion and theology can be effectively engaged. The meeting location suggestions were Tulane, Gainesville, Atlanta, Nashville and Chicago, in rank order. The recommendation included the involvement of senior medical education leadership - Wolfe, Harrell, Sanazaro and Pattishall. Ronald McNeur in his later "report to the College and University Division of the Episcopal Church meeting in Durham, North Carolina, November 17, 1967" presents the planning of a "fall of 1968" consultation. Consistent with Vastyan's report, it would bring approximately fifty invited clergy and relevant faculty engaged in ministry and medical education. McNeur states the focus as discussion about "the nature of ministry" as related to medical education. Samuel Banks, Chaplain and Assistant Professor of Psychiatry and Religion, J. Hillis Miller Health Center, University of Florida, was listed as the chair of this subcommittee. McNeur indicates that the 1968 Consultation had the financial support of the following Christian churches: the Episcopal Church, the Methodist Church, the Presbyterian Church, U.S., and the United Projects Committees, which may have been a united committee of the United Presbyterian Church and the United Church of Christ. Both reports are held in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[172] Ronald McNeur in his "report to the College and University Division of the Episcopal Church meeting in Durham, North Carolina, November 17, 1967" reports a discussion of changing the name of the Committee at the October 26-27, 1967 Committee on Medical Education and Theology meeting in New York City. McNeur notes that no decision was made. IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. Jonson notes that the name changed following this conference, page 25. (Jonson 1998)

"experiments"), and Paul Sanazaro, Director of The National Center for Health

Services Research, and an important connection to the AAMC.[173] The Committee

successfully received funding from the Russell Sage and Danforth Foundations and

administrative support from the United Ministries of Higher Education, primarily

administered between the Presbyterian and Methodist Churches.[174]

Interest and desire for involvement in the efforts of the Committee and the

importance of its goals grew, creating the need for a larger structure, and in 1969

The Committee incorporated as a Society. The Society for Health and Human Values

incorporated with a set of by-laws that sought to bring concern for human values in

medicine back into education and patient care. The Society was initially composed

of an invited membership of approximately one hundred religious, academic and

medical humanists, and much like the prior Committee members, were primarily

theologians and medical educators from institutions around the United States.[175]

The initial Executive Committee of the new Society for Health and Human Values

included Edmund Pellegrino, M.D. (chairman), Samuel Banks, Ph.D., A.E. Vastyan,

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[173] From Jonson's history of the Society for Health and Human Values, pages 24-26. George Harrell's history was both personally communicated by faculty at the Hershey Medical Center and can be found in (Lang 2015) (Pellegrino 1974) Page 123, Vastyan, the author of this section refers to Hershey as an "experiment".

[174] Stated in both Jonson's history of the Society for Health and Human Values, pages 24-26, Pellegrino's 1971 "Welcoming Remarks", page 4, and described in Barker, Chapter 1.

[175] This history is described in (Pellegrino 1971) Edmund Pellegrino's welcome address for the first session of the Institute on Human Values in Medicine relates the history of the discussion about humanities and medicine and William F. Maloney's welcoming address in the second session also summarizes this in his welcoming remarks as President of the Society in the Second Proceedings of the Institute on Human Values in Medicine. (Maloney 1972) The "Executive Committee of Society for Health and Human Values" Minutes for their October 30-November 1, 1969 meeting in Cincinnati includes a list of fifty-nine nominees to the Society, including four with religious titles. Document found in IHVM Archives within the Presbyterian Historical Society, Philadelphia, Pennsylvania. Daniel Fox provides a brief review of the development of the Society and notes the initial membership at much less than one hundred. (Fox 1985) A review of this history can also be found in (Fox 2008) Chapter 1, "The Coming of Bioethics" as a part of the development of the field of bioethics.

B.D., George A. Wolf, Jr., M.D., and Ronald McNeur, Ph.D. (Executive Secretary).

Membership was based on nomination from the Executive Board, and included a

mix of religious, humanist and medical academics. Board members with connections

to professional organizations, such as the American Medical Association (AMA) and

Association of American Medical Colleges (AAMC), used their connections to

arrange for time and space at annual meetings of these associations.[176] The by-laws

included a provision that every president served on the Executive Board of the

Society for three years, one year as President-elect, second year as President, and

third as the Past-president, allowing for knowledgeable, smooth transitions. George

A. Wolf, Jr., M.D., Dean and Provost of University of Kansas Medical School was the

first President of the Society; Edmund Pellegrino, M.D., the founding dean of the

medical school at the State University of New York's new Health Sciences Center at

Stony Brook, was the second President. A. E. Vastyan, B.D., Professor and Chairman,

Department of the Humanities, Hershey Medical School, Pennsylvania State

University was the third (1970-1971).[177] All were long-standing, committed, well-

known leaders within the medical education community nationally.[178]

Although the Committee and the Society removed the word 'Theology' from

its title, religious ideology, church affiliation and ministry remained a strong

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[176] Minutes of the Executive Committee of the Society for Health and Human Values dated October 30, 1969 and July 9, 1970. The 1969 meeting minutes include a list of nominations to the Society that includes religious (Reverends and Fathers), William Ruhe from the American Medical Association (AMA), Jay Katz and Daniel Callahan, and Henry Beecher. It also included plans for Pellegrino through Ruhe to obtain the needed space at the AMA Congress. Similarly, another action item discussed arrangements at the AAMC meeting to be arranged by Board members Pellegrino and Wolf. Meeting Minutes located in the IHVM Archives within the Presbyterian Historical Society, Philadelphia, Pennsylvania. Barker highlights in his historical review the importance of connections with professional organizations like the AMA and AAMC.

[177] (Barker 1987) See pages 46-47.

[178] Daniel Fox notes the intentionality of the Society as it formed with strong leadership that had a "political sensibility". (Fox 1985) Quote from page 327.

element within the leadership. George Wolf, while an accomplished medical

education leader, showed deep commitment through his long-term involvement

with the formation and activities of the original Committee, and served on

subcommittees related to ministries in medical schools. Edmund Pellegrino, new to

the organization but a star in the areas of medical administration, education and

medical philosophy, was Jesuit educated and deeply rooted in his Roman Catholic

identity. Vastyan, also a committed member of the original Committee, was an

Episcopal minister and long-time chaplain.[179] The "Ministers in Medical Education"

were also to establish a formal relationship with the Society during the 1970s as

"Campus Ministers in Medical Education Section of the Society for Health and

Human Values", a subgroup of the SHHV.[180]

The Institute on Human Values in Medicine

Lorraine Hunt, Ph.D., formerly of the Department of English at the University

of Maryland, was given a grant by National Endowment for the Humanities (NEH),

sponsored by the AAMC, to survey humanities programs in selected medical schools.

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[179] Details of George Wolf and E.A. Vastyan's early involvement and 1965-66 location are from the 1965-1966 "A Joint Committee on Medical Education and Theology" list and additional documents located in IHVM Archives, Presbyterian Historical Society, Philadelphia, Pennsylvania. Background information on Vastyan are from personal communications with faculty at the Hershey Medical Center, and material located at the University of Texas Medical Branch's (UTMB) Moody Library, Blocker Collection, Galveston, Texas. The dates of the Society presidencies are located in both Barker, page 47, and the "Council of the Society for Health and Human Values (1970-1971), *Institute on Human Values in Medicine: Proceedings of the First Session*. Details of Edmund Pellegrino's religious affiliations are from multiple interviews with those who had worked closely with Pellegrino. Pellegrino was also the first lay president of Catholic University, 1978-1982, per his Curriculum Vitae, from the Pellegrino Archives, Institute of Ethics, Bioethics Research Library, Georgetown University, Washington D.C..

[180] This relationship is noted in (Duncombe 1971), Quote from page 1065. There are also multiple memos of correspondence regarding the relationship between SHHV and 'Ministries in Medical Education' (MME), including the break in the relationship in the 1980s. Documents held in the IHVM Archives, Box 4, Presbyterian Historical Society, Philadelphia, Pennsylvania.

The results of this survey were presented to the Executive Committee of the Society

for Health and Human Values on October 30, 1969 and it was agreed that The

Executive Committee would work with Dr. Hunt on a second proposal to the NEH for

the next stage of this project.[181] On July 9th, 1970 Dr. Hunt reported to the Executive

Committee that a revised budget was accepted by the NEH with the proposition of

matching funds, if found. The funds were used to support the work of an Institute

whose mission would be "an interdisciplinary engagement at high levels with a main

concern as to how the humanities humanize", which would include practical

applications as intellectual processes.[182] Thus, the first formal project of the Society

after its incorporation was the formation of the Institute on Human Values in

Medicine (IHVM). The awarded NEH grant was to support "action-research"

conferences, and this became the work of the IHVM.[183] The Institute was developed

as a tool of the Society to examine and explore whether humanities could be used to

infuse and balance a medical curriculum that had become too beholden to scientific

principles and technologic progress, which threatened the holistic care of the

patient. Edmund D. Pellegrino, M.D., a leader in the new bioethics movement, an

early President of the Society and Chairman of the Institute, hoped that the IHVM

would create a new generation of educators and practitioners with a humanistic

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[181] From the "Minutes" of the "Executive Committee of Society for Health and Human Values, October 30, 1969 Terrace Hilton Hotel, Cincinnati". Lorraine Hunt's background was found in Barker's description of the Institute on Human Values in Medicine, page 59. Hunt, who became the Project Director for the Institute on Health and Human Values, described her survey project in (Hunt 1971).
[182] "Notes and Minutes of the Executive Committee of the Society for Health and Human Values and the Advisory Committee for the Institute on Human Values in Medicine held at the Health Sciences Center, State University of New York at Stony Brook, July 9, 1970. Pellegrino (chair), Sam Banks, Lorraine Hunt, Al Vastyan, George Wolf, Ronald McNeur (secretary) were present. Found in the IHVM Archives within the Presbyterian Historical Society, Philadelphia, Pennsylvania.
[183] (Hunt 1971) Quote from page 1. Institute Proceedings can be found online at the Bioethics Research Library of the Kennedy Institute of Ethics, Georgetown University, Washington D.C..

orientation to balance the flood of science and technology and the number of scientifically oriented faculty educators. The Institute was conceived as an interdisciplinary entity that would create a bridge between the liberal arts, science and technology, and consider ways to translate humanities into medical education and practice.[184] Pellegrino at the inception of the IHVM was the Vice President of Stony Brook University's Health Sciences Center and the inaugural Dean of its new medical school. Pellegrino feared, as did his colleagues, that medical education in its quest for science and professional recognition was loosing its humanity and they were seeking ways to recover it.[185]

By the start of the IHVM, medical schools had become their own emblems of the success of their profession, more about maintaining individual interests and less about modeling good patient care and professional behavior. With the flow of federal dollars to support research, medical schools had become large businesses with many independent players who had more investment in their individual work than in their service to the institution, community or training. Federally funded grants were most often tied to the individual within an institution, providing support for both the salary of the investigator as well as the research effort. Competition between investigators had increased while institutional authorities, such as school deans and department chairs had decreased.[186] In the words of Samuel P. Martin, faculty in the Department of Community Medicine of the

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[184] Included in the October 30, 1969 Minutes of the Executive Committee of the Society for Health and Human Values on the formation of the Institute. Meeting Minutes located in the IHVM Archives within the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[185] Sentiments expressed by E. Pellegrino in the proceedings of the 1974 IHVM sponsored Conference at the University of Illinois Medical Center. (Pellegrino circa 1975)

[186] See (Ludmerer 1999) Chapter 8 – "The Ascendency of Research".

University of Pennsylvania, medical schools had become places where the training

and modeling of good patient care had become subservient to other individual

interests.

> *How can a student be taught to respect his colleagues and work with*
> *other health professionals, when his professors are at war with each*
> *other and constantly at war with their dean, as well as other deans? …*
> *we might better ask: How can we humanize the teachers so as to affect*
> *students who will be physicians of the future?* [187]

The economics of the research venture had changed the dynamic of the school

environment and come into conflict with the goals of teaching. Kenneth Ludmerer

describes this as the period in American medical education where the student is

forgotten amidst the responsibilities of research and patient care, teaching having

fallen low on the list of priorities for faculty within the fertile academic medical

center environment.[188]

"Action Research" Conferences – IHVM created for action

The Society worked to address its concern for the absence of human values

content in medical schools through dialogue with humanist scholars, searching for

how the humanities could be used to teach medical students. The IHVM was created

to provide the venue and means for this dialogue. In his welcoming address to the

first session of the IHVM Edmund Pellegrino, Past-president of the SHHV and new

Chair of the IHVM Board, emphasized his hope and belief that the IHVM would bring

together non-medical scholars with concerned physicians to dialogue on the

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[187] (Martin 1971) Quote on pages 20-21.
[188] Ludmerer (1999) Chapter 11.

"human problems that arise in medicine" and to thereby help medicine answer the difficult human questions arising in medicine. [189]

With funding from a new NEH grant for funding until to March 1972, the SHHV started its 'action' activities through the IHVM. The initial concept of the Institute was as an interdisciplinary entity that would work on ideas of teaching physicians how to make value judgments, in addition to technological skills. The SHHV Executive Committee believed that medicine had the capacity to create a bridge between the liberal arts and science, and to solve the problem of "inhuman reductionism".[190] Pellegrino spearheaded the work of the Institute with a firm belief in the power of the humanities and its scholars to guide medical educators in addressing the human problems of medicine. He believed in the sciences, but felt the humanities held the keys to considering and understanding the modern problems that sciences and technologies posed for man and the practice of medicine.

> *I believe also that we should be developing our health sciences centers into institutions that really deal with the sciences and the practical problems they pose for man. That means, therefore, that we need input from those who are cogitators of the problems of man, and whose point of view is other than the biological. And I think the marriage of these two points of view will be fruitful for all of mankind. "*[191]

Pellegrino was concerned not only over an absence of humanistic content in the medical school curriculum, but what he viewed as the loss of formal humanities

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[189] (Pellegrino 1971) Quote from page 4.
[190] From the Notes and Minutes of the Executive Committee of the Society for Health and Human Values and the Advisory Committee for the Institute on Human Values in Medicine Held at the Health Sciences Center, State University of New York at Stony Brook, July 9, 1970. Those present were: Ed Pellegrino (chairman), Sam Banks, Lorraine Hunt, Al Vastyan, George Wolf, Ronald McNeur (secretary). IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.
[191] (Pellegrino 1971) Quote from pages 7-8.

education overall for aspiring doctors. He believed the undergraduate liberal arts experience, which was presumed to supply educated pupils, had become so limited as to be inadequate for critical thought and that a true liberal arts education was all but lost on college campuses. He valued the role of formal liberal arts education as essential to the understanding and deep discussion of values, principles and concepts that doctors needed to have to consider medicine's service to society, and technology's proper role. This was especially true for a generation of students that he believed to be overly focused on concrete specifics that did not think in generalities or the greater context. He firmly believed that humanities scholars could bring something of critical importance to medical educators and their students.[192]

From the start of his time with the Society, Pellegrino sought dialogue and guidance from humanist colleagues. He posed key questions to a primarily humanist audience at the first IHVM conference and sought their interest in working with health professionals, looking for the benefit of humanities knowledge to health professionals within the context of their training. He sought input on the humanists' ability to work with health professionals and whether this audience could help in providing and promoting better methods for perceived humanist problems within medicine and the healthcare professions.[193]

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[192] Ibid.
[193] Items of concern highlighted in (Pellegrino 1971). Reiterated and summarized also in William Maloney's Welcome Address as part of the Second Proceedings of IHVM, 1972, (Maloney 1972) page 3. Maloney was the Dean of the School of Medicine, Tufts University and fourth President of the SHHV.

The first meeting of the IHVM was exploratory. The content of this meeting was largely focused on discovering whether humanists were interested in and could help medical education and educators, and if so, how. To be clear, the leaders of the IHVM specifically did not regard humanities training as a substitution for scientific knowledge, advances or clinical training. Nor did they view humanities training as a direct method of creating humanitarian physicians. In the words of K. Danner Clouser, Associate Professor of Humanities at the Medical Center of the Pennsylvania State University at Hershey and consultant to the IHVM's advisory committee:

> *Our students will be humanized, if at all, by witnessing compassion, gentleness, and empathy manifested in patient interviews, in rounds on the wards, in their preceptor's office—and not by studying a body of knowledge.*[194]

Clouser spoke on the challenges of teaching philosophy, and generally humanities, to medical students where humanities material may not be considered important. The value he suggested was in the "humanizing effect" of studying such academic disciplines as philosophy, literature and religion, where the experiences and emotions of the human condition could be examined through such disciplines. He, like Pellegrino, believed that discipline experts should teach humanities in medical school as academic disciplines.[195]

An Advisory Board chaired by Edmund Pellegrino provided leadership to the IHVM. Table 2 presents the initial board members in 1971, which remained unchanged in 1972. Overall, there was minimal change in leadership over the

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[194] (Clouser 1971) Quote on page 50.
[195] (Clouser 1971)

Institute's decade long history. Pellegrino was always at the helm and Ronald

McNeur, Presbyterian minister and theologian interested in the moral code of

medicine, and noted as conceiving of and developing the dialogue and structure that

was to become the Institute on Human Values in Medicine, was the Executive

Director of the SHHV and as such a Board member of the IHVM. McNeur remained

on the IHVM Advisory Board in this key role as a central administrative figure for

almost the entirety of the IHVM's life. The IHVM always remained closely tied to the

Society with three of the six advisory Board members also in leadership roles on the

Council of the SHHV. IHVM internal memos suggest that existing Board members

vetted new members through a unanimous voting process. It was inferred that past

experience with the IHVM, understanding and interest in its mission, and the

connection with the Society was important in such decisions. Edmund Pellegrino

raised the question of adding Chester Burns, an MD and PhD historian, as a

permanent member of the IHVM Board of Directors following the end of his SHHV

presidency citing his value, credentials and demonstrated commitment to the work

of the IHVM.[196] A 1976 memo from Ron McNeur to Ed Pellegrino citing Chester

Burns' benefit to the board following his SHHV presidency indicated unanimous

support from existing IHVM board members for his invitation. A 1977 memo to

Richard Zaner, then Chair of the Department of Philosophy, Southern Methodist

University, and past colleague of Pellegrino at SUNY Stony Brook, from Ed Pellegrino

describes both the unanimous agreement of the Board members for his invitation,

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[196] Memo dated August 26, 1976 . IHVM Archives from Box 6, Folder 15, Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, University of Texas Medical Branch (UTMB), Galveston, Texas.

as well as the details of Board membership, which were not "onerous" but "considerable". Responsibilities of Board members were cited as including management and oversight of the NEH grant, involvement in the IHVM's activities such as resource visits and review of grant applications, possibly for conference visits and requests of individual fellowships. Board members were informed of the mission of the IHVM, activities and responsibilities through memos.[197]

There are several noteworthy points regarding the Board. Consistent with Pellegrino's effort to bring in voices from outside of medicine to help examine human problems in a different way, the majority of the IHVM board members were non-physicians. Four of the six members were humanists who had close ties to medical education. Members of religious ministries founded the original Committee on Medical Education and Theology and then the subsequent Society. The IHVM maintained that strong connection to organized religion with Pellegrino, Vastyan and McNeur all closely associated with religious institutions and ministries.[198] Such close ties to theology and religion is consistent with the development of the overall field of bioethics, which grew as previously described in a significant way from

[197] Memo from Ron McNeur to Ed Pellegrino dated September 22, 1976 states the unanimous vote from the Board of Directors of IHVM to invite Chester Burns onto the Board after his term as President of the SHHV ends. Pellegrino as a Director of the IHVM board was to extend the invitation to Burns. Memo from Ed Pellegrino to Richard Zaner dated March 10, 1977 inviting him to join the IHVM Board of Directors states specifically that the vote was unanimous and the tasks involved in membership. IHVM Archives, Box 6, Folder 15, Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[198] The role of religious leaders and ministries in these efforts was reflected in Edmund Pellegrino's Welcoming Address of the IHVM First Proceedings, in interviews with knowledgeable experts on the IHVM, and in the archives of the IHVM held at the Presbyterian Historical Society (PHS). The Presbyterian Church in Philadelphia hosted the IHVM office through Ronald McNeur's association with the Church. Records located in the IHVM Archives of the PHS note the strong alliance with the United Ministries in Higher Education. Another board member A. E. Vastyan was an Episcopal minister and Edmund Pellegrino was a devout Roman Catholic and the first secular president of The Catholic University of America during the time of the IHVM, his appointment starting in 1978.

theologians interested in and concerned about the ethical issues rising out of

modern medicine.[199]

Table 2.   Advisory Committee of the Institute on Human Values in Medicine, 1971 & 1972

* Edmund D. Pellegrino, M.D. , Chairman Vice President for the Health Sciences Director of the Center State University of New York at Stony Brook * Samuel A. Banks, Ph.D. Associate Professor of Medicine and Religion Department of Community Health University of Florida at Gainesville Lorraine L. Hunt, Ph.D. Project Director Institute on Human Values in Medicine * E. A. Vastyan, B.D. President of the Council & Professor and Chairman Department of Humanities Milton S. Hershey Medical Center College of Medicine The Pennsylvania State University at Hershey George A. Wolf, Jr., M.D. , Professor of Medicine College of Medicine University of Vermont, Burlington * Ronald W. McNeur, Ph.D. Executive Director Society for Health and Human Values

* On the Council of the SHHV (1970-71)[200]

State operated medical schools were also strongly represented in this

leadership with four members being university faculty from state operated schools.

This overrepresentation of state schools is significant and may relate to the passing

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[199] Fox and Swazey Chapter 1 provides an historical review of the development of bioethics discipline. (Fox 2008)

[200] (1971) Board lists and details taken from Proceedings and reports are digitized and available at the Bioethics Research Library of the Kennedy Institute of Ethics, Georgetown University, Washington D.C.. https://bioethics.georgetown.edu/library-materials/digital-collections/reports-of-the-institute-on-human-values-in-medicine/

of legislation and funding to expand the number of physicians in training in the

1960s. Kenneth Ludmerer suggested that state schools were more open to

exploring novel approaches to medical education and curriculum changes. They

also appeared more likely to focus on serving communities with a government

directive to serve the health issues of their state's constituencies.[201] An example of

this was found in Stony Brook University's Department of Psychiatry 1963 report to

the governor of New York State indicating a focus on comprehensive care of the

community.[202]

The Institute in "Action"

The IHVM was to be the action-arm of the SHHV, and it was both active and

productive. The outcomes of the First and Second year annual meetings, which

asked the question of what humanities could do for medicine, set the stage for a

variety of events across the decade. These events were directed at enabling medical

schools to teach humanities content within their curriculum, creating awareness

among medical educators of the human values topics of greatest concern in

medicine at the time. They examined the potential for and benefit of a dialogue

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[201] A 1959 report from the Surgeon General's Consultant Group on Medical Education gave urgency to the need for more physicians, citing a shortfall of tens of thousands of physicians by the 1970s. The report recommended an immediate increase in the number of physicians trained in order to avert this healthcare crisis. This was followed by 1963 legislation that provided funds for both the expansion of training space for existing schools, as well as construction funds for new medical schools. Funding for the construction of new schools sometimes came with matching support from state legislatures. In (Lippard 1972b) This history is also reviewed in (Ludmerer 1999) pages 210-215.

[202] 1963 Report to the Governor of the State of New York noted here https://medicine.stonybrookmedicine.edu/psychiatry/about/history. Some of this history can also found here (Lippard 1972a)   See Chapter by Edmund D. Pellegrino on the "State University of New York at Stony Brook", page 241.

between medicine and the humanities. Examining what one discipline could learn

from the other.

Over the course of a decade, 1971-1981, the IHVM organized and

administered the activities outlined in Table 3.[203] Conferences were the backbone of

the Institute, and were organized on a national scale. The conferences, including the

Program for Directors of Medical Education, attempted to reach medical

professionals and educators from across the country by meeting in a variety of

geographic locations. Attendance was strong and topics were practical and timely

against the background of a clinical practice and technology sector that was rapidly

growing and seen to be a potential danger to the doctor-patient relationship. As per

the examples shown in Table 3, the topics were pragmatic and intended to present

to the audience topics of current concern and offer methods of how to teach and

bring this information to their classrooms. Sometimes referred to as

"Miniconferences", resource visits were among the first activities of the IHVM. They

were always initiated externally by schools seeking input, although there is

indication that the IHVM staff performed outreach efforts.[204] The Institute

responded by sending one or more members of their advisory committee to the

school, providing onsite practical guidance and resources in a variety of ways

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[203] This history is documented in (McElhinney 2001)

[204] Quote from August 28, 1974 Internal meeting agenda with Edmund Pellegrino, Ron McNeur and Thomas McElhinney, newly established Director of Programs replacing Lorraine L. Hunt, regarding the duties of McElhinney found in the IHVM Archives in Box 6 Folder 15, Pellegrino Correspondence 74-77. Also found in the same location a later memo, September 14, 1976, from McElhinney to Pellegrino and McNeur reviewing the IHVM Executive Board Meeting on September 3-4, 1976, which targeted ways to perform outreach in targeted geographic regions (including Hawaii) to stimulate interest in resource efforts. IHVM Archives, Box 6, Folder 15, Correspondence 74-77. Both from the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

depending on the individual school's needs and request.[205] Chapter Four of this

dissertation, provides an in-depth review of each of the activities of IHVM.

Edmund Pellegrino's influence and the interest he garnered for the Institute's

works was made evident by societies such as the Medical Society of New York State

that requested him to speak on topics of humanism and medical ethics. Such events

led to inquiries by physicians interested in participating in the activities of IHVM. In

such cases Pellegrino forwarded inquiries to Thomas McElhinney, Director of

Programs for the IHVM who responded with information or a request to discuss,

and provided follow-up actions.[206] This was typical of their close relationship and

administrative process.[207]

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[205] Correspondence and internal administrative memos regarding the conferences and resource visits can be found in the IHVM Archives in The Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Personal recounting of these activities obtained through interviews with past IHVM Director of Programs, Thomas McElhinney, Ph.D.. Conferences often resulted in documentation through proceedings, which were published by the SHHV. A complete list of these publications can be found in (McElhinney 2001) Pages 316-317.
[206] Memos found within the Blocker History of Medicine Collection of UTMB from Edmund Pellegrino, Thomas McElhinney and Stephen Nordlicht, a New York City psychiatrist and Chair of the Scientific Program Committee of the New York Medical Society's annual convention. Memos dated September 20 (Nordlicht to McElhinney) and November 9 1976 (Pellegrino to McElhinney), November 1976 Medical Society of the New York State annual program showing Pellegrino's address. From the IHVM Archives Box 6, Folder 15 Correspondence 74-77, IHVM Archives, Box 6, Folder 15, Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[207] Personal interviews with Thomas McElhinney from 2014-2019 verified their close working relationship. The many memos between Pellegrino, McNeur and McElhinney display their close communication process.

Table 3.   Activities of the IHVM 1971-1981

➢ **Resource Visits**
- 77 visits to medical schools requesting resources and materials
- Team of board members visit schools providing:
  - ○ Presentations
  - ○ Workshops
  - ○ Discussions with faculty and administration
  - ○ Resources

➢ **Fellowships**
- 77 individual short-term fellowships awarded (75 individual fellows)
- Training designed to provide cross training between medicine and humanities
- Fellows were from a variety of disciplines and training. Fellowship provided clinical exposure to humanists and humanities experience to clinicians.
  - ○ *Moral status of pain and suffering.* L. McCollough, PhD (Philosophy)
  - ○ *Hospices in England and in Geel, Belgium.* P. Kissick, RN
  - ○ *Placebo effect in relation to the mind-body problem as a philosophical issue.* H. Brody, MD-PhD Student (Philosophy)
  - ○ *William Beaumont and the ethics of human experimentation.* R. Numbers, PhD (History)
  - ○ *The Golden Rule as a decision-making tool in medicine.* M. Siegler, MD
- Fellows became leaders in the fields of bioethics, medical education and humanistic training of physicians

➢ **Conferences**
- 17 Conferences
- 1000 attendees, 254 schools, 36 states across the U.S.
- Categories: Mission topics, Issues specific, leadership programs, teaching and methodology resources
- Conference topics:
  - ○ *Medical education and malpractice litigation* by W. Winslade, J.D. (Fellow)
  - ○ *Death and Dying*
  - ○ *Moral uses of new knowledge in the biomedical sciences*
  - ○ *Human values teaching programs for health professionals*
  - ○ *Fostering ethical values during the education of health professionals*

➢ **Dialogues Between the Disciplines**
- Focus groups formed in five disciplinary areas: History, Literature, Religion, Social Sciences, Visual Arts
- Ten members each group, groups met five times in a two year period
- Consider the role of the discipline in medical education
- Produced four publications presenting the intersections between the discipline and medicine:
  - ○ *Nourishing the Humanistic in Medicine: Interactions with the Social Sciences,* Rogers and Barnard, 1979
  - ○ *Medicine and Religion: Strategies of Care*, Shriver, 1980
  - ○ *Healing Arts in Dialogue: Medicine and Literature*, Trautman, 1982
  - ○ *The Visual Arts and Medical Education*, Berg, 1983

➢ **Program for Directors of Medical Education**
- Final program initiated by IHVM
- Three conferences held: Maryland, Austin, LA
- Emphasized ethics, human values and incorporation of humanities into training programs
- Pragmatic focus

The *Dialogues Between Disciplines* activity was the most creative of the programming and sought not to educate, but to explore and critically examine the intersections between medicine and the various humanities disciplines. Preparation for the *Dialogues* groups began in 1974 and a memo dated October 24, 1974 indicated that the chairmen of the groups had been selected. Literature, history and social studies were the first areas selected. In total, five humanities areas were identified, which produced four books.[208] The groups met over the course of two years and the texts produced provided a cohesive overview and outcome of the discussions. They were produced independent of each other and thus the content and tone of each is unique and reflective of the discipline itself. Notably, the History *Dialogues* group did not produce a volume, which may reflect the relationship of the discipline to medicine at the time.[209]

The Fellowship program was the activity of IHVM with the most lasting measurable success, training seventy-five fellows over the course of four annual cycles and seventy-seven awarded fellowships. It seeded much of the national

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[208] Notes from a meeting with "Ed, Ron, Tom" (Pellegrino, McNeur and McElhinney) dated October 24, 1974 state that the *Dialogues* chairs were in place and were selecting group members. IHVM archives Box 6 Folder 15 Pellegrino Correspondence 74-77, IHVM Archives, Box 6, Folder 15, Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[209] One interview with a knowledgeable source indicated that the group had difficulty and were simply "parading our medals", personal communication. History and medicine have had a longstanding relationship, history being a foundational component of the Johns Hopkins curriculum, which Abraham Flexner used as the gold standard for his 1910 report. However, at the time of the IHVM the academic field of history had separated from medicine and was focused on the academic studies of social history with a derogatory view of medical history as conceived by physicians. While a manuscript was submitted by the History Dialogues group, as found in the Blocker Collection archives at University of Texas Medical Branch and related in a 2019 interview with the History *Dialogues* group chair, Guenter Risse, it was not moved forward for publication by one of the academic presses. Risse related disappointment at this outcome in his 2019 interview for this dissertation project.

academic medical landscape with humanities scholars who gained clinical exposure through the IHVM fellowship or clinicians who gained solid humanities scholarship experience. The Fellowship Program provided accepted candidates with short-term funded fellowships to work on approved projects that were generally several months in length. Fellows were either clinical professionals or humanities scholars, including doctoral students. The fellowship experience was intended to cross-train recipients in either the clinical areas for non-clinicians or the scholarly areas for clinicians. Interviewed fellows cited the IHVM fellowship experience as a turning point in their career, setting the stage for a successful academic career in a medical center with the kind of training that did not exist elsewhere at the time. Many became leaders in the new field of bioethics and created related programming in medical schools where they received faculty appointments. The *Reports of the Institute Fellows* were published by the IHVM as part of their regular reporting.[210] Detailed information on Fellowship program and its trainees is reported in Chapter Four of this Dissertation.

The End of a Decade and The Legacy of an Institute

The administration and activities of the IHVM were solely supported by a series of grants from the National Endowment for the Humanities (NEH). The initial NEH grant was awarded to the SHHV in 1970 based on earlier survey work by

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[210] A listing of the four Reports of the Institute Fellows can be found in (McElhinney 2001) pages 316-317. These reports can be found at the Bioethics Reseach Library of the Kennedy Institute of Ethics, Georgetown University, Washington D.C..
https://repository.library.georgetown.edu/handle/10822/761520/recent-submissions. This author also conducted open-ended interviews with identified past IHVM Fellows on their professional careers and the impact of the IHVM on these careers as a part of an IRB approved Study No. IRB00087873.

Lorraine L. Hunt, PhD, the founding Project Director of IHVM. Hunt's original work,

sponsored by the American Association of Medical Colleges (AAMC) with funding by

the NEH, had surveyed the status of humanities programming in medical schools.

The formation of the IHVM was in part founded on Hunt's survey work, her

relationship with the NEH and the Institute's alignment with the vision of the NEH,

which included an educational mission to provide models of conveying the value of

arts and the humanities to the American public.[211] The Institute had a series of five

renewals of the NEH grant funding. The final request for continuation of funding

was submitted on December 31, 1980. There were prior indications that the NEH

was undergoing its own administrative and vision changes. The review of the

proposal for renewal questioned Pellegrino's level of involvement as Director, given

that he was then the President of Catholic University. The request for funding was

denied and although Pellegrino issued a rebuttal, funding was eventually

discontinued after several extensions.[212] The IHVM Board members and their allies

continued to seek additional sources of support, but without success, aside from

relatively small single contributions from individual institutions.[213] The greater

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[211] Hunt in the Institute on Human Values in Medicine Proceedings of the First Session, page 1, describes the background of the IHVM and her survey. (Hunt 1971) The recount is consistent with discussions on IHVM history with Thomas McElhinney.   A statement of the original legislation stating the purposes of the NEH can be found on the NEH website, https://www.neh.gov/about/history/national-foundation-arts-and-humanities-act-1965-pl-89-209.
[212] Notes from the NEH review of the final NEH renewal request are in IHVM archives in The Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Indications of the changing direction and administration of the NEH were related in personal interviews with Thomas McElhinney, who was involved in the writing of the renewal proposal. Also memos indicating administrative financial reporting challenges between the IHVM and the NEH can be found in the IHVM archives of the Presbyterian Historical Society, Philadelphia, PA.
[213] Letter dated March 5, 1974 from Ron McNeur to Edmund Pellegrino mentions the hope of success with the NEH and Upjohn Company requests. August 28, 1974 agenda from a Pellegrino, McNeur and McElhinney meeting states the benefit of "**a** fundraiser". Same memo indicates contacts for a series of foundations: Sloan, Rockefeller, Macy, Ford, Hartford and Carnegie, and that NEH may provide a

Society was also undergoing changes and it had become clear that the Society's

Executive Director, who was also key Institute staff, Ronald McNeur, was leaving his

post.[214] Without funding from its sole source and a clear vision or support from its

founding Society, the Institute closed in 1981 with a final Capstone Conference.[215]

In total the IHVM produced eighteen reports, including four academic press

publications from the *Dialogues Between the Disciplines* groups. The work of the

Society through the IHVM was productive and nationally engaged. Requests for the

early proceedings were described as numerous, and Pellegrino's remarks were well

distributed.[216] By the end of the Institute's decade long existence almost every

medical school in the United States had formed some type of ethics, human values or

humanities curriculum, elective or otherwise, whereas few existed prior. The

Institute had created faculty that were sent out to seed medical schools nationally

with humanist, well-trained scholars, some who were clinicians and others doctoral

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list of foundations. A later June 25, 1975 memo to Tom McElhinney and Ed Pellegrino from McNeur indicated that Verland Barker was actively fund raising for the institute to ministry, philanthropic and corporate organizations, including United Church ("$5000 rather certain"), Booth Ferris Foundation, and J.C. Penney. Some indicated "to get general approach recommended by V. Barker" were Mellon, Josiah Macy, Henry Luce, Ford, Alcoa. Documents located in the IHVM Archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[214] Memos from McNeur, indicating his intention to leave and communications describing discussions regarding the direction and vision of the SHHV itself, including its break from the United Ministries in Higher Education can be found in the IHVM archived materials at the Presbyterian Historical Society, Philadelphia, PA. Also See Chapter Four of this dissertation, and United Ministries in Education publication article. (1982) Daniel Fox notes the society as an "unstable coalition" as its membership represented an eclectic group with a single common focus on the medical humanities and medical education. (Fox 1985) Quote from page 336.

[215] The conference is described in (Pellegrino 1982).

[216] March 5, 1974 letter from McNeur to Pellegrino stating the "continuous" flow of requests for the proceedings of the first and second conferences (Reports 1a and 1b), and requests for ideas on how to best distribute Pellegrino's "very good Oration" on the mission and philosophy of the Institute beyond the SHHV and AAMC. IHVM Archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

or ministry scholars who were now knowledgeable of medicine. Most of the IHVM

Fellows started new or supported existing humanities or ethics programs within

their medical schools. Fellows interviewed as part of this study indicated their

experiences with the Institute and Edmund Pellegrino as turning points in their

careers and the fellowship provided training and professional connections that were

unavailable elsewhere.[217] A major contribution of the Society and its Institute was

the attention it brought and the networks it created in the bridging of ethics, human

values and humanities with medical education.[218]

While some type of humanities training was seeded and integrated across

medical schools nationally, the vision of any kind of standardization of the

curriculum, or strong national movement to integrate humanities broadly was

elusive. Individual schools with strong local support for the humanities continued

these elements in their curricula, but a consolidated national level incorporation

was not apparent. The Society was tasked with fostering a continued connection

between the IHVM and larger national associations overseeing and directing

medical education, such as the AAMC, yet, there is only unidirectional evidence of

this effort.[219] Ethics was incorporated into the requirements of the medical

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[217] From open-ended interviews with past IHVM Fellows on their professional careers and the impact of the IHVM and Edmund Pellegrino on their careers were part of IRB approved Study No. IRB00087873.

[218] (Pellegrino 1982)

[219] Barker (1987) Notes on page 62 the administrative support provided IHVM by the United Ministries and the Society's task to "retain and strengthen its relation with the Association of American Medical Colleges" and other national and international organizations with the same concerns. The SHHV met alongside the AAMC meetings, IHVM Board members were part of AAMC activities and SHHV Executive Committee and IHVM administrative memos mention intentions to and connections with the AAMC. There is little to no evidence of the IHVM in the Archives of the AAMC.

education accrediting body, the Liaison Committee on Medical Education (LCME),
yet little direct connection between this integration of ethics into the required
medical curriculum and the work of the IHVM has been found, although some infer
it.[220] As early as 1975 warnings were present that there was a lack of federal
understanding and support for the importance of human values content, as defined
broadly, in the medical curriculum.[221]

Edmund Pellegrino went on to continue promoting the value and benefits of
the Institute's mission long after it closed. He and former IHVM Director of
Programs, Thomas McElhinney, conducted a survey of the individuals trained in the
fellow's program in the mid 1990s, approximately twenty-five years after the
program's conclusion. They verified that the majority of fellows went on to become
major contributors in medical and other health professional schools across the
country. McElhinney and Pellegrino published a reflective analysis of the work of
the IHVM, including the survey results of the Fellows in 2001.[222] More about the
fellows and this survey can be found in the next chapter.

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[220] (Wear 2009) Wear offers the history and work of the IHVM in her discussion of the teaching of
humanities in medical schools. Little evidence of extensive integration of IHVM's work in AAMC
efforts was found in the IHVM's archives aside from memo or notes indicating communications from
IHVM to AAMC. The archive of the American Association of Medical Colleges (AAMC) holds extensive
notes regarding Pellegrino's involvement with the AAMC as an editor and member of the editorial
board of its *Journal of Medical Education* through the 1970s, and his work nationally in bioethics, but
there is an absence of retained information on the IHVM and its work.
[221] November 25, 1975 memo from McElhinney to Pellegrino and McNeur alerting them to potential
legislation that will allocate resources to medical education without a requirement for human values
content or content limited in a narrow way to bioethics. IHVM Archives Box 6 Folder 15 IHVM
Pellegrino Correspondence 74-77 Truman G. Blocker, Jr. History of Medicine Collections at the
Moody Medical Library, UTMB, Galveston, Texas.
[222] (McElhinney 2001)

Pellegrino moved from Catholic University to Georgetown University where he held clinical privileges, and became the new Director of the Kennedy Institute of Ethics. While at Georgetown, where he held faculty appointments in Philosophy and medicine, he also continued his relationship with national efforts, including serving as the Chairman of the President's Council on Bioethics from 2005-2009. In the years after the close of IHVM he received small NEH grants to support summer humanities programs for medical students, continuing to believe deeply in the essentialness of humanities for medicine and physician training. This summer project-based program in the humanities (literature, history and philosophy) attracted medical students from across the country.[223] At Georgetown Pellegrino taught courses in both the Philosophy Department and the medical school.   In doing so he continued to train the next generation of medical humanist scholars in the form of mentoring doctoral, medical and dual degree students in philosophy and ethics, collaborating with colleagues from across the health science professions. Like the IHVM fellows, his mentees have gone on to continue to preach the gospel of humanism through the humanities in medicine.[224]

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[223] Student project papers, and correspondence regarding the elite faculty Pellegrino recruited can be found in the Pellegrino Archives of the Bioethics Research Library of the Kennedy Institute of Ethics at Georgetown University, Washington D.C.. Faculty recruited to teach or mentor projects in this popular program included Daniel Callahan of the Hastings Center, David Thomasma, former IHVM Fellow, Daniel Fox, and H. Tristram Engelhardt.

[224] (Doukas 2012) David Doukas the lead author and collaborator in the PRIME project was a mentee of Pellegrino's at Georgetown, personal communications. Two other IHVM Fellows were listed in the membership of Prime, Laurence McCollough, Ph.D. and Howard Brody, M.D., Ph.D.. Doukas established the Academy for Professionalism in Healthcare in 2012 as the next step beyond PRIME. The Academy's by-laws found on their website (https://academy-professionalism.org/ under Documents/Member Rules and Regulations) state its mission is to assist in the use of humanities, ethics, social sciences and behavioral sciences to promote professionalism in healthcare, and follows the themes and activities of the IHVM in a twenty-first century capacity. Personal communications with David Doukas and other members of the Academy, including IHVM Fellow John Moskop.

Other IHVM Board members also continued to promote the importance of humanities in medicine through their own local institutions and through their work with the greater Society for Health and Human Values.[225] The Society remained active until its closure in 1997 when it joined two other ethics in medicine and research organizations, to form the American Society for Bioethics and Humanities (ASBH), which meets annually and covers a vast array of ethical and humanities topics in medicine.[226] Loretta M. Kopelman, Ph.D., a Philosopher at the East Carolina School of Medicine was the closing President of the SHHV and the founding President of the ASBH. In 1978 she had worked with the IHVM through resource visits to develop a humanities training program at the East Carolina School of Medicine, and was closely associated with the work of the IHVM.[227]

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[225] Course curricula created and taught by Pellegrino can be found in the Bioethics Research Library of the Kennedy Institute of Ethics at Georgetown University, Washington D.C. Meetings with staff who knew and worked for Pellegrino provided additional details of his professional life at Georgetown. Interviews with faculty at the Hershey Medical Center who knew Clouser and E.A. Vastyan also provided details of their continued efforts and the success of the Hershey 'experiment'.

[226] Records on the life and closure of the SHHV are held in the SHHV Archives of the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, University of Texas Medical Branch (UTMB), Galveston, Texas. The SHHV joined the Society for Bioethics Consultation and the American Society for Bioethics in 1997 to become the American Society for Bioethics and Humanities (ASBH).
Many involved in humanities scholarship now host separate meetings outside of the annual ASBH in order to keep attention on the humanities separate from ethics, personal communications.

[227] (Kopelman 1998) Loretta Kopelman in a 10/20/2019 telephone interview provided details of her hire to develop the program at East Carolina School of Medicine through personal communications. In these communications she spoke of hiring John Moskop, Ph.D., another Philosopher and an IHVM trainee in its final cohort, to assist her in running the program.

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Chapter Four: Broad Strokes Can't Change the Landscape - IHVM's outreach efforts across the canvas of medical education

In its ten years of activity, the IHVM sponsored a variety of outreach efforts directed at both providing information and resources to schools interested in incorporating such content in their educational curriculum, as well as examining the place of humanities in medicine. This chapter considers these efforts in two categories: information disseminating (conferences, publications and resource visits to schools) and information producing (fellows program and *Dialogues Between the Disciplines* focus groups).[228]   Resource visits no doubt assisted schools with considering humanities content in their program. Individually the conferences and publications provided lasting records. The fellows program successfully seeded high functioning humanistic experts nationally within medical schools. Many went on to create lasting programs within home institutions and were highly productive as individual scholars. Focus groups of humanities scholars (*Dialogues)* discussed the intersection of their disciplines (five areas - history, literature, religion, social sciences and visual arts) with medicine, exploring the value of these disciplines to medicine. Four out of the five *Dialogues* groups created scholarly texts examining their intersection with medicine and the value. As a whole, these efforts were well organized, focused, had national scope, and added momentum and expertise to a moving wave of action to make medicine acknowledge human rights and values.[229]

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[228] *Dialogues* focus groups are explained in detail in (McElhinney 2001).

[229] Other efforts institutionalizing at this time include the formation of the Institute of Society, Ethics and the Life Sciences of The Hastings Center. Founded in 1969, it represented another institution involved in examining modern medicine, technology and biomedical research from with a humanistic lens. See "The Hastings Center: A Report on Recent Activities", April 1977. https://www-jstor-org.proxy.library.emory.edu/stable/3561860?read-now=1&seq=1#metadata_info_tab_contents

At the end of the IHVM's decade of activity the number of schools teaching human values material had more than doubled[230]. The spectrum and breadth of IHVM's outreach efforts, both disseminating information as well as creating knowledge and expertise, had assisted in this effort but it had not reached its goal of integrating a spectrum of humanities content into the curriculum or in any kind of standardized way across schools. Ethics training was the humanities discipline of choice, pragmatic and functional, it was useful to the practicing physicians in making decisions and choices in a medical world in which physicians were increasingly challenged with situations that were not possible decades earlier.[231]

This chapter is divided into two sections. Part 1 provides details of the Institute's activities, both information disseminating and producing. It explores how they reached schools and worked to consider and promote the importance of the humanities and human values content to modern medicine and medical education. While the number of schools incorporating human values content grew across the decade of the Institute's work, this change occurred with sporadic and

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Collaborative connections existed between Pellegrino and Hastings founder Daniel Callahan who spent time at Georgetown University's Kennedy Institute for Ethics. Callahan's papers can be found within Pellegrino's archives at the Bioethics Research Library of the Kennedy Institute of Ethics, Georgetown University, Washington D.C..

[230] McElhinney (2001) This publication on the Institute discusses the impact of IHVM on medical schools through its outreach efforts and reports that approximately a dozen medical schools had human values content prior to the Institute (page 293). The 1980 Annual Report from the IHVM to the NEH reports that there were nineteen medical schools with human values teaching programs in 1974 and over eighty following the years of IHVM activities by 1980.

[231] November 25, 1975 memo from McElhinney to McNeur and Pellegrino suggests that the IHVM create a memo on the importance of human values programs in medical schools to a presumed influential party ("Stanley Jones") because there was knowledge of new legislation that would put considerable support toward medical education either without a human values component or a narrow one that only included "bioethics in the restricted sense." The memo requests strategic input from the IHVM Board or Society. Found in IHVM archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

limited engagement from professional organizations and accrediting agencies, such

as the Association of American Medical Colleges (AAMC), American Medical

Association (AMA) and their Liaison Committee on Medical Education (LCME). Part

2 of this chapter presents and utilizes the well-established sociological theory that

can explain the limited impact the Institute and larger Society on Health and Human

Values had national medical education. Sociological theories on organizations,

including schools, explains the importance and power of agents, such as

professional organizations, external governing boards, and popular value systems,

to influence professional formation, education, and school curriculum development,

and is used to understand the stymied adoption of humanities subject matter,

generally, and the emphasis on ethics content, specifically. Sociological literature on

curriculum development over the past sixty years also displays the support and

spread of science and math curriculum across the globe with limited interest in

humanities curriculum. The devaluation of humanities in undergraduate

baccalaureate curriculum has been noted across the latter half of the twentieth

century as science, math and technology knowledge and training has been on the

rise, and its importance to the world noted through this expansion.[232] The emphasis

on science and technology in twentieth century undergraduate medical curriculum

mirrors this emphasis and expansion.

The limited influence the Institute had on the adoption of human values

content in medical school curriculum is examined through the lens of sociological

theories on professionalism, institutionalism, open systems of organization, and

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[232] (Schofer 2005, Benavot 1991) Describe an emphasis on science and math in the curricula. Also see (Freidson 2001) page 193 for comment on the devaluation of humanities in academia.

curriculum development. This analysis supports the model described in the

Introduction, which purports that significant curricular change occurs when key

forces or influencers are aligned to support such change. These influencing agents

include popular public belief, enforcement by governing and/or accrediting bodies,

support from professional and business enterprises, all of which were behind the

curricular changes enacted in the early part of the twentieth century following the

1910 Flexner Report. Unlike the early 1900s, forces affecting the medical education

system in the latter half of the twentieth century into the next century have

multiplied, become more complex and are not aligned to support the broad

adoption of humanities on a national scale.

Part One
Activities of the IHVM: Seeding the Medical Humanities across American
Medical Schools

<u>Information Disseminating Efforts</u>

The initial activities of the IHVM were efforts in information exploration and

dissemination activities designed to examine and spread the concept of

incorporating humanities and human values content in medical school curricula for

the purposes of humanizing an increasingly technical, scientific curriculum. These

activities took the form of meetings, conferences, and invited visits to schools called

"resource" visits. Meetings and conferences were followed by the production of

publications documenting the activities and content of the meeting and making the

content available for more to read. The activities of the institute were disseminated

to institutions nationally.[233] These activities are described here in detail with a

focus on identification of institutional and educational practices and organizational

influences as relate to sociological theories of education, institutions, curriculum

and organizations.

In the first three years of the Institute's existence annual meetings were held

with the mission of examining the plausibility and current methods of teaching

humanities to medical students. Attendance was by invitation, and included key

leaders in the medical education community, members of the SHHV, and humanists

identified as interested and experienced in the questions of medicine and medical

education.   As a result, the meetings were relatively small and focused, each

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[233] IHVM brochures and requests for information and brochures found in Folder 19 IHVM
McElhinney Correspondence 74-78 in the IHVM Archives within the Society for Health and Human
Values (SHHV) archives in the Thomas G. Blocker Collection, Moody Library, University of Texas
Medical Branch (UTMB) Galveston, Texas.

meeting grew in size as the IHVM's efforts grew, and the field of bioethics

developed. Each meeting was followed by published proceedings that the Institute

made available to attendees, SHHV member and at least others by request.[234]   The

meetings evolved in their goals with each meeting representing a next step in

achieving the goals of the Institute. The first was an exploratory venture, examining

the possibility of teaching humanities in medical schools, and the methods that were

being used. The second meeting continued this conversation with a much larger

group of participants and more material disseminated to participants. Each meeting

incorporated time for formal small group discussions that led to concrete

recommendations. The third meeting in 1973 attempted to expand participation

and the message of the Institute by moving the meeting off of the East coast to

Galveston, Texas, adding diversity to its participant list and focusing small group

discussions on specific topics. Each year the meetings evolved to increase

participation, expand dissemination of the message on teaching humanities to

medical students, better define the mission of the IHVM, it's goals and how to

achieve them.

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[234] Letters and memos from a variety of academic leaders in schools of medicine and university departments requesting information and materials from IHVM can be found in the IHVM archives held within the SHHV archives in the Thomas G. Blocker Collection, Moody Library, UTMB, Galveston, Texas. These requests were often written to Edmund Pellegrino, who then directed them to the program director. The majority of these requests are dated after the 1973 meeting and were handed to and handled by Thomas McElhinney, Director of Programs from 1974 through the Institute's closure in 1981. From the inception of IHVM and across the organization of the first three meetings Lorraine L. Hunt, Ph.D. was the Project Director. She handled organization and management of the initial meetings and was the author of the 1969 survey, which gave life to the Institute. The history of this can be found in Hunt, Lorraine L.. "Background of the Institute". Institute on Human Values in Medicine: Proceedings of the First Session, Arden House, Harriman, New York. April 12-14, 1971. Pages 1-2 (Hunt 1971).

It is important to note that the leaders of the Institute were recognized figures in medical education, primarily from public schools. All were active SHHV board members, and the Institute's activities were closely connected and communicated to the parent Society. Leadership was consistent across the years of the Institute. Participants in leadership and meetings were people in positions of power who could orchestrate change: deans of medical schools, chairs of departments in medical schools, humanities scholars associated with medical schools, and administrators of federal agencies. The second meeting included medical student participants from schools where IHVM leadership was active and present, presumably an attempt to include the student voice. The following sections provide key details of these meetings that are relevant to the Institute's mission and success in attaining its goals and to the sociological analysis of the Institute's work and its goals of incorporating humanities into medical education as a means of balancing an overly scientific and technical training curriculum and practice. [235]

First Meeting, April 12-14, 1971, Arden House, Harriman, New York[236]

The first meeting of the newly formed Institute was exploratory by design. Edmund Pellegrino led it as Chairman of the Institute's newly formed board. There were twenty-eight listed participants, sixteen were humanists, primarily from academic institutions (twelve of sixteen), and twelve were physicians. Ten of the

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[235] Details of the first three meetings can be found in the Proceedings of each. Additional details on the close relationship between the IHVM and its parent Society (SHHV) can be found in the archives of the SHHV, Thomas G. Blocker Collection, Moody Library, UTMB, Galveston, Texas (formal archives of the SHHV), and the Presbyterian Historical Society, Philadelphia, Pennsylvania, which continues to maintain archived records on the SHHV and IHVM.

[236] (1971) Institute on Human Values in Medicine: Proceedings of the First Session, Arden House, Harriman, New York. April 12-14, 1971.

physicians were from academic institutions. Three of the participants were from

federal agencies associated with health services, ethics, research and mental health.

Edmund Pellegrino and Samuel Martin, both academic physicians, provided

Welcoming and the Keynote addresses at the conference, respectively. The two

additional main speakers were humanities scholars in English and Philosophy who

held appointments in medical schools and had experience in medical education. The

goal of this meeting as outlined by Pellegrino in his opening remarks was to bring

humanists together with interested medical educators (physicians) to see what was

possible.[237] In Pellegrino's words "The intent of this conference, which draws

heavily on people outside of medicine, is not so much to answer questions as to

define them." Humanists in this first meeting were theologians, philosophers and

literature scholars. The focus of the meeting was to explore whether humanists

could work with health professionals, if they had a role in the education of such

professionals, and the potential of teaching humanities material to health profession

students, and to discuss if, when and how this was possible. [238]

       Pellegrino had a series of concerns with the direction he saw medical

education evolving and where it needed to go in order to address complex human

problems. He was concerned about what he saw as the shortening of the intellectual

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[237] Of particular note to this project is the absence of participants from professional organizations, such as AMA and AAMC, or the NEH. Based on Lorraine L. Hunt's "Background of the Institute" found at the beginning of the Proceedings, both the AAMC and NEH had joined in sponsorship and funding of the study that helped lead to the formation of the Institute. See Hunt, Lorraine L.. "Background of the Institute". Institute on Human Values in Medicine: Proceedings of the First Session, Arden House, Harriman, New York. April 12-14, 1971. Pages 1-2 (Hunt 1971).

[238] Pellegrino, Edmund D. "Welcoming Remarks". Institute on Human Values in Medicine: Proceedings of the First Session, Arden House, Harriman, New York. April 12-14, 1971. See (Pellegrino 1971) pages 3-9. Quote from page 4. Digital copies of the Proceedings can be found at the Bioethics Research Library of the Kennedy Instititute for Ethics, Georgetown University, Washington D.C..

academic preparation of physicians. He felt that universities were failing in their

responsibility to provide an adequate liberal arts education, resulting in

professional students with inadequate skills to think deeply, critically, and

analytically about complex societal problems. This was happening at a time when

there was an increasing need for physicians and other health professionals to

consider the problems of man in deep, critical and analytical ways. Medicine,

science and technology were advancing at an accelerating pace, creating an

increasing number of moral dilemmas that required all health professionals to

consider their work, treatment and actions in socially and morally significant ways.

The selected group of meeting participants was known in Pellegrino's words to have

"known, occult, or manifest interest in this subject." and provide fruitful discussion

to address critical questions.[239]

     The meeting speakers provided thoughts from their personal experiences in

different areas of medical education, each providing a different experience and

thought to stimulate discussion for later small group conversations. The Keynote

address by Samuel P. Martin III, MD, from the University of Pennsylvania School of

Medicine's Department of Community Medicine provided an inspirational speech on

"The New Healer" which meant a physician trained in the necessary skilled in the

social sciences and humanities to understanding individuals, communities,

populations and the and their needs in the context of poverty, social isolationism

and other societal problems. He expressed a need for humanists who are willing to

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[239] Ibid. Pages 5-8. Quote from page 8.

meet and teach students in ways they can understand.[240] Following the Keynote by a

physician with an appreciation of the importance of social sciences in medicine,

were two presentations by humanists with experience creating and teaching

courses in humanities to medical students. Fr. Ong, a Jesuit priest and professor at

St. Louis University with appointments in both English and Psychiatry departments

and K. Danner Clouser, a philosopher in the Department of Humanities of the

College of Medicine at The Milton S. Hershey Medical Center of The Pennsylvania

State University gave his presentation on teaching philosophy to medical students.

Both Ong and Clouser gave real examples of the humanities courses they taught to

clinical trainees and how this material was conveyed. Ong described his

experiences organizing a seminar with a psychiatrist colleague on psychiatry and

literature and bringing together Psychiatry residents and English doctoral students.

The emphasis of the seminar was not to expect the clinical residents to become

more humane or assist in therapy, but to help the residents themselves understand

human behavior through literature's great stories of literature. Examining literature

through a method of analysis: characters, audience and author leads to deeper

awareness, insights, understanding and context. This kind of critical analysis of

situations and human behavior in stories can be applied to the real experiences in

the clinics. Likewise, Clouser's paper gave his experiences teaching medical

students philosophy. In both cases the goal was not to impart some humanity in

students, but to enhance critical reading and analysis skills and to help students

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[240] Martin, Samuel P.. "Keynote Address to the Institute on Human Values in Medicine: The New
Healer". Institute on Human Values in Medicine: Proceedings of the First Session. Pages 10-21
(Martin 1971).

understand human experience, how to think through complex problems deeply and critically. Both emphasized the importance of making the material medically relevant and thereby interesting and accessible to the students.[241]

Small group discussions occurred during the meeting, which allowed discussion amongst the participants. The "Summaries and Syntheses of Group Discussions" provided topics of importance and show the active sharing and discussions between humanists and clinicians on a broad range of topics.[242] Discussion topics ranged from physicians defining the qualities they most hope to encourage in medical students and presenting where humanities may help to do this (self-reflection, introspection, communication, instructing on values and decision-making), to understanding humanists' interest, or resistance, in teaching materials for an applied platform, to problems associated with incorporating humanities courses as electives and the lack of preparation of medical students for such material. Written reflections displayed an engaged audience invested in working through difficult questions related to changes in medicine, perceptions of doctors and the need for medical education to adapt and provide students the skills to adapt and change. A named participant expressed his stance on the need for humanists within medical schools and beyond. David Musto, MD, Assistant Professor of History and Psychiatry, "believes that outsiders can be more effective than insiders in helping these doctors learn that their position in society has changed, and in

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[241] Ong, Walter J. "Psychiatry and Literature: A Report with Reflections". Institute on Human Values in Medicine: Proceedings of the First Session. Pages 22-46 (Ong 1971).
Clouser, K. Danner. "Philosophy and Medicine: The Clinical Management of a Mixed Marriage". Institute on Human Values in Medicine: Proceedings of the First Session. Pages 47-75 (Clouser 1971)
[242] "Summaries and Syntheses of Group Discussions". Institute on Human Values in Medicine: Proceedings of the First Session. Pages 81-98 (1971).

explaining to them the reasons for the public's hostility and resentment."[243]

Pellegrino supported this position, hoping that humanists would become involved in all phases of education and training. Recognition of the differences between humanists and physicians were recognized and how these differences in understanding of professional culture, knowledge, language and thinking or "guild mentalities" could be overcome, "both professions tend to perceive each other stereotypically and to harbor unexamined assumptions".[244] Solutions were discussed, for example, creating a "critical mass" of humanists within medical schools, and is medicine "prepared to allow autonomy to the humanist in the medical setting".[245] Approaches that might allow humanist participation in classroom and clinical settings were discussed, such as the "case-study method" as a best possibility, and the participation of humanists partnering with physicians inpatient care on cases, as well as participating on citizen boards to discuss topics of human values concern (transplantation, abortion, life extending technologies). And, a motivation to teach "today's medical student, not yesterday's."[246]

Pellegrino closed the meeting with his reflections, highlighting recognized difficulties of this relationship (humanists and clinicians) and offering solutions. Problems evidenced within the meeting were differences in vocabulary and professional culture between humanists and clinicians. Common, mutually accepted definitions needed to be made, particularly for concepts like humanities and

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[243] "Summaries and Syntheses of Group Discussions. Institute on Human Values in Medicine: Proceedings of the First Session. Page 87. (1971)
[244] Ibid. Page 89.
[245] Ibid. Page 90.
[246] Ibid. Page 98.

humanism. He suggested that a focus on human values was a place to find common ground. He identified xenophobic barriers associated with a lack of understanding of each other's profession, and suggested that this could be resolved through more interactions, engagements and dialogue, and a mutual understanding of the benefits that each could provide the other.[247]

Pellegrino's closing remarks set the stage for future conversations, explaining the goals of the first meeting, how they were met, and the plans for the next meeting. The first meeting was to break down some of the barriers between physicians and humanists and identify if they could work together in a medical education context. The second meeting, larger and with more medical educators, would focus on how to introduce and integrate humanities into the medical curriculum. The concrete ideas that were generated from this first meeting included: (1) a need for a "critical mass" of humanists to avoid intellectual isolation and create a culture of collegiality and acceptance, (2) humanities must be integrated and taught within the context of a clinical setting using clinical problems, (3) coursework must be embedded in the curriculum at several levels from required to elective experiences.[248] The meeting was tape recorded, proceedings transcribed, and oral papers collected for publication. The meeting's contents were available through published Proceedings. The goals of the Institute were set and the need for continuity and direction beyond year one assured.

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[247] "Concluding Address: Reflections, Refractions, and Prospectives". Institute on Human Values in Medicine: Proceedings of the First Session. Pages 99-115 (1971).
[248] Ibid. Quote from page 114.

Second Meeting, April 26-28, 1972, Williamsburg, Virginia[249]

The progression of these discovery meetings was strategic, and planned from early in the organization of the Institute as evidenced from the Proceedings of the first meeting. In his 1971 "Welcoming Remarks" Pellegrino, then SHHV President, states that the second meeting in Williamsburg would be larger with the added participation of more medical education faculty, an intention repeated in his 1971 closing statement.[250] Published proceedings of the second meeting bear out this intention in exact detail. The welcoming remarks, given by the current president of the SHHV in 1972 William F. Maloney, M.D., Dean of the School of Medicine at Tufts University, refers to Pellegrino's 1971 articulated intentions for the second meeting, which would focus on "concretely" responding to "the difficult questions of <u>why</u>, <u>how,</u> and <u>what</u>" ways human values could be integrated into medical education and training.[251]

As planned, this second meeting was larger than the first with over twice the invited attendees, and included more physician medical educators with a consistent presence of humanist faculty from the first meeting for "continuity".[252] Again, attendees were intentionally selected and invited. There were 66 attendees at the 1972 meeting, of which 39 were medical doctors and 24 were non-physicians.

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[249] <u>Institute on Human Values in Medicine: Proceedings of the Second Session,</u> Williamsburg, Virginia, April 26-28, 1972 (1972). Digital copies of the Proceedings can be found at the Kennedy Center, Georgetown University.

[250] Pellegrino, Edmund D. "Welcoming Remarks". <u>Institute on Human Values in Medicine: Proceedings of the First Session</u>. Page 5 (Pellegrino 1971). This description of the second meeting also appears in the "Concluding Address: Reflections, Refractions, and Prospectives". <u>Institute on Human Values in Medicine: Proceedings of the First Session</u>. Page 113 (1971).

[251] (Maloney 1972) Quotes from page 4.

[252] Intentional use of this term and the importance of it can be found in Pellegrino's closing remarks from the <u>First Session</u>, page 113 (1971), and found again in Maloney's welcoming remarks in the <u>Second Session</u>, page 4 (Maloney 1972)<u>.</u>

Humanists included faculty from religion, philosophy, history, literature and the

social sciences. Almost all attendees were senior administrators and faculty from

elite or large academic public institutions with a few exceptions. Exceptions

included other important figures in medicine, research and funding projects related

to medicine. As in 1971, several federal agency representatives from agencies that

had or were supporting IHVM efforts were in attendance, including Health Services

and Mental Health Administration and the National Endowment for the Humanities.

New types of participants included trainees, medical students and residents,

suggesting an interest in hearing the student voice. Another new category of

participant was from newly formed organizations supporting the work of ethics in

medicine and the moral implications of medical research.[253] These included the

Executive Officer of the Institute of Medicine of the National Academy of Sciences,

and the founder of the new Institute of Society, Ethics and the Life Sciences of The

Hastings Center, Daniel Callahan, a humanist.[254]

A humanist who had attended the first meeting, Michael Novack, Associate

Professor of Philosophy and Theology at State University of New York at Old

Westbury delivered the first formal presentation of the proceedings.[255] His paper,

entitled "The Liberation of Imagination" discussed the difficulty of two different

[253] "Participants in the Second Session of the Institute on Human Values in Medicine". Institute on Human Values in Medicine: Proceedings of the Second Session, Williamsburg, Virginia, April 26-28, 1972. Pages 70-73 (1972).

[254] The Hastings Center, founded in 1969 alongside the SHHV, represented another institution involved in the intersections of medicine and the humanities engaging in the critical examination of human problems encountered in modern medicine and life sciences research. An explanation of the purpose and interests of the Institute of Society, Ethics and the Life Sciences in this period can be found in "The Hastings Center: A Report on Recent Activities", April 1977. Access https://www-jstor-org.proxy.library.emory.edu/stable/3561860?read-now=1&seq=1#metadata_info_tab_contents

[255] At the time Edmund Pellegrino was Vice President for Health Sciences at the State University of New York at Stony Brook, geographically close and within the same public university system as Michael Novak. It is likely Pellegrino knew Novak and his interests.

professions working together, humanists and clinicians. He called for the possibility

of creating a new kind of mutually respected intelligence in physicians that was not

technical but more subjective, a "liberal intelligence" versus "technical intelligence"

and creation of an "intelligent subjectivity".[256] Novack called for instructing medical

students to learn of their profession and the boundaries of their profession, to gain

the ability to be self-critical and think in a more liberal (arts) way – understanding

the contexts of history, culture and society. The challenges of this for medical

students were highlighted as significant since the underlying education system

"Intelligent subjectivity" skills - critical thinking and self-analysis – was recognized

as weak. Nonetheless, those practicing medicine needed to understand the duskier

edges of humanity, where lines and boundaries are less clear.[257] This is where

liberal reasoning is important, as technical reasoning does not accommodate for the

cultural, social and traditional diversities of man that medicine faces. Novack

returned to the concrete questions outlined in the introductory remarks of the

conference: the "who" and "how to?" and identified that a humanities pedagogy, one

that developed a student's 'imagination' was the key to a training in that helped

physicians understand their patients' lives.[258] Novak's presentation provided an

idealistic solution to humanizing medical education; it was now the work of the

medical educators to accept and discuss translation of these ideas into curriculum

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[256] Novak, Michael. Paper on "The Liberal Imagination" in the Institute on Human Values in Medicine: Proceedings of the Second Session, Williamsburg, Virginia, April 26-28, 1972. Page 8 includes a discussion of traditions of thought, and the history of technical, scientific mastery of the world through scientific method versus a subjective intelligence that relies on social capital and works alongside of science to consider and solve issues outside of the scientific realm, seeing science as a tool for its use (Novak 1972).

[257] Ibid. Intelligent Subjectivity is discussed in the context of skill building and professional education on pages 14-20.

[258] Ibid. Quotes are from page 21.

within their schools.[259] Pellegrino next provided a bridge for the real work of the conference.

Following Novak's 'kick-off' talk, Pellegrino provided a reflection and challenge to the predominantly medical group. He encouraged the attendees to rid themselves of their "exalted self-image" as humanists because they are physicians. He implored them to open their minds to the importance of working in a real way with the humanities and social sciences in order to recognize and address the real moral, ethical and social problems that science and technology raise for their profession.[260] In his words "Medicine cannot meet its social responsibilities without both points of reference and inspiration.", succinctly highlighting the key point of Novak's talk.[261] Pellegrino also emphasized Novak's commentary on the need for liberal education in medical school and continuing medical education, which cannot rely on undergraduate education, and the need to integrate this into the clinical fabric of a medical student's education so that it is both interesting and relevant. Pellegrino concluded by establishing an earlier omission – humanities education needed to extend beyond medicine to all health professions - the value of "interprofessional and interdisciplinary" training to improve care of the patient.[262]

Following the format of the first meeting, the conference broke into small groups for focused dialogue and debate on the concrete issues of "what is to be

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[259] On page 28 of the <u>Proceedings of the Second Session,</u> Pellegrino describes Novak's presentation as a "psychic jolt" for the medical audience and a challenge to preconceptions (1972).
[260] Ibid. Quote is from page 29, concepts arise from pages 29-31.
[261] Ibid. Quote from page 31
[262] Ibid. Quote from page 39, Pellegrino's visionary ideology is evident.

taught, why, how, and by whom".[263] Participants were given a rubric to aid

discussion that included a Rationale (Why), Process (How) and Context (What),

each section had associated prompts to focus the dialogue. The attendees were

organized into nine groups, each with a discussion leader, "Chairmen", and

"Recorders".[264] Materials were distributed ahead of the meeting that described

ongoing programs at eleven medical schools, and group leaders had a preparatory

meeting.[265] The meeting was prescribed, organized and clear; its organization,

structure and administration were itself pedagogical.

Small groups and concluding remarks by Bernard Towers, M.B, Ch.B.,

Professor of Pediatrics and Anatomy from the University of California, Los Angeles,

focused on a consensus around the importance of human values in medical

education. The outcomes of the small groups were detailed recommendations that

followed the 'how' and 'what' designations. Recommendations were broken down

by level of trainee or audience: early medical student, clinical student, postgraduate,

and context of training. Further breakdowns included who would be educated:

general public, administrative staff, faculty. Evaluation of both program activities

and institutional support and responsiveness was deemed crucial, and

acknowledgment of the importance of factors such as recognition "Meaningful"

support by accrediting bodies.[266] A list of barriers and supports for the inclusion of

human values programs was also documented some of which directly related to

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[263] Hunt, Lorraine L.. "Summary of the Group Discussions". Proceedings of the Second Session,
Williamsburg, Virginia, April 26-28, 1972. Quote from page 42 (1972).
[264] Ibid. Quote from page 43.
[265] Ibid. Page 44.
[266] Ibid. Quote from page 50.

future activities of the IHVM. [267] Towers in his closing statement reiterated the

agreement to promote the "reincorporation" of humanistic study, but warned that

there must be a balance.[268] Referencing the upheaval of medical education from the

Flexner Report, he encouraged faculty to return home to their institutions and

encourage the review of curriculum and pre-requisites in order to avoid the next

revolution because change was inevitable. He acknowledged the power that

reductionistic science had gained since the time of Flexner. "Now, in 1972, it is the

scientists, and especially the medical scientists, who have all or most of the money

and prestige. It is the humanists who beg for a share of the cake."[269] And, that there

was a need for a "new kind of Flexner" as society was demanding change in medical

systems, education and practice.[270]

The proceedings of this second meeting held an appendix of eleven schools

from across the country that had human values teaching programs. Of the eleven,

nine were state funded public medical schools, five from the east coast, two from

west coast, two centrally located (Kansas and Texas). Two were prominent, east

coast, private medical schools of religious affiliation. Syllabi, detailed content

descriptions and reading lists were included in the appendix materials. These

programs were the models for future teaching programs. Future publications would

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[267] Ibid. Pages 45-52. Comment on the value of recognition by accrediting bodies is on page 50. A list of Barriers and Supports found on page 51 directly relate to programs developed by IHVM, such as Resource Visits to respond to a lack of materials, and the Fellows program to develop more faculty with both medical and humanities expertise and a commitment to such an educational program.
[268] Towers, Bernard. "Medicine and Humanism: Evolution in Process". Proceedings of the Second Session, Williamsburg, Virginia, April 26-28, 1972. Quote from page 54 (Towers 1972).
[269] Ibid. Quote from page 67.
[270] Ibid. Quote from page 60.

be used as a comparison to document the growth of human values teaching in

medical schools nationally across the decade.[271]

Third Meeting, October 17-19, 1973, Galveston, Texas[272]

The first two meetings of the Institute were pre-planned exploratory

platforms to discover if and what the Institute could do to advance humanistic

training in medical schools. The second meeting provided information for

actionable items. Unlike the first two meetings, the third meeting, entitled

Southwest Regional Institute, was not part of an original strategy, but initiated and

planned in response to requests made during and around the second meeting to

make the information more accessible to those not on the east coast.[273] With an

invitation from the University of Texas Medical Branch's (UTMB) dean of the school

of medicine and Chester Brown, M.D., Ph.D., Director of UTMB's History of Medicine

Division, the request to hold a meeting in an accessible location for western and

mid-western partners became a reality. Chester Burns, a medical doctor with a

doctoral degree in History from the Johns Hopkins University attended the second

meeting and likely instigated this invitation, and may have brought forth the request

[271] "Background Papers Prepared for the Second Session of the Institute on Human Values in Medicine". In Institute on Human Values in Medicine: Proceedings of the Second Session, Williamsburg, Virginia, April 26-28, 1972. (1972).

[272] Institute on Human Values in Medicine: Southwest Regional Institute. Society for Health and Human Values and University of Texas Medical Branch, Galveston, Texas. October 17-19, 1973. (1973).

[273] Ibid. The rationale for the meeting is stated in Hunt's introduction to the proceedings. Hunt was the Project Director of IHVM and editor of its publications. Correspondence between she and Chester Burns of UTMB can be found in the Institute for the Medical Humanities archives at the Thomas G. Blocker Collection, Moody Library, University of Texas Medical Branch, Galveston, Texas. Burns secured the support of UTMB to partner with IHVM for this "Southwest" conference. A Ph.D. trained historian from Johns Hopkins University History of Medicine Department, he was actively working at UTMB with another physician humanist, H. Tristram Englehardt, a Ph.D. trained philosopher, to build the strength and presence of the medical humanities there in the 1970's.

to open the influence of the IHVM westward, although this is unclear. Like the first

two session, the third meeting was by invitation. Invitations for this meeting were

to medical schools, a variety of arts and sciences schools, graduate, and professional

schools specifically in the southwest region of the United States, including each of

the health professional schools in the University of Texas System. Each institution

was invited to select one faculty member and one student for participation in the

Southwest Regional Institute.[274] The participant list reflects the invitation list.

While there was representation of faculty from institutions across the country with

twelve states represented (Connecticut, Massachusetts, New York, Pennsylvania,

North Carolina, Tennessee, Florida, Louisiana, Texas, Nevada, Oklahoma and

Wisconsin), Texas schools were heavily represented with thirty-five of the fifty-one

participants from twelve Texas schools in a variety of discipline and health

professional areas: Medicine, Nursing, Dental Public Health, Mental Health, Religion,

Sociology and the University of Texas' Chancellor's Office.[275]

The third meeting was distinctly different from the first two meetings in a

few notable ways. While IHVM's presence was clear, financial support through it's

National Endowment for the Humanities grant was noted in the report and five

active members of IHVM's advisory boards were present as leaders, Edmund

Pellegrino was not in attendance and made no intellectual contributions.

Additionally, there were no high-ranking speakers or top officials from educational

or governmental institutions, aside from the UT Chancellor's Office. The participant

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[274] Ibid. Page 4.
[275] Ibid. "Participants in the Southwest Regional Institute on Human Values in Medicine" found on
Pages 61-63.

list and the activities of the meeting were consistent with the stated intention of the

meeting, to spread the content of the second meeting beyond the east coast.

Following this intention, the activities of the meeting were an extension from the

second meeting. Like the second meeting, small groups assembled to discuss

"rationale", "process" and "context" of using and teaching human values content.

The discussions of these small groups were recorded and published in the report of

the meeting. Unique to this meeting from the previous two was the expansion of

representation and discussion beyond medical education to other health

professions, including nursing, dentistry and public health. Evaluations of the

conference were mostly positive, indicating the positive impact of discussions to

move forward humanities in healthcare, but also the recognition that "institutional

racism" existed with few participants of color.[276]

Resource Visits

Three initiatives of the institute were founded following the second IHVM

meeting and were direct outcomes of explorations and discussions of the Institute's

initial two meetings. They were a resource services program offering personalized

visits and group conferences to start or fortify human values teaching programs in

medical and health professional schools, a fellowship program to provide training to

individuals who could be a workforce to build, contribute and develop such teaching

programs, and a dialogues program to further examine the fertile intersections of

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[276] Original evaluations from the meeting are located in the Institute for the Medical Humanities (IHVM) Archives at the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

humanities and medicine. The fellows and dialogues programs will be discussed

later in this chapter under 'Information Producing' programs of the IHVM. The

resource service visit program and conferences will be covered here under activities

that were 'Information Disseminating'. These programs were the new initiatives

that constituted the aims of the second NEH grant to the IHVM.[277]

The Resource program constituted team visits to schools requesting

guidance by Institute board members and others close to the Institute. Analysis of

archival materials indicates that the Resource activities of the IHVM were organized

and extensive.[278] In some cases visits were arranged bringing together several

health professional schools in a given region.[279] In all cases requests for a visit were

made by high ranking officials of the schools, such as presidents, deans or

chairpersons, who expressed a wish to invest in human values teaching within their

medical schools. Resource visits were tailored to the request and need of the school.

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[277] In "PART II: REVIEW OF THE INSTITUTE: 1971-1978" as part of "A NARRATIVE REPORT" to the NEH, August 1978 for Grant #EH-10973-74-365. Found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. Also stated in (McElhinney 2001), page 307, and reviewed in (1972) IHVM Report #1b, *Proceedings of the Second Session,* Summary of Group Discussions, page 51, which indicated a series of "IMPEDIMENTS TO THE INTRODUCTION OF HUMAN VALUES PROGRAMS" that included a lack of formal resource materials and a lack of trained faculty. The Resource Services program and Fellowship program were meant to address these points.

[278] August 28, 1974 notes outlining the agenda of a meeting between Pellegrino, McNeur and a recently hired Thomas McElhinney as Director of Programs to replace Lorraine L. Hunt. The meeting was to detail McElhinney's duties, one of which was the "Miniconferences" or "(resource services)" indicating geographic regions ("Midwest", "South", "West" and "East" and "Canada") and IHVM point persons matched with each. Each point person was a known figure involved in IHVM activities whose home institution was within the associated geographic region. This document is within the IHVM archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[279] Annual reports to the SHHV of IHVM activities list conferences under Resource Services. Annual reports list all activities under the period of the report and planned activities for the future. Records show the extensive geographic range of the services performed by the IHVM and the extraordinary organization, and involvement of numerous, consistent faculty from various institutions. IHVM Archives Folder 14 IHVM SHHV Annual Reports 75-81, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

McElhinney & Pellegrino describe these visits as starting with invitations to represent the serious interest of the school. If a visit was scheduled, two to five representatives from IHVM, usually a mixture of medical and humanist faculty, almost always a board member was present, would spend two to four days at the school. IHVM representatives with the school administration planned the visits jointly. Schools requesting visits may be wishing to begin a program and need guidance and materials to do so, may already have a program but wish to expand it, or, as occurred more frequently later in the decade when there were more programs, desire an external evaluation of their existing program. The composition of the visiting team was often matched to the needs of the request. Visits usually included a series of meetings and presentations to groups that included: faculty and students, high-level administrators and a presentation on human values teaching. For new programs, visits included exchanges of information on curricular content, teaching methods, organization, governance, finances and instructors. Schools with existing programs usually focused on analyzing strengths and weaknesses, always with an emphasis on encouragement and improvement. All visits generally ended with an oral report by visiting team leader and followed by an official written report.[280] Of interest is that programs deemed "successful" were based on their organization, structure and placement in the curriculum, students and faculty

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[280] Details of visits can be found in (McElhinney 2001) pages 302-6, as well as the final report of the IHVM by (Pellegrino 1982). The archives of the IHVM in the Thomas G. Blocker Collection, Moody Library, UTMB, Galveston, Texas contain memos between IHVM board members and staff arranging for these visits. Thomas McElhinney, IHVM Director of Programs was generally the author of these memos as he arranged the meetings, identified team members and scheduled dates for visits. McElhinney, a Presbyterian minister with a doctorate in Ethics and Religion and experience in higher education was frequently a member of the visiting team. He also reviewed and tracked the reports created by the team leader or member designated as the recorder. Details on the arrangement of resource visits also provided through personal communications with Thomas McElhinney.

engagement, and whether material leeched into other areas, which was seen as an indicator of respect, value and success. Evaluation of whether students displayed more ethical behavior or decision-making was seen as dubious to evaluate in mid-level medical students.[281]

McElhinney & Pellegrino (2001) state that the IHVM supported seventy-seven resource visits to schools through their NEH grants. The final 1982 report of the IHVM states eighty medical campus visits.[282] Memos noting visits to 37 different institutions were collated from the UTMB archives of the IHVM. Per the records of these 37 individual visits, they occurred between August 1974 and December 1980. Archived memos between IHVM staff and board members, and an interview with a faculty member who organized such a visit indicate that the resource service visits sometimes involved multiple meetings and follow-up visits with schools, particularly those where humanities teaching programs were started. Thus, individual schools were visited multiple times and carefully followed and supported with attention, information and guidance. Records show visits to schools across the U.S., many on the East Coast, but also schools in Missouri, Ohio, Wisconsin, Iowa, Michigan, Minnesota (Mayo), Nebraska, California (Los Angeles), Seattle, New York (Buffalo), Alabama, Louisiana, and University of Calgary in Canada. Some of the schools visited were prominent names in the medical world: Columbia, University of Pennsylvania, Duke, UNC Chapel Hill, Mayo Clinic, UCLA.[283] An IHVM fellow who

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[281] (Pellegrino 1982) Chapter 2, "Curricular Pediments and Impediments: Ten Years of Site Visits". Features of a "successful" program (quote from page 22) can be found on pages 22-33.
[282] (Pellegrino 1982) Page 20.
[283] The memos and IHVM Annual Reports to the NEH document the dates of these visits and the IHVM visits. These records are located in the IHVM archives of the larger SHHV archives in the Thomas G. Blocker Collection, Moody Library, UTMB, Galveston, Texas. Interview with Loretta M.

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was present at the time of his school's resource visit at Michigan State University's

(MSU) stated that the visit led to the start of a program, which became the Center for

Ethics, Humanities and Health Sciences at MSU.[284] Visits were made to schools

where there was interest at high administrative levels in developing human values

teaching programs as determined by those requesting the visit (presidents, deans,

chairs).[285] Visits to programs were the "single most important thing in the

development of the field".[286]

 Some schools were able to provide funding for the visits but many resource

team visits were sponsored solely by the IHVM through its NEH grants.[287] A memo

Kopelman, Ph.D., a philosopher hired in 1978 to start a teaching program in the Eastern Carolina University Brody School of Medicine described several meetings with Edmund Pellegrino prior to the resource visit. The resource visit by a team that included Larry R. Churchill (1974 IHVM Fellowship recipient and later SHHV President), Tristram Engelhardt and Thomas McElhinney was approximately two days in length (IHVM archives date it as September 18-19, 1978), and involved the organization of multiple group meetings with department chairs, faculty, students and administrators. Kopelman notes that there were return visits to check-in on the development of the humanities program, and that Pellegrino's efforts and the reports and help of the IHVM team visit provided credibility to her efforts and allowed her to hire more teaching faculty. One such hire was another IHVM Fellow, John Moskop, a student of famed medical philosopher and frequent Pellegrino intellectual sparring partner, Tris Engelhardt, M.D., Ph.D.. Kopelman, herself, would go on to be a supporter of Pellegrino's medical education efforts and a great contributor to the field of bioethics and teaching humanities in medical schools. Kopelman personal communications and telephone interview 10/20/2019.

[284] Interview with Howard Brody, M.D., Ph.D. on August 8, 1019. Brody was an IHVM Fellow 1975-76 and 1976-77. He was the only fellowship recipient to receive two fellowship awards, which funded his doctoral work in Philosophy during medical school. Two IHVM resource visits to Michigan State University (MSU) are recorded in UTMB archival records, one on December 3, 1976 and a second on January 19-20, 1977. Brody would later become a director of the Center for Ethics, Humanities and Health Sciences at MSU, teaching ethics and philosophy while practicing in Family Medicine. Eventually his career would take to UTMB where he became the director of the UTMB Institute for Medical Humanities.

[285] Personal correspondence with Thomas McElhinney on August 5, 2019, and corroborated in interviews with Loretta Kopelman (October 20, 2019) and Howard Brody (August 8, 2019) both of whom were personally involved in or exposed to resource visits. Data to support this extensive reach to prominent schools by the IHVM is in the "REVIEW OF THE INSTITUTE: 1971-1978" of the Report to the NEH, August 1978 for Grant #EH-10973-74-365. Found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[286] Stated by Howard Brody in August 8, 2019 interview.

[287] This funding information appears in IHVM memos between Thomas McElhinney and Edmund Pellegrino and Ron McNeur, IHVM Board Chair and SHHV Executive Director, respectively,

dated June 18, 1974 from Ron McNeur, Executive Director of the Society to Institute

Board of Directors led by Edmund Pellegrino communicates the continued support

for the Institute by the NEH. The memo communicates an agenda for an upcoming

meeting of the Board members on July 8-9, 1974 to discuss grant funding priorities

and the search for other funding sources that includes the "Procedures for

developing matching funds". A letter from McNeur to Richard Ekman, Assistant

Director of Education Programs of the NEH, October 1975, reviews with dismay the

Institute's efforts to obtain additional sources of support through appeals to

foundations, which were disappointing. Large requests for matching funds (to the

federal grant) were make to large foundations such as, Robert Wood Johnson

Foundation, The Kellogg Foundation and The Lilly Foundations. "Although each of

these Foundations expressed very positive interest in the work of the Institute, we

have not been successful in obtaining major additional funding."   Some of the

reasons cited included a lack of direct engagement with the current interests of the

foundation, internal policies prohibiting matching grants, and perceived conflicts of

interest with their own sources of funds. McNeur requested the NEH to increase

their funding to compensate for the lack of matching outside funds.[288] The NEH

acknowledged this request in a letter from Ronald Berman, Chairman, who states

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communicating on Resource Services visits and activities. Located in IHVM archives Box 6 Folder 15 Pellegrino Correspondence in the Thomas G. Blocker Collection, Moody Library, UTMB, Galveston, Texas.

[288] Letter to Richard Ekman, Assistant Director, Education Programs, National Endowment for the Humanities from Ronald McNeur, Executive Director of the SHHV on October 8, 1975. The letter also includes highlights of the significant national efforts and achievements of the IHVM and the popularity of its services nationally. "The Institute has become recognized in schools across the country as an important national agency working with competence and imagination for needed changes in both disciplines and their interrelation." Letters found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

$957 dollars received from various donations, an increase in the NEH budget, and an extension of the grant to June 30, 1978.

Through the 1970's the NEH maintained its support of the IHVM effort as it closely aligned with the NEH's own mission of expanding the humanities and arts through education, in this case medical education. Found records indicate that the IHVM held four grants.[289] It is evident that priorities changed by the end of the decade. In a memo dated August 5, 1980 Richard Hedrich, NEH Coordinator of the Program of Science, Technology and Human Values pens a personal letter to Edmund Pellegrino announcing his retirement from government service. As early as the following month, a memo from Thomas McElhinney to Edmund Pellegrino reviews the NEH's lack of interest in continuing the IHVM grants and the need to identify new funding sources or change direction. The NEH indicates that it has dedicated enough to medicine and is focusing on "COMMUNICATION", and "SCIENCE, TECHNOLOGY, AND HUMAN VALUES" and "HEALTH PROFESSIONS OTHER THAN MEDICINE".[290] The last resource visits were in 1980, and were done at the expense of the requesting school.[291]

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[289] There are records of the following grant numbers: EH-194-70-4163, EH-7278-73-104, EH-10973-74-365, and EN-28688-77-1409. The first three grants are noted in the introduction to the August 1978 Narrative Report of the IHVM to the NEH found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. EH-10973-74-365 had several extensions and overlapped with a fourth grant, EN-28688-77-1409. The concurrent grants were recognized in a February 28, 1978 letter from Abraham Ascher, Director, Division of Education Programs, NEH to Ronald McNeur, indicating the need for separate record-keeping of the funds for each grant.

[290] September 5, 1980 memo between Thomas McElhinney and Edmund Pellegrino, "Subject: Meeting, 4 September 1980, Edmund D. Pellegrino, Thomas K. McElhinney, and Gene Moss (NEH). Capitalization is exactly how it appears in the memo. Document located in IHVM Archives in the Thomas G. Blocker Collection, Moody Library, UTMB, Galveston, Texas.

[291] "Report to Council on Institute Activities" memo from Thomas McElhinney to Ronald McNeur, Executive Director, SHHV for Larry R. Churchill, Ph.D., President, SHHV. Located in IHVM Archives Folder 14 IHVM SHHV Annual Report 75-81 in the Thomas G. Blocker Collection, Moody Library, UTMB, Galveston, Texas.

IHVM Sponsored Conferences

In addition to the initial planning and exploratory conferences held in 1971 and 1972 as previously described, the Institute funded a variety of other conferences held at various locations across the country. McElhinney and Pellegrino (2001) describe seventeen total conferences sponsored by the IHVM that fell into four categories: "Initial and concluding", "Leadership", "Issue specific" and "Programs on teaching methods".[292] Conferences outside of the initial and concluding conferences, were co-sponsored, in some cases by the institutions hosting them. It is reported that 1000 individuals were reached by the conferences through attendance. Conference participants were from across the U.S. - with representation from thirty-six states and 154 institutions, academic, government and private. The conferences were held in locations across the U.S. with nine conferences convening on the East coast, two on the West and six in the middle.[293]

McElhinney and Pellegrino (2001) state that the conferences were a natural offshoot and partner of resource visits and were often an extension of them. Needs identified in resource visits became topics of conferences, and invitations from schools for resource visits were sometimes made into conferences where the larger gathering would serve the needs of the greater community.[294] These "Resource Services Conferences" were described as a mixture of both national and regional groups serving to distribute resources to groups of schools as made sense for the

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[292] Titles and descriptions of these conferences can be found in (McElhinney 2001) Pages 306-8.
[293] (McElhinney 2001)
[294] (McElhinney 2001)

region. Regional areas were well distributed across the "East, Mid-Atlantic,

Midwest, Southwest and Far West", and the average conference lasted two days and

had an attendance of approximately 60 individuals.[295] Topics of "Issue Specific"

conferences evolved and responded to targeted questions and needs of medical

education and practice as it related to the developing fields of human and moral

values in medicine. For example, conferences on specific issues included: death and

dying, issues of malpractice and litigation as raised by the developing business of

medicine and influence of insurance companies, and another on the moral issues

around the use of new knowledge as applicable to medicine in the biosciences. Each

focused heavily on instruction and practical application.[296] The IHVM Report to the

NEH August 28, 1978 provided a list of sixteen conferences for the period 1971 to

1978 that included the IHVM major conferences, but also school or institution based

conferences at various locations across the country. These included an Allied Health

Education training and a May 1978 conference at the University of Missouri,

Columbia, the "Seventh Trans-Disciplinary Symposium on Philosophy and Medicine

on "The Moral Uses of New Knowledge in the Bio-Medical Sciences", co-sponsored

by the Education and Research Fund of the American Medical Association.[297]

     Schools proposed conferences to the IHVM Board on topics of interest and

sent proposals for partial funding to the IHVM. Memos dated June 17, June 25 and

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[295] From the August 1978 "A Narrative Report from Institute on Human Values in Medicine of the Society for Health and Human Values to the NEH by Director of the Institute, Executive Director and Director of Programs, Edmund D. Pellegrino, Ronald W. McNeur, and Thomas K. McElhinney, respectively, found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. Quotes from page 28.

[296] (McElhinney 2001) Quote from title on page 307.

[297] From the August 1978 "A Narrative Report from Institute on Human Values in Medicine of the Society for Health and Human Values to the NEH, page 33, found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

August 14, 1975 between Thomas McElhinney, IHVM Director of Programs, Ronald

McNeur, SHHV Executive Director and Edmund Pellegrino, IHVM Board Director,

describe the review and recommendations made by the IHVM Executive Committee

on proposals that had been received. McElhinney communicated to McNeur and

Pellegrino the outcomes of the most recent board review (May 27, 1975) for these

conference proposals. The June 17 memo conveyed the favorable review with

funding allocations of resources for one resource visit (for three resource visitors)

to Wright State [Ohio?] and three individual conferences, the conference on

Malpractice held at UCLA, a "Northwest Institute" and a "Northeast Conference".[298]

The June 17th memo notes matching amounts from presumably the requesting or

hosting institution. The June 25th memo restates some of the funding decisions and

attempts to add funding for an additional co-sponsored meeting at the University of

Illinois Medical Center.[299] A proposal that was less enthusiastically received by

Pellegrino, McElhinney and McNeur on "Ethics and Sex" from "St. Louis" was, per the

memo, being sent by McElhinney for consideration by the board, understanding that

Pellegrino, McNeur and McElhinney were not behind it.[300] This sequence of memo

communications gives insight into the proposal receipt and review process. The

August 1978 IHVM Report to the NEH describes a November 1977 St. Louis

Conference on using humanities disciplines to give health professions students

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[298] Ibid. These may have been the "Leadership" conferences described in (McElhinney 2001) on page 307.

[299] (circa 1975) Proceedings of the University of Illinois Medical Center conference were published as IHVM Report#5 with no date, although from archived records the date appears to be in late 1974 or early 1975. *Fostering Ethical Values During the Education of Health Professionals: An Intensive Conference Primarily for Faculty at the University of Illinois Medical Center* in Chicago, Illinois.

[300] Memos on conference planning among other IHVM business topics dated June 17, 25, and handwritten notes dated August 14 are in the IHVM Archives Box 6 Folder 15 IHVM Pellegrino Correspondence 74-77 in the Thomas G. Blocker Collection, Moody Library, UTMB, Galveston, Texas.

insights into death.[301]   It is unclear if it was a revision to the conference referenced

in the June 25th memo. If so, it would suggest that the approval of projects involved

a process of critiquing and feedback between the IHVM Board of Directors and the

requesting schools.

The only "Issue Specific" conference with IHVM published proceedings is the

Conference on Medical Education and Malpractice Litigation, IHVM Report #10.[302]

Approved in the June 17th, 1975 memo, this conference was organized by a long

time IHVM advisor and board member, Bernard Towers, M.B., Ch.B., Professor of

Pediatrics and Anatomy, UCLA School of Medicine, and President of the SHHV in

1976, and William Winslade, Ph.D., J.D., Lecturer, UCLA School of Law and

Department of Psychiatry. Winslade later received an IHVM Fellowship as reported

in the 1976-77 Fellows Report.[303]   At the time of this meeting in 1976 the

leadership of the IHVM remained stable and consistent. Pellegrino was Chairman of

the Board of Directors and Director of the Institute, Ron McNeur remained the

Executive Director of the Institute and Society, and five of the eight Board members

were part of the original advisory committees for the Institute as compared against

those recorded in the 1971 Proceedings. Lorraine Hunt had stepped down as

Project Director of the Institute, replaced by Thomas McElhinney, Director of

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[301] Description of the 1977 St. Louis Conference in the August 1978 Narrative Report from the IHVM to the NEH found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[302] There were no found, comprehensive lists of those conferences defined as "Issue Specific" or "Programs on teaching methods". Categories were named in the McElhinney & Pellegrino 2001 paper detailing the activities of the IHVM. (McElhinney 2001) Assertion of the category of this conference as "Issue Specific" is based on the content of the report. *A Conference on Medical Education and Malpractice Litigation* at the UCLA Faculty Center, January 30- February 1, 1976 (1976).

[303] (1977b)

Programs. The change of titles implied a larger leadership role consistent with the continuance and expansion of the Institute's activities. Board members remained a strong group of academic leaders from medical schools and elite academic institutions of a national scope.[304]

Pellegrino was a participant of this meeting and opened the conference with background on the activities of the Institute, highlighting the role and reach of the resource visits and conferences. He noted that as part of the Institute's productivity it had reached interested parties from approximately 120 schools and institutions through its conferences.[305] The *Conference on Medical Education and Malpractice Litigation* was co-sponsored by California's largest state government private and public academic institutions concerned with medical education: California Medical Education and Research Foundation, University of Southern California, Office of Health Affairs and the University of California, Los Angeles School of Medicine, the home of the organizers and editors of the conference proceedings.[306] Participants were largely from California's largest, most elite universities and academic medical

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[304] Board Members in 1976: Pellegrino, President of Yale-New Haven Medical Center; Burns, Associate Director, The Institute for the Medical Humanities, UTMB, Galveston, Texas; Bernard Towers, President SHHV (1977-1978), Professor of Pediatrics and Anatomy, UCLA; White, Provost for Health Affairs, University of Missouri, Columbia; Banks, President of Dickinson College, Carlisle, Pennsylvania; Stephens, Executive Director for Instructional Time Bank for the Interdepartmental Program, Brown University, Providence, Rhode Island; Vastyan, Chair, Department of Medical Humanities, Pennsylvania State Hershey Medical Center; Zaner, Professor and Chair, Department of Philosophy, Southern Methodist University, Dallas, Texas. (1976) Pellegrino, Banks, Towers, Vastyan and Zaner were reported as members of the original advisory committees in the 1971 Proceedings. (1971)

[305] (Pellegrino 1976)

[306] (1976), IHVM Report #10, *A Conference on Medical Education and Malpractice Litigation*, UCLA Faculty Center, 1976. California Medical Education and Research Foundation was a private nonprofit organization founded by the California Medical Association as a way to raise money for and conduct research into social issues affecting the medical profession and practice. The Foundation successfully raised funds to support medical student education in state funded medical schools and to examine and report on topics such as "The Role of Medicine in Society". See (Doyle 1965).

centers and were a mixture of academic physicians, attorneys and social scientists (mainly economists), and one professor of social ethics. Also present were those with professional and business interests: Speaker of the California Medical Association House of Delegates, a member of the Insurors of California, a Law Clerk to the U.S. Circuit judge, a UCLA County Counsel attorney, the Director of Professional Education of the American Bar Association, and a UCLA medical student.[307]

The content talks of the Conference focused on the role and responsibility of medical educators in malpractice both in preparing their students to understand the relevant laws and litigation, but also in protecting the public by preparing the competent doctors. Topics were arranged in three sections: "Biomedical Model and Medical Malpractice", "Patient's Rights and Physician's Responsibilities", and a "Responses".[308] Each section involved a paper presentation followed by a response to the paper. Presenters and respondents were medical education leaders paired with legal professionals and social scientists. One professional offering the topic paper and the alternate type professional responding to it, reflecting an interdisciplinary, even trans-disciplinary, discussion. The new threat of malpractice suits was deemed a "crisis" for physicians, who were not only searching for ways to respond and maintain their practice, but also how to train new physicians in this new era of technology, social change and patient autonomy.[309] Charles E. Lewis,

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[307] The List of Participants is included as an appendix of the IHVM Report #10 conference proceedings, pages 85-88 (1976).

[308] From the Table of Contents of IHVM Report #10, *A Conference on Medical Education and Malpractice Litigation*, UCLA Faculty Center (1976).

[309] Ibid. Several of the respondents discussed the current "malpractice crisis", including Samuel I. Shuman Ph.D., J.D., Professor of Law and Psychiatry at Wayne State University. In his "Comments on

M.D., Sc.D., Professor of Medicine and Public Health at the UCLA Center for the

Health Sciences described the enormity of the problem when stating that between

1966 and 1970 the frequency of malpractice claims rose by eighty percent, and costs

increased over 350 per cent. Lewis' message included medical education's

responsibility to the profession to train and socialize physicians to be life long

learners, capable to learning the technical skills while also appreciating the

importance of their relationship and connection with patients. Role models are

critical to the "softer" skills and learning content, thus Lewis called on current

educators to review their curriculum as well as criteria and selection process of

faculty, in addition to selection practices of students.[310] The editors of the meeting

proceedings, Winslade and Towers, supported the importance of the "physician-

patient relationship" and the "biopsychosocial skills of physicians" needed to

achieve this "relationship on a more complex but solid foundation".[311] Other

commentaries in the proceedings from both editors and participants supported

such viewpoints and the need for medical schools to provide more focus on the

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Dr. George L. Engel's Paper: The Biomedical Model and Medical Malpractice", pages 26 and 30, Shuman suggests that patients have a heightened expectation of physicians and treatment due to the success of the "Biomedical Model" in curing disease possibly leading to suits. Charles E. Lewis, M.D., Sc.D., Professor of Medicine and Public Health, UCLA Center for the Health Sciences, describes the cause of the "crisis", page 41, and his multifactorial suppositions, which include a breakdown of the doctor-patient relationship, increasingly technical practices in medicine and physician competency. In further detail, page 44, Lewis suggests that the "malpractice crisis" is a result of both the legal and health care systems not keeping pace with the forces of social change, allowing an imbalance in the management of cases to erupt in areas where the professions intersected. From IHVM Report #10 (1976).

[310] (Lewis 1976) page 48 uses the term "softer" to describe patient outcomes data that fall in the areas of the ""softer" (and therefore less important) sciences". Lewis states that these areas are only a minor component of the medical curriculum but are key to understanding and addressing the rising problems between patients and physicians leading to malpractice claims, "discomfort and dissatisfaction".

[311] "Editors Addendum to Lewis paper", page 54 (1976).

professionalization of students, guiding them more directly to appreciate their

professional roles, responsibilities and relationship to their patients.[312]

Approximately half of the conferences, nine out of the seventeen, were

devoted to the practical application of teaching medical humanities to health

professions students, and highlighting model-teaching programs in the humanities

for medical and health professions schools.[313] While medical education was the

focus of the IHVM's efforts, it's programming often had more general health

professional accessibility. McElhinney & Pellegrino state that one of the first

conferences organized by IHVM focused on the broader population and topic of

allied health professional training.[314] In 1974 leaders of the University of Illinois

Medical Center in Chicago began discussions of the need for increased and improved

presence of human values content within their professional school curricula.

Faculty were identified as being most in need of understanding the importance of

ethics and human values material in the curriculum. This was discussed with SHHV

members at an AAMC meeting in late 1974. The result was a proposal to IHVM from

the University of Illinois Medical Center to co-sponsor a conference on teaching

humanities to health professions students. The target audiences were the health

professions faculty from professional schools at the medical center. The

proceedings of this conference, *Fostering Ethical Values During the Education of*

Health Professionals: An Intensive Conference Primarily for Faculty at the University of

Illinois Medical Center, was published by the Society as IHVM Report #5. There were

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[312] Found in the "Discussion Following Lewis-Munch Presentations, page 63, "Summary of the
Response of Joseph F. Boyle, M.D., page 68, and "Editors' Epilogue", page 82, (1976).
[313] (McElhinney 2001)
[314] Ibid. Page 308.

one hundred and twenty-five registered attendees that included faculty, and a few

students, from a variety health professions schools at the University of Illinois

Medical Center and other Chicago area schools. Professional areas included:

Dentistry, Dietetics, Education, Medicine, Nursing, Occupational Therapy, Pharmacy

and Public Health.   The conference included prominent speakers, including the

Provost of Health Sciences at the University of Missouri, Kansas City, Missouri, and

Edmund Pellegrino, then Chairman of the Board of Directors at the Yale-New Haven

Medical Center, and the Executive Officer of the Institute of Medicine, National

Academy of Sciences. Resource papers on the intersection of medicine, science and

ethics were written by identified facilitators for the represented professions for the

purpose of interdisciplinary and discipline specific group discussion on the use of

ethics in the educational and clinical workspace. The conference was intended to

have three parts: (1) Didactic talks by three keynote type speakers who would

speak to the importance of recognizing the value of ethics to the scientific and

clinical education project; (2) prepared materials by identified resource persons

who could develop pre-conference papers on the intersections of science, ethics and

practice in the given professions; (3) facilitated two hour discussion groups of the

presentations and papers in interdisciplinary and discipline specific groups all

organize with a group leader, a resource person and a reporter.[315]

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[315] (circa 1975) Dating of this conference is from the recorded notes of Dr. John Eddy's brief
introduction on "Scientific Objectivity, Human Values, and Teaching in the Sciences" which notes the
date of the conference as being appropriately "on the Birthday of Dr. Martin Luther King – who I
knew personally felt strongly that the values of honesty, integrity, unity, and equality were important
for him to give one's life for in society." Page 96. Eddy was one of the invited resource persons to the
conference. He was a Professor of Guidance and Counseling at Loyola University of Chicago. He
provided a resource paper of the same title as his presentation to the meeting attendees. The notes
of Interdisciplinary Study Group #1 indicate that sessions were two hours in length, page 84.

The Illinois conference featured speakers and talks from the diversity of health-related programs and professions in attendance: medicine, allied health, pharmacy, nursing, dentistry, and basic sciences. Many speakers were leaders in their organizations and some represented key professional organizations. They included: E. Grey Dimond, Provost of Health Sciences at the University of Missouri, Kansas City, Missouri; Edmund Pellegrino, Chairman of the IHVM board and the Board of Directors of Yale-New Haven Medical Center; Leon I. Goldberg, M.D., Ph.D., Chairman, Committee on Clinical Pharmacology, University of Chicago; Roger Bulger, Executive Officer, Institute of Medicine of the National Academy of Sciences; L. M. Detmer, American Medical Association, Department of Allied Health. Each talk focused on an aspect of the importance of considering ethics and value systems in research, education and practice within the various professions. Dimond brought forth the importance of a both a scientifically competent physician as well as compassionate one. He highlighted the personal qualities of "compassion, integrity, stability, leadership" and life-long learning in a physician who has a commitment to fulfill a key counselor role in society.[316] Pellegrino's talk, deemed in evaluations to be the most interesting, presented on the value of humanities to the physician, and the requirement that physicians "live and work within a humanistic frame" as part of their professional covenant to society.[317] Pellegrino's repeated fear was that the humanism of medicine, the "art", was being lost and obscured by the technology,

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[316] (Dimond circa 1975) From Dimond, E. Grey talk "Learning Beyond Science: The Physician and the Quality of Life". Quote from page 12.

[317] (Pellegrino circa 1975) Quote from page 22. Evaluation of the conference reported under the "Public Health Workshops", page 111 of the conference proceedings, states Pellegrino's lecture to be "fascinating" and "excellent" over other components of the conference.

and that medicine was no longer a "learned profession" or a compassionate one.[318]

He made the argument that a complete physician must be competent,

compassionate and educated – have "the ability to think, write and speak with

clarity", and an educational background that liberates and makes one "human".[319]

Pellegrino emphasized that this education was essential to creating a physician

competent to consider and address the questions and issues facing modern

medicine – "euthanasia, abortion, human experimentation, genetic manipulation".

Considering and addressing these issues required the skills of a humanist.[320] Bulger

presented on ethics in clinical practice and called for faculty to be the kind of leaders

who could model the behavior expected within their profession for students to learn

and follow, commenting on the current weakness of the AMA. He asked for a focus

on healing the clinical physician-patient relationship through communication,

avoiding the impression of self-service. [321] Olga Jonasson, M.D., a surgeon, spoke

about other new ethical issues faced by physicians daily, such as transplantation

allocations. Physicians need to allocate services and materials ethically by

continuing education, monitoring of self and others in the profession, and accepting

an advocacy role. [322] Other talks related directly to each of the clinical health

professions: allied health, pharmacy, nursing, and dentistry. All had an emphasis on

communication and respect for patients and the importance of faculty as role

models and leaders.[323]

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[318] Ibid. Quote from page 21.
[319] Ibid. Quote from page 29.
[320] Ibid. Quote from page 33.
[321] (Bulger circa 1975)
[322] (Jonasson circa 1975)
[323] (circa 1975)

Two sets of discussion groups were held as the third segment of the

conference. One set interdisciplinary and the other discipline specific, each with a

set of lead facilitators with prescribed roles: Convener, Resource, and Recorder.

Interdisciplinary groups were intentionally organized and led by facilitators each

from a different background, i.e. Convener from public health, Resource person from

a humanities discipline and Recorder from medicine. Recorded notes from each of

these groups displayed the diversity of responses to the conference presentations

and charges posed by session leaders with some groups examining specific topics

deeply, like patient autonomy and informed consent, and others providing bulleted

summaries. Charges were generally around how or even if one can teach values

systems, how to best understand patients with different values, how to maintain

patient dignity in an increasingly invasive and crowded clinical environment, and

the how to manage the shifting responsibilities in decision-making between patient

and clinician.[324] Frequently cited needs were for a definition of or a "primer on

ethics", the use of the same ethical code across professional disciplines, and the

importance of continuing dialogue around ethics in medical and healthcare systems,

and the need for continued training and faculty development.[325] Faculty in the

"Nursing Workshop" provided an interesting reflection on external forces, such as

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[324] (circa 1975) These views were concisely recorded under the "Interdisciplinary Study Group #1"
but also appear in various forms throughout the summaries of the other six interdisciplinary sessions
(#1-7, pages 87-99) and the "Disciplinary Discussion" Groups (Associated Medical Sciences, Basic
Medical Sciences, Medicine, Nursing, Pharmacy and Public Health Workshops)
[325] Ibid. The need for a common set of terms and language was expressed by the "Public Health
Workshop" in the proceedings report from the *Fostering Ethical Values During the Education of
Health Professionals: An Intensive Conference Primarily for Faculty* disciplinary specific discussion
group page 111.

funding, that can directly impact decisions on the presence, absence and type of

trainings that may occur.[326]

IHVM Report Number 6 details the *Conference on Human Values in Medicine*

for the Six Medical Schools of Philadelphia. This conference, held October 24-25,

1975, was an opportunity to provide resources, as an IHVM Resource Service, to the

group of medical schools located within a single city, Philadelphia: The Hahneman

Medical College and Hospital of Philadelphia, Jefferson Medical College of Thomas

Jefferson University, The Medical College of Pennsylvania, University of

Pennsylvania Medical Center, and Philadelphia College of Osteopathic Medicine.[327]

The conference was co-sponsored by The College of Physicians of Philadelphia, and

funded through the IHVM NEH grant and The Barra Foundation of Philadelphia, a

private foundation supporting innovations that serve and improve the greater city

of Philadelphia.[328] Pellegrino and The President of the College of Physicians of

Philadelphia, John P. Hubbard, presided as engaged co-chairs of the conference, each

actively participating in the conference as commentator and moderator,

respectively. Two expert speakers were invited, a physician and a humanist, each to

speak from a different perspective on the relationship between medicine and the

humanities. H. Tristram Engelhardt, M.D. Ph.D., the physician keynote speaker, was

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[326] Ibid. Quote from page 107. This is an insightful comment because such external factors as funding sources and the types of grants and resources that are available impact the culture and nature of training and training opportunities, as well as what is implemented.

[327] (McElhinney 1975) This conference was another example of IHVM's efforts to efficiently bring resources to schools wanting them. By bringing multiple institutions, or units within an institution (see previous conference at the Illinois Medical Center) together IHVM efficiently serviced more schools seeking human values teaching resources. In the Preface to the report on the conference Thomas McElhinney, then Associate to the Director of IHVM, describes the event as a Resource Service activity of the IHVM Board designed to introduce schools to the concept of human values programming and to share curricula content between schools.

[328] https://www.barrafoundation.org/about/

a physician and Ph.D. trained philosopher, and a founding member of the University

of Texas Medical Branch's Institute of Medical Humanities. Engelhardt spoke to the

essential relationship and importance of the humanities to medicine, science and

human values. [329] Daniel Fox, Ph.D., a Harvard trained historian and high-level

administrator at the State University of New York at Stony Brook, was the humanist

speaker and spoke to the challenges of the medical humanist in the clinical setting.

Fox was a close colleague of Pellegrino while he was at Stony Brook and worked

closely with him during the founding of the new medical school and health sciences

center at Stony Brook.[330] Four workshop leaders were organized by the IHVM. All

were involved in developing and leading human values programs at their home

institutions: Pennsylvania State University Hershey Medical Center (Vastyan and

Harrell), Department of History and Philosophy of Medicine, University of Kansas

Medical Center (Hudson), and Program in Human Biology and Society, University of

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[329] The UTMB and its Institute for the Medical Humanities were closely aligned with IHVM. Another founding member, Chester Burns, a physician and Ph.D. trained historian from Johns Hopkins University's Department of the History of Medicine, was a close colleague of Engelhardt's at UTMB and a founding member and leader within the Institute for the Medical Humanities. Burns worked closely with Lorraine Hunt, the IHVM Project Director, to arrange the third IHVM meeting, the Southwest Regional Institute, a co-sponsored conference between the SHHV and University of Texas Medical Branch, Galveston, Texas in 1973. By 1975 Chester Burns was the President of the Society of Health and Human Values, the parent Society of the IHVM. Records of SHHV Council Members 1968-1997 are located in the IHVM archives, MS 59, Box 1, I.21, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[330] Personal communications with Daniel Fox on July 1, 2016 and Peter Williams on June 30, 2016 both described Fox's close association with Edmund Pellegrino while at Stony Brook during the formation of the Health Sciences Center. Fox continued to work with the IHVM and Pellegrino's efforts to train physicians in humanist disciplines as documented in the archives of Pellegrino's work held at Georgetown University. In the 1980s Fox served as a historian mentor in a post-IHVM NEH sponsored summer program for medical students in the medical humanities directed by Pellegrino at Georgetown University. The program received applications from medical students across the country interested in medical humanities disciplinary training. Project reports, including historical, literary and philosophical papers, were found within the Pellegrino archives of the Bioethics Research Library, Kennedy Institute for Ethics, Georgetown University, Washington D.C.. Fox was among the on-site faculty mentors, which also included philosophers, like Daniel Callahan of The Hastings Center.

Virginia School of Medicine. A planning meeting was held between the IHVM and

College of Physicians organizers and the deans of the six schools involved in the

conference. Decisions on the program, agenda and school representation were

made with agreement from all school leaders. Each school was to have six

participants, representing a mix of leadership, faculty and students. Materials were

distributed to all conference participants about a month in advance, which included

conference information and selected publications related to the topic of humanities

and medicine.[331] Thirty-Four participants were in attendance, excluding the

organizers, invited speakers and invited workshop leaders (forty-four total). Of the

thirty-four school associated participants, six were deans or presidents of the

associated medical schools.[332] All participating schools except the Philadelphia

College of Osteopathic Medicine had a leading school official present. The

osteopathic college had three faculty participants, including a Professor of History of

Medicine and Osteopathy. All schools had faculty from relevant departments in

attendance and there was one MD-PhD candidate in Medicine and Sociology from

the University of Pennsylvania Medical Center.[333]

The talks and workshops of the conference combined both presentations on

the importance as well as the challenges of integrating humanities into medical

education, and are an example of the IHVM's resource service efforts. Keynote talks

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[331] (McElhinney 1975) From *Institute on Human Values in Medicine Conference on Human Values in Medicine for the Six Medical Schools of Philadelphia,* "Part I – Introduction".

[332] Leadership attendees included the Vice President and Dean of The Hahnemann Medical College and Hospital of Philadelphia, Dean and Vice President and Associate Dean for Academic Programs from Jefferson Medical College of Thomas Jefferson University, Dean of Temple University School of Medicine, President of The Medical College of Philadelphia, and Dean of the University of Pennsylvania Medical Center. From (McElhinney 1975).

[333] (McElhinney 1975) Participant list, Appendix B.

focused on large conceptual, ideological topics, the workshops focused on the

pragmatic details and challenges of integrating human values content into existing

curriculum and developing new content and programming consistent with the

school and its curricular arrangement. The four leaders of the Inter-school

Workshops were faculty and administrative leaders of programs at their own

schools and E. A. Vastyan, was a founding member of the Society for Health and

Human Values and an active IHVM Board member.[334] Each leader led two

workshops with related but separate foci. Workshop I outlined the issues around

teaching medical humanities in medical school. The second workshop discussed the

development and implementation of a human values program and curriculum. The

workshops raised important questions on what to teach, when and who to teach it

and how to evaluate it. Is it a priority? Should it be required? How to interest

students? Can values be altered? The College of Physicians of Philadelphia offered

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[334] The four workshop leaders had strong ties to the medical humanities and the training of physicians. George Harrell, was the founding dean of the College of Medicine and Senior Vice President of The Milton S. Hershey Medical Center of the Pennsylvania State University. Under his leadership the first Department of Humanities within a medical school was founded at the Penn State College of Medicine.   Harrell recruited faculty for his new school nationally and brought Al Vastyan to Hershey in 1967. Vastyan was previously an Episcopal chaplain at the UTMB where H. Tristram Engelhardt and Chester Burns were faculty. Descriptions of the development of the College of Medicine at Hershey can be found within the department's records and the published recollection of the founding Chair of Comparative Medicine, Max Lang. See: (Lang 2015) Harrell's leadership and vision in developing the school is described in the Preface and Chapters 1-4. Chapter 5 contains biographical descriptions of the founding department chairs for the Basic Science Academic Departments, where the Department of Humanities is located. Vastyan started the department with three faculty and foci: religion, history and literature/ethics. K. Danner Clouser, a philosopher, was initially in charge of the literature and ethics area. Like Vastyan, Clouser was closely associated with the IHVM, sat on their advisory board and delivered a paper on teaching philosophy to medical students at the first IHVM conference at Arden House in Harriman New York in 1971. See (Clouser 1971). Robert Hudson, a physician historian, was the founding Chair of the Department of History and Philosophy of Medicine at the University of Kansas Medical Center. Archived materials from the period held within the Department of History and Philosophy of Medicine at the University of Kansas Medical Center describe the engagement of the department in the teaching of medical students. Thomas Hunter was the Director of the Program in Human Biology and Society at the University of Virginia School of Medicine.

its resources and services as a venue for schools to meet and share their experiences and practices.[335] Panelists gathered in a morning session moderated by Pellegrino to espouse their own experiences in creating human values programs, specifics of creating new curricula in areas such as bioethics and history, the benefits of utilizing the tools of social science and humanities disciplines in teaching medical students, and the need to be integrated into the larger university. Schools convened individually toward the end of the conference to create their individual take-aways and action plans. Pellegrino delivered a final summary in which he clarified differences between humanism, humanities and humanitarianism, emphasized the importance of the humanities to the development of thinking critically, a skill necessary to good medical education.[336] Commentary provided by the editor highlighted the benefits of the conference in bringing together schools in a single geographic region to work together and potentially share faculty and resources – the importance of a ""critical mass" of humanist faculty".[337] It was noted in the Conclusion that this was the first program to attempt to develop such a cooperative, and the College of Physicians of Philadelphia appeared uniquely poised to assist.[338] However, the many challenges of supporting the inclusion of humanities and human values material in medical curricula were acknowledged, which included: setting learning objectives and evaluation of ""soft" data"; how to measure or define end goals, such as "humaneness"; prioritization of the wide range of topics that could be covered; disagreement about timing in the curriculum; role of the hidden

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[335] (McElhinney 1975) Stated in the Commentary on page 11.
[336] Ibid. Stated in the Narrative of the Conference, pages 1-4.
[337] Ibid. Quote on page 11.
[338] Ibid. Stated in the Summary of the Conference, pages 13-14.

curriculum or "modeling" and "authority figures"; how to establish cooperation between schools understanding the differences between institutions.[339]

McElhinney and Pellegrino in their description of the IHVM's activities state that there were two "Leadership" conferences in 1974 and 1976 that brought together educational leaders for humanities programs in schools. According to this source, these meetings focused on the administration and sustainability of such programming within schools. The SHHV continued this effort of the IHVM following its closure. SHHV recognized and supported this "interest group" of educational leaders in the humanities.[340]

The final conference of the IHVM, the "Capstone" event was held December 4-6, 1981 in the Sugarloaf Conference Center at Temple University in Philadelphia, Pennsylvania, local to the working office of the IHVM.[341] Planning for this conference was in progress for several years. A memo dated September 14, 1976, reviews the discussion of the September Executive Board meeting, which included conversation on the "Summating" conference, covering the ten year history of the IHVM and realizing the "Reality of humanities/medicine groups" and "the

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[339] Ibid. Stated in the Commentary, pages 9-11. Quotes found on pages 9 and 10, respectively. Of note is the importance of understanding end goals and identifying learning objectives to developing curricula and instruction. The question of selecting students was also raised in this Commentary, which again highlights the lack of understanding of who, how and what is needed to create the ideal physician (the end goal). These were issues for medical schools in the 1970s as they are today. School administrative practices and barriers to cooperation are both intra-school issues within universities, as well as inter-school issue between universities.

[340] (McElhinney 2001) Quote from page 307.

[341] Conference was to be held in June 1981 but was delayed as indicated in a September 23, 1981 letter from Edmund Pellegrino to Ronald McNeur, Society for Health and Human Values' (SHHV) Executive Director. Delay was related to NEH audit of the financial management of the IHVM NEH grant. Memos related to the concerns regarding the financial records and reporting are in the IHVM archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

intellectual points of engagement".[342] The final meeting included forty-one invited

program leaders involved in heading human values teaching programs in U.S. health

professions schools, forty attended.[343] The goal of the final conference was to review

the decade long history of IHVM activities and evaluate the current status of human

values and humanities teaching in medical schools and centers. Many of the

participants were active leaders in the IHVM and SHHV, and participants in

activities of the IHVM such as resource visits either as IHVM team members or were

the recipients of visits. Twelve of the forty participants in the final meeting were

IHVM fellows who were then actively engaged in developing and leading teaching

programs at their home institutions. The goal of many of the IHVM activities and

specifically the Fellowship program was to create a medical humanities

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[342] The September 14, 1976 memo is located in the IHVM Archives Box 6, Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. The actual Capstone conference was different than the original conception in 1976, which included attendance by major professional associations over a suggested two days. Major organizations included: AAMC, AMA Congress, SHHV, Assoc. Academic Health Centers. The actual final meeting, Capstone Conference was across two days but did not have the support or attendance of such powerful organizations.

[343] Several letters and memos regarding the funding and budget for the conference were located in the Society for Health and Human Values' (SHHV) IHVM archives, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. A Letter from Thomas K. McElhinney, IHVM Director of Programs, to Ronald McNeur, SHHV Executive Director, dated September 28,1981 communicated the budget for the conference based on the expenses of forty-one participants, including honoraria and travel for "Leaders" and "Board" members. Forty participants are listed in the final IHVM Report, #17 (Pellegrino 1982). Funding for the conference was provided by the final NEH grant but was not secure until the Fall 1981 following the resolution of an NEH audit. Included in the letter collection is an October 5, 1981 letter from Edmund Pellegrino to Ronald McNeur thanking McNeur for his communication that the audit was complete and the funds were cleared for the Capstone Conference. Cynthia Frey, NEH Program Officer for Educational Programs, attended the conference as indicated by a December 17, 1981 letter from Pellegrino to Frey communicating his appreciation for her active participation. Frey does not appear in the list of participants in IHVM Report #17 (Pellegrino 1982).

instructional and scholarly workforce. The participation and engagement of these

fellows in teaching programs was evidence of the Institute's success.[344]

 The Capstone Conference included workshops that were reported in the

IHVM Report Number 17, *Teaching Ethics, The Humanities, and Human Values in*

Medical Schools: A Ten-Year Overview. Those reporting were humanists involved in

the development of humanities curricula for individual medical schools and all were

closely connected with the IHVM. Richard Zaner, a philosopher in the Department

of Medicine of Vanderbilt University, was on the IHVM Board of Directors and was

recruited by Pellegrino to assist in the development of medical humanities at Stony

Brook in the 1960s. David Thomasma, a philosopher and Director of Medical

Humanities at Loyola University Medical Center, was an IHVM Fellow from the

1975-76 cohort. Glen Davidson, Professor and Chair of the Department of Medical

Humanities, Southern Illinois University of Medicine was actively developing and

publishing on development of humanities curriculum for medical students.[345] The

charge to the work groups was to reflect and report on the successes, failures, and

challenges experienced by humanities teaching programs in medical schools. Each

of these three groups cited issues within the following categories: purpose,

objectives and goals of medical humanities, incentives for humanist faculty, and

administrative structure. Regarding objectives and goals, humanities instruction

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[344] (Pellegrino 1982) A list of the Capstone conference participants can be found in the final IHVM Report, #17.

[345] Ibid. Pages 57-87 contain summary reports from the Capstone Conference. Background on these reporters is available online: https://www.mc.vanderbilt.edu/reporter/index.html?ID=2274; https://www.luc.edu/media/lucedu/archives/pdfs/thomasma.pdf; https://journals.lww.com/jcehp/pages/author.aspx?firstName=Glen&middleName=W.&lastName=Davidson. David Thomasma's IHVM Fellowship report can be found in the *Reports of the Institute Fellows, 1975-1976.* Philadelphia, Society for Health and Human Values, 1977. IHVM Report #8 (1977a).

was cited as having a challenge in defining itself and therefore also in understanding

and expressing its objectives and goals. Humanists must consider what medical

humanities is and is not, and what its goal is in medical student instruction. Better

definition of its role and objectives can help to prove the validity its work in the

classroom and clinic, its value in the curriculum and ultimately its importance to

medical education. Discussion of incentives included discussion of salary levels for

faculty and release time for scholarship, which might be grant funded. The

university's investment and commitment to faculty lines, promotion, and evaluation

considerations for the medical humanities was considered important. This related

to discussions of structure in regard to where these faculty lines exist. While this

incited a variety of opinions, the majority view was that the establishment of a

department of medical humanities was popular. Such a department would show the

commitment of the institution, provide security and scholarly camaraderie and

resources to the faculty member and assure the quality of the instructor. The

development of dual degree programs, such as the MD/PhD and MD/MA in

humanities disciplines, as well as doctoral programs in the medical humanities and

programs to provide humanists clinical exposure were described as ways to

continue to develop the workforce of instructors both interested and qualified to

teach humanities in medical settings.[346]

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[346] (Pellegrino 1982), pages 58-87, reports of the Capstone Conference work groups by Richard M. Zaner, David C. Thomasma and Glen W. Davidson. Davidson, Group III Reporter, emphasized the critical importance of creating faculty incentives and structures that supported their power and authority within the medical institution with recognition that educational institutions are prone to change with changes in leadership (for example a new dean). Davidson covered this on pages 84-85.

Other questions that were highlighted by the working groups related to methods and curriculum. The discipline of medical humanities needed to be defined, and contents and methods of instruction clarified. Medical students would be best served by relating the contents to real clinical experiences. Consistency of instruction and curriculum was cited as a national issue, and consensus in at least one of the working groups to make a set number of course hours in essential medical humanities content a requirement.[347] Thomasma defined medical humanities as "a disciplined study of the forms of thinking and acting required by health professionals to maintain a human perspective on medical theory, practice and delivery in a technological age."[348] He reported that physicians needed the tools of the humanist to nurture curiosity and understand the human experience for their discovery methods and clinical practice. He and others warned that medical humanities should not be reduced to medical ethics and decision-making, its value was much broader. The extraordinary growth of bioethics made this a concern. He suggested in his report that the IHVM and its activities to develop medical humanities teaching programs in medical schools was really a "Phase One – development", and that the current difficulties of programs represented then next phase, a "Phase Two", which would need to address these challenges.[349]

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[347] Ibid. From Group I Reporter Richard M. Zaner on pages 62-65.
[348] Ibid. From Group II Reporter David C. Thomasma on page 76.
[349] Ibid. Group II Reporter David C. Thomasma from pages 67-72. Quotes from page 67.

Program for Directors of Medical Education

Pellegrino and McElhinney report on the development of a pilot program

targeting those responsible for implementing curriculum, directors of medical

education. The early planning of programming for Directors of Medical Education

(DME) was found in a January 6, 1975 memo from Thomas McElhinney to Edmund

Pellegrino reminding Pellegrino to provide a list of DMEs from "the American

Academy of General Practice?"[350] A planning committee met on December 12, 1978

to prepare a program plan, which included five regional conferences. The Steering

Committee for the DME program included Pellegrino as chair, Larry K. Ulrich, D.

Min., Vice President of Religion and Medicine, Evangelical Hospital Association, and

five physicians who were directors of medical education programs from across the

country, including the Veterans Administration. The conferences were to meet at

locations across the U.S. that would allow broad regional attendance: Easton,

Maryland, October 9-11, 1979, Austin, Texas, February 1980, Midwest (Columbia,

Missouri) October 1-3, 1980, New England (Northampton, Massachusetts) October

12-14, 1980 and Far West (Santa Monica, California) January 15-17, 1981. Another

meeting was planned for December 1981 specifically to target residency program

directors.[351] According to McElhinney and Pellegrino (2001) only three of these

conferences were held at locations on each coast: Easton, Maryland, Austin, Texas,

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[350] Memo and quote found in the IHVM Archives, Box 6 Folder 15, Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[351] "A Narrative Report 1 July 1979 to 30 June 1980" to the NEH, located in IHVM archives Box 6 Bolder 13 IHVM NEH Report August 80. Initial planning for these meetings also included in the tentative agenda of the first meeting with the SHHV 1979 Report to Council on Institute Activities in the IHVM archives Folder 14 IHVM SHHV Annual Report 75-81. Both files are located in the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

Los Angeles, California. Based on this source attendance was strong with 116

registrants and an additional 75 attending various lectures in Los Angeles. The

representation was national, representing 26 states and 92 institutions. The goal of

the program was to familiarize directors with human values materials, and to

further influence the creation of ethics instruction at the local, community hospital

level. The Veterans Administration hospital system was targeted since it was the

largest healthcare system nationally, and presence of VA registrants was noted in

both the 2001 publication and Appendix D of the final IHVM Report # 17.[352]

Conferences were designed to be pragmatic and were organized as

workshops to provide practical instruction: why, who, how and when such

materials could be engaged in the curriculum of individual schools. A tentative

agenda for the first meeting in Maryland included the agenda for a two and a half

day conference for approximately fifty people and seven leaders. Edmund

Pellegrino did an opening welcome address on the role of health professionals in

human values training followed by workshops, demonstrations, videos and lectures.

Three of the seven leaders were previous IHVM fellows (Thomasma – religion and

philosophy and medicine, Hunter – literature and medicine, and Schaffner –

humanities professionals and political realities). Films were to emphasize ethics.

Religious studies focused on clergy as resources for human values problems, and the

relationship between medicine and religion.[353] Following the Maryland meeting the

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[352] (McElhinney 2001) Details of this program are also reviewed in Appendix D of the IHVM Report #17 (Pellegrino 1982)

[353] Included in the Report to Council on Institute Activities, August 13, 1979, to Jo Ivey Boufford, M.D., President, Society for Health and Human Values. A tentative agenda of the first meeting included in

DME Program Steering Committee met and expanded the audience for this program

to include residency program directors, chiefs of clinical staff and leaders of

community hospital continuing education programs. The intention was to have the

greatest possible reach at a practical level into all levels and areas of medical

education.[354]

The second DME conference was held in Austin as scheduled on March 9-11,

1980, and a third meeting scheduled for Santa Monica, January 15-17, 1981.[355] The

Directors Program was not fully implemented and thus was stated could not be

evaluated; however, Pellegrino and McElhinney cite that participants reported

starting relevant teaching activities in the aftermath of the conference. Directors

were encouraged to make connections and utilize local relevant resources, such as

liberal arts colleges.[356] By the August 1980 report to the NEH, the Institute was

highlighting saving NEH resources by obtaining co-sponsors for these meetings.

The Veterans Administration provided transportation for VA hospital chiefs of staff.

The University of Pittsburgh co-sponsored the Maryland meeting and the Central

Texas Medical Foundation and the University of Texas Medical Branch in Galveston

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the IHVM archives Folder 14 IHVM SHHV Annual Report 75-81, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[354] "A Narrative Report 1 July 1979 to 30 June 1980" to the NEH, located in IHVM archives Box 6 Bolder 13 IHVM NEH Report August 80, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[355] Dates for the Austin Conference located on November 28, 1979 memo to the DME Steering Committee from McElhinney. Located in IHVM archives Box 6 Folder 13 IHVM DME Steering Committee & Report 1979-80. Report on Directors of Medical Education Program April 10, 1980 from Pellegrino and McElhinney. IHVM archives Box 6 Folder 13 IHVM DME Steering Committee, 1979-80, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[356] (McElhinney 2001) page 309-10. Details of this program are also covered in Appendix D of the IHVM Report #17 (Pellegrino 1982).

co-sponsored the Austin meeting.[357] Loss of the NEH grant led to the truncation of this next major activity of the IHVM. The last of the NEH funds were used to support the final Capstone Conference.[358]

Teaching Resource Reports

Three published works (IHVM Reports #4, 7 and 14, published 1974, 1976 and 1981, respectively) were devoted to listing schools with human values content in their curriculum. The published proceedings of the second annual IHVM conference (IHVM Report #1b, published in 1972) also contained an addendum with a short list of twelve schools with human values curricula.[359] Each school listing includes specific details about the organizational structure of the teaching program, including staffing, where it was administratively positioned in relation to the medical school (inside or outside the school), if it was a department, center, etc., the specific courses, their structure and content, as well as contact information. These published listings were designed to be a resource vehicle for sharing information between schools nationally. The majority of the listings contain sections reflecting on the conception and history of the program within the context of each school's structure, as well as current challenges, and future visions. The systematic publication of this information was another attempt by the IHVM to disseminate vital information for the successful establishment of new human values

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[357] "A Narrative Report 1 July 1979 to 30 June 1980" to the NEH, located in IHVM Archives Box 6 Bolder 13 IHVM NEH Report August 80, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[358] Personal communication with Thomas McElhinney, July 19, 2014, and indicated in Appendix D, page 96, of IHVM Report #17 (Pellegrino 1982).
[359] (Pellegrino 1974, McElhinney 1976, 1981, 1972)

and humanities teaching programs in medical and other health professions schools. It was also used as a measure of success as reported in McElhinney and Pellegrino's 2001 publication and the IHVM Report #17 describing the ten-year history of IHVM work to promote human values teaching programs.[360] The IHVM Reports #1b, 4, 7 and 14 (published 1972, 1974, 1976, and 1981) show a fivefold increase in the number of reported programs across the country from 1972 to 1981. In 1972 (Report #1b) twelve programs were listed (eleven with complete descriptions, and one as a supplement for a school in the seminal stages that had only begun to establish a faculty structure). By the 1974 publication, IHVM Report #4, nineteen programs were featured. In 1976, Report #7 listed twenty-nine programs and in 1981, Report #14, sixty-five schools were listed. While this growth cannot be directly tied to the IHVM and its efforts, IHVM's activities can be considered one of the major influencers, feeders and drivers of this growth within medical education and training.[361] IHVM Report #17 states that fifteen IHVM trained fellows were directors of human values teaching programs by its publication in 1982.[362]

Comparisons made between the publications that list human values teaching programs at four distinct timepoints. The human values teaching remained, as a whole consistent within individual institutions, program growth occurred in some, and the information documented was often repeated between volumes. Tracking the original twelve programs reported in 1972 tracked across the following three

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[360] (McElhinney 2001), (Pellegrino 1982) see pages 95-96.

[361] (1972, Pellegrino 1974, McElhinney 1976, 1981)

[362] (Pellegrino 1982) from page 94. An August 12, 1976 memo from McElhinney to Pellegrino with suggestions on content for the Preface of the 1976 Report #7 indicated that the number of schools reported in that volume constituted approximately one quarter of the US medical schools. Memo found in the IHVM archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

publications in 1974, 1976, and 1981 provides a view on the development of

programs over a nine-year period. All twelve programs appear in the published

reports from 1972 through 1976. Three are not in the 1981 publication, Duke,

University of Kansas and Medical College of Virginia. It is noted in the 1981 report

that the sixty-five reported does not represent a comprehensive list of programs,

others were known to exist, but did not complete the survey from which the data

was obtained.[363] Over half of the twelve original schools from the 1972 document

reported growth and development in academic programming, focus, content, and

institutional structure. Among the clearest examples of this growth is the University

of California San Francisco (UCSF). In 1972 a one-page supplemental addendum

describing the idea of a program with instructors and a single course were listed, by

1974 the report indicated a full-fledged Bioethics Program with four faculty and an

arrangement with interdisciplinary collaborators in the medical school. By 1981

USCF's Program in Bioethics held a government grant (NEH), private foundation

philanthropy and was servicing medical, nursing and graduate students in research

and training in bioethics.[364] While all twelve programs remained through 1976,

some were consistent in leadership, administrative structure and size, while others

grew considerably (UCSF, UCLA, Penn State, University of Florida, Medical College of

Georgia, and UTMB). All programs differed widely in administrative structure,

faculty size, curricular and discipline-specific content, organization and cooperation

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[363] (McElhinney 1981) IHVM Report#14 lists the reporting schools in its table of contents pages xvii-xxi. Page xvi reports that not all schools submitted reports, but in addition to the sixty-five reporting medical schools, two osteopathic schools with human values programs were associated with local medical schools.

[364] (Pellegrino 1974) IHVM Report #4, pages 12-16; (1972) IHVM Report #1b, April 26-28, 1972, page BP83; (McElhinney 1981) IHVM Report #14, pages 8-12.

across schools within individual institutions. The categorization of 'human values'

programming was broad, for example as narrow as ethics as a singular focus (Yale)

or as multi-disciplinary as across humanities and social sciences involving academic

departments (SUNY Stony Brook). The quality of the programs was also under

question, while the numbers had grown, the consistency of the quality was not

assured.[365] In sum, a broad range and growth of programming occurred across the

decade driven by the interest of individual university and school leadership without

consistency in content, organization, or standardization between schools. A table of

the twelve programs listed in 1972 across the four publication time points is

included as an Appendix at the end of this Chapter. [366]

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[365] Letter from McElhinney to Pellegrino, May 21, 1980, regarding the survey responses from schools. McElhinney expressed a worry that while the number of programs reporting were larger in sum, he questioned whether they were "real" or "worthwhile and to be encouraged." He expressed concern that the actual growth of humanities and human values programs were much lower than it appeared. IHVM Archives Box 6 Folder 16 IHVM Pellegrino Correspondence 78-82, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[366] (1972, Pellegrino 1974, McElhinney 1976, 1981)

Part Two
Activities of the IHVM: Creating Medical Humanities Knowledge and
Intersections

Information Producing Efforts

In 1975 the IHVM began funding under its renewed NEH grant a Fellowship

program that trained individuals in either humanities or medicine, depending on the

background of the fellow. With these funds Institute leaders also created a set of

discipline-specific dialogue groups called *Dialogues Between the Disciplines* in five

humanities disciplines: History, Literature, Religion, Social Sciences and Visual

Arts.[367] The *Dialogues* groups gathered to engage in critical conversations on the

possibilities of intersecting medicine and the individual humanities disciplines. As

opposed to the Resource Visits and Conferences covered earlier in this chapter that

were information disseminating efforts, the fellowship and dialogues programs

were specifically designed to produce knowledge, create cutting edge ideas, and

train a unique workforce to engage these ideas for the benefit of medical education

and ultimately patient care.

Fellows Program

An early conception of the IHVM following its first two organizational

meetings was the development of a training program for humanists and physicians.

The fellowship program started as an outcome of the 1972 IHVM conference

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[367] 1974 NEH grant information and Board of Directors agenda and minutes regarding activities of
the IHVM, budgets, and NEH grant information. Documents include discussion of the formation of
the Dialogues groups. The first groups appear to be: Literature, Social Science and History in
Medicine. Documents found in IHVM Archives Box 6 Series 8, Folder 11, Truman G. Blocker, Jr.
History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

discussions, highlighting a need for an interdisciplinary faculty for teaching

programs.[368] Pellegrino described the "mini-fellowships" as "One of the most

rewarding and successful elements" of the Institute's activities.[369] A 1975 letter to

the NEH from Ronald McNeur of the Society and Institute stated the distribution of

announcements for the fellowships program.[370] Interviews and the reports from the

fellows indicate that word of mouth and IHVM activities were also an important

mechanism of advertising the Institute fellowship program. The fellowship program

was communicated at IHVM activities, such as resource visits, where the fellowship

program and potential funding for projects were discussed, and other institutions

supporting the IHVM mission advertised IHVM activities.[371] McElhinney produced a

[368] Lorraine L. Hunt, IHVM Projects Director, summarized the Group Discussions from the Institute on Human Values in Medicine: Proceedings of the Second Session which included the need for a trained faculty to create human values programs in medical schools, (1972), page 51. The fellowships were designed so that candidates from humanities backgrounds performed clinical activities and projects to inform them on the clinical environment and experience. Candidates from clinical backgrounds engaged in a project that provided background and experience in a humanities discipline related to their interests. This is also reported in IHVM Report #17, the ten-year overview report. (Pellegrino 1982).

[369] E.D. Pellegrino in the "Preface" of the IHVM Report #8 *Reports of the Institute Fellows 1975-1976,* page vii. (1977a)

[370] October 8, 1975 Letter from McNeur to Richard H. Ekman, Assistant Director, Education Programs, NEH, updating him on the activities under the next new grant, EH-10973-74-365. A statement on the "announcements" is on page 4. Located in the IHVM Archives, Presbyterian Historical Society, Philadelphia, Pennsylvania.

[371] Interview with IHVM 1973-74 Fellow Larry R. Churchill, June 6, 2017, stated he heard about the IHVM from Al Vastyan, IHVM founding board member, and Lorraine Hunt, original Project Director, who encouraged him to apply to gain background in medical ethics. Likewise, Laurence McCollough, Ph.D., IHVM 1975-76 fellow, stated in July 6, 2017 interview that he heard about the IHVM fellowship from his UTMB colleague H. Tristram Engelhardt. IHVM 1977-78 fellow, John Moskop, Ph.D., a philosophy graduate student at University of Texas Austin at the time, interviewed on July 17, 2017, described being told of the fellowship by his advisor, which enabled him to travel to the Kennedy Institute, Center for Bioethics at Georgetown University where he studied under H. Tristram Engelhardt and was influenced by other bioethics leaders and scholars such as Robert Veatch. Moskop documented his experience in IHVM Report #11 *Reports of the Institute Fellows 1977-1978*, pages 63-64. Rosalind Ekman Ladd, a 1977-78 fellow, in a June 17, 2019 interview stated that she believed she heard about the fellowship from her professional associations, either American Philosophical Association or the Hastings Center. Another 1977-78 fellow, Kenneth F. Schaffner, faculty at the University of Pittsburgh, stated in his report that he discussed the fellowship program with Thomas McElhinney, IHVM Director of Programs, during an IHVM resource visit to the University of Pittsburgh. This interaction recorded in IHVM Report #11 *Reports of the Institute*

brochure detailing the Institute's purpose, history, activities, and leadership, indicating distribution by mailings and at events.[372]

The fellowship program cross-trained a workforce of physicians, nurses and humanists in humanities and medicine by funding applicants to perform projects that filled in their gap. Humanists were funded to do projects that helped them gain experience in clinical areas and medical education, and clinicians worked on projects under the guidance of humanities scholars. Application to the IHVM fellowship program was competitive; IHVM staff, the project or program director, and board members made the selections.[373] Applicants were those accomplished in their formal area of training; they created proposals to gain experience in areas in which they were lacking. Many were humanists interested in medical issues and training, and clinicians interested in the humanities and what it could bring to their

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Fellows 1977-1978, page 81, (1978). The 1975 Annual Report to the Society of Health and Human Values reports the announcement of fellowship deadlines through mailings. It was noted that 5,000 announcements had been mailed for the 1976-77selection of fellows, and the Institute had received more than 60 requests for more information. IHVM Archives Folder 14 IHVM SHHV Annual Report 75-81, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[372] A draft of the contents for a flyer produced by Thomas McElhinney October 7, 1974 for review by the IHVM Board found in the IHVM Archives Folder 11 IHVM Announcement Draft October 1974, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Professional copies of completed brochures also located in the archives.

[373] Multiple memos regarding fellow selections at IHVM board meetings found in the IHVM archives in the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. The August 1978 IHVM Narrative Report to the NEH included notice of 300 requests for information on the fellowship program and 253 applications for the 77 fellowships awarded on page 11. This report held in the IHVM Archive of the Presbyterian Historical Society, Philadelphia, Pennsylvania. A March 1, 1977 memo from McElhinney to Pellegrino documents 95 current fellows applications and 51 fellows trained or in training for the period 1971- February 1977. IHVM leadership frequently displayed the geographical range of their training to represent the reach and influence of IHVM programming. This document reports that the trainees represents 27 states plus Washington D.C. and 69 schools. The applicant pool represented 31 states plus Washington D.C. and 73 schools during this period. Found in IHVM archives Box 6 Folder 15 Pellegrino Correspondence 74- 77. This data on fellows, resource visits and conferences reported to the SHHV a March 28, 1977 annual report. IHVM archives Folder 14 IHCM SHHV Annual Report 75-81, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

academic and clinical practices. The applicants created their own goals and projects

to fill in their understood gap in knowledge. The length of the fellowships were also

related to the design of the project and its goals, but were generally of short

duration – typically several months.[374] The fellowship program was intended to

primarily support high potential candidates at the beginning at their careers.[375]

Prior to the IHVM fellowships such training for humanists was not available.[376]

There were four cohorts of funded fellows: 1973-74, 1975-76, 1976-77, and 1978-

79. Seventy-seven fellowships were awarded in total across the four cohorts, which

represented seventy-five individuals trained. Howard Brody, a medical student at

Michigan State University was awarded two consecutive fellowships, which

supported him to complete his Ph.D., and John P. Tokarz, a medical student at

Pennsylvania State University, Hershey Medical Center, was awarded two non-

consecutive fellowships. Of the seventy-five individuals, eight were physicians, five

were medical students (two of the five were dual degree MD-PhD students), three

were nurses, and the vast majority, fifty-nine, over 75%, were humanists (six of

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[374] Lorraine L. Hunt in the "Foreward" of the IHVM Report #3, *Reports of the Institute Fellows 1973-74*, (1974). Calculation of the average length for fellowships published in the four IHVM fellows reports, for which a period could be surmised, was slightly over four months with a range of ten days to one year.

[375] (McElhinney 2001) Reported on page 310.

[376] Ronald Carson, awarded an IHVM fellowship 1973-74, stated in an interview on August 4, 2017 that his IHVM fellowship provided an introduction and experience in clinical medicine and medical education that was unavailable elsewhere for a humanist. Carson, a Ph.D. trained academic theologian, used his IHVM fellowship to work on a project entitled "*Participation in an Experimental Program Relating Humanistic Studies to a Premedical Curriculum*" that changed the trajectory of his career. During his fellowship, in addition to his fellowship project, he worked with Sam A. Banks, Ph.D., also a theologian, a member of the IHVM Board of Directors, and faculty in the Department of Community and Family Medicine of the University of Florida. Subsequent to Carson's fellowship time, he continued his work with Sam Banks, taking over for Banks at the University of Florida, and then assumed the directorship of the University of Texas Medical Branch Institute of Medical Humanities. Carson was also the President of the Society for Human Values in Medicine. For Carson's IHVM Fellow report see *Institute on Human Values in Medicine Report of the Institute Fellows 1973-74*. Ronald A. Carson, Ph.D. report page 185 (1974)

these doctoral students) from a variety of disciplines, largely philosophy and ethics,

but also theology and religion, literature, history and social sciences. Cohorts were

multidisciplinary, each containing clinicians and humanists from a variety of

disciplines. Projects were designed by the fellows and typically involved travel to

other institutions to train with experts related to their proposed projects and

experiences. Fellows came from states that spanned the country representing a

variety of states and Canada. States included those on the Eastern coast, South, Gulf

coast, Midwest, and West coast; they included Rhode Island, Massachusetts,

Connecticut, New York, Virginia, North Carolina, Florida, Alabama, Louisiana, Texas,

Ohio, Pennsylvania, Tennessee, Missouri, Illinois, Indiana, Michigan, Wisconsin,

Nebraska, and California.[377] The presence of transdisciplinarity in support of

human values education across health profession education was consistent in all

activities of the IHVM from its conferences to its resource services and fellowships.

However, it is noteworthy that the vast majority of those selected for fellowships

were humanists seeking exposure to clinical settings, issues and environments.

Application records broken down by applicant type were not found, although

statistics displayed in annual reports to the SHHV and memos to board members

reveal that the process was competitive.[378] Without more detailed statistics it is

unclear if this disparity was representative of the applicant pool or those selected.

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[377] Calculated from the four *Reports of the Institute Fellows*. Institute on Human Values in Medicine Report #3 (1974); Report#8 (1977a); Report#9 (1977b); Report#11(1978).

[378] Data reported to the Society for Health and Human Values (SHHV) annually. Reports located in the IHVM Archives Folder 14 IHCM SHHV Annual Reports 75-81, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

IHVM Reports #9 and 11, *Reports of the Fellows* cohorts 76-77 and 77-78,

asked those reporting to indicate support, if any, from their home institutions

during their fellowship time, and the influence of their fellowship on their home

institutions. The majority reported little to no support from their home institutions

aside from some indicating continued office space, copying privileges and for a few

faculty level fellows, salary. The majority of the fellows spent their fellowship

period traveling to other institutions with the majority, if not all of the time, away

from their home institutions. While in all cases the fellowships supported

candidates with a plan to increase their knowledge and skills related to human

values in medicine and humanities in medicine, the fellows designed the intended

experiences of fellowship plans, and as a result they were all quite diverse. Many of

the fellows were seeking to develop human values course curricula and teaching

programs at their home institutions. In these cases, many of the fellows included

the curricula and papers developed during the fellowship in their reports to the

IHVM. Another group of fellows sought to investigate and compare human values

teaching programs in medical schools so as to trouble shoot the development of

future programs within their home institutions.[379] For students, the fellowship

allowed the pursuit of specific types of training away from their home institutions,

or to support dissertation studies.[380] Academic fellows, like Ronald Numbers,

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[379] Montgomery Hunter interviewed on September 18, 2019, and appears in the IHVM Report #9, *Report of the Institute Fellows 1976-1977*, (1977b). Taken from reports of other fellows: Saver and Reece IHVM Report #8, *Report of the Institute Fellows 1975-1976*, (1977a); Tokarz and Schaffner, IHVM Report #11, *Report of the Institute Fellows 1977-1978*, (1978).

[380] John Moskop, a philosophy graduate student at University of Texas Austin at the time of the 1977-78 fellowship, the fellowship enabled him to travel to the Kennedy Institute, Center for Bioethics at Georgetown University where he studied under H. Tristram Engelhardt and was influenced by other bioethics leaders and scholars such as Robert Veatch. Interview conducted on July 17, 2017. This is

already an established historian of medicine at the University of Wisconsin,

Madison, used the fellowship funds to conduct research related to ethical behavior

in medical history. Numbers conducted research on the ethics of William

Beaumont's human experimentation, which likely influenced his course on

American Medicine.[381] Scholarly papers were sometimes an intended outcome of

these fellowship projects with drafts included in the reports sent to the IHVM and

published in the *Reports of the Institute Fellows* books. Fellowship projects, while

often related to projects with direct benefit to their home institutions, appeared also

to have deeply personal aims focused on personal goals and professional

development.[382]

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also documented in IHVM Report #11 *Reports of the Institute Fellows 1977-1978*, pages 63-64, (1978). Howard Brody M.D., Ph.D. was a student in the 1975-1976 and 1976-1977 cohorts of fellows. Brody was the only fellow to receive two consecutive fellowships, totaling approximately twenty-two months. He stated in an August 8, 2019 interview that the IHVM fellowship was his means of support for his Ph.D. in Philosophy. Publication by the Institute was raised. In a memo dated March 8, 1977 from McElhinney to Pellegrino, copying McNeur, stated that Brody believed the Institute had rights to his dissertation (for publication). Memo found in IHVM archives, Box 6 Folder 15 IHVM Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Additional memos found circulating Brody's dissertation to members of the IHVM Board of Directors at their request, including the request of C.H. William Ruhe, M.D., Senior Vice President, American Medical Association. Ruhe was on the IHVM Board in 1977. IHVM archives Box 6 Folder 13 IHVM 77-78 F-U on Fellows, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Dennis F. Saver, a second year medical student at the Medical College of Pennsylvania. He used his 1975 summer fellowship to visit other medical campuses to study several medical issues from philosophical perspectives. These visits allowed him to work with medical humanities leaders Ronald Carson (1973-74 IHVM Fellow) at the University of Florida, H. Tristram Engelhardt, Chester Burns, Lorraine Hunt (previous IHVM Project Director) at UTMB, and connect with leaders of teaching programs at other medical schools: Hershey Medical Center (Al Vastyan), Kansas City (Robert Hudson) and Medical College of Virginia (Glenn Pratt) all experienced leaders. See IHVM Report #8 *Reports of Fellows 1975-1976*, pages 41-46, (1977a)*.* Ruth Purtilo, a physical therapist completing a doctorate in religion at Harvard University used the 1976-77 IHVM fellowship to further her doctoral work and better integrate her doctoral studies with her clinical knowledge. See IHVM Report #9 *Reports of Fellows 1976-1977*, page 59, (1977b).

[381] Communicated in a telephone interview with Ronald Numbers, Ph.D. on May 21, 2019. Report located in IHVM Report #11 *Reports of the Institute Fellows 1977-1978*, page 65, (1978).

[382] Examples of this include Marc N. Manger, Tufts University medical student, concerned with the dehumanization of medical education spent his fellowship period exploring the integration of psycho-social, political and spiritual aspects of medical education and practice. IHVM Report #3 *Reports of the Institute Fellows 1973-1974*, pages 47-50, (1974). John P. Tokarz, M.D., a resident in

Of the twelve fellows communicated with and interviewed, a large majority

claimed that the IHVM fellowship had added to their professional development in

substantive ways or entirely changed the course of their career, providing

professional training and connections unavailable elsewhere. 1973-74 IHVM Fellow

Ronald Carson, Ph.D., a theologian and philosopher, described the fellowship as

changing his career from a small teaching college professor to a nationally

recognized leader in a medical humanities teaching programs and director of a

nationally recognized Institute of Medical Humanities in a medical school (UTMB).

In the same cohort, William Winslade, Ph.D., J.D. claimed the IHVM fellowship was a

"critical turning point" where he met Carson. Likewise, Larry R. Churchill, Ph.D., a

philosophy and religious studies scholar, claimed the fellowship to be an important

experience that put fellows in touch with leaders in this new field, an "elite crowd",

"the first in the field".[383] Kathryn Montgomery Hunter, IHVM 1976-77 Fellow, also

described the alliance with IHVM and Edmund Pellegrino as providing validity and

credibility to her as humanist in medical education.[384] IHVM 1977-78 Fellow Mark

Siegler, M.D., Assistant Professor of Medicine, in charge of the Inpatient Service,

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Family and Community Medicine at Pennsylvania State University, Hershey Medical Center
expressed the personal importance of the fellowship in supporting his advocacy of humanism in
undergraduate medical education and graduate medical education through elected engagements
with the American Medical Association and presentations in other national groups, such as the
Association of American Medical Colleges and Association for the Behavioral Sciences and Medical
Education. Tokarz appears to have received two nonconsecutive IHVM fellowships in the 1975-76
and 1977-78 cohorts. See IHVM Reports #8 *Reports of the Institute Fellows 1975-1976*, pages 63-68,
(1977a) and #11 *Reports of the Institute Fellows 1977-1978*, page 107-112, (1978). Another example
of personal motivation was that of 1977-78 IHVM Fellow Jeffrey C. Faig, a Yale University medical
student who sought through his fellowship to study hospital chaplaincy with the Clinical Pastoral
Education program at Yale-New Haven Hospital expressing a desire to learn to minister to his
patients. IHVM Report #11 *Reports of the Institute Fellows 1977-1978*, page 27, (1978).
[383] Interview with William Winslade, Ph.D., J.D. in Galveston, Texas April 7, 2017; Interview with
Ronald Carson, Ph.D. in Austin Texas, April 8, 2017; Interview with Larry R. Churchill, Ph.D. in
Nashville, Tennessee, June 12, 2017.
[384] Telephone Interview with Kathryn Montgomery Hunter, Ph.D., September 18, 2019.

Consultation Service and the Medical Intensive Care Unit at the University of

Chicago, took a semester fellowship to study with Marcus Singer, a Kantian scholar

at the University of Wisconsin who wrote on the Golden Rule. Siegler described this

experience as "an important 3 months – it crystalized my career goals and plans". [385]

A social philosopher, Robert Baker, Ph.D. wrote in his report: "The clinical

internship proved so valuable … that I … wonder how I could have attempted to

teach … write … before I went on the fellowship."[386] Howard Brody and John

Moskop, both students at the time of their fellowships describe the fellowship and

involvement with the IHVM as enabling experiences and connections key to their

professional development and future careers.[387] Philosopher Rosalind Ekman Ladd,

wanting to develop a course on medical ethics at her institution, Wheaton College,

used her 1977-78 IHVM fellowship to be relieved from part of her teaching duties to

work with a pediatrician at the Pediatric Oncology Clinic of the Rhode Island

Hospital, an affiliate of Brown University Medical School. This work led to an

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[385] Telephone Interview with Mark Siegler, M.D., April 27, 2017.

[386] IHVM Report #11, *Reports of the Institute Fellows 1977-1978*, page 10, (1978). Baker used his fellowship to gain experience in the clinic that fed his scholarship and teaching. He supplied copies of his Vitae and biographies for this dissertation, showing his professional history in the area of bioethics and medicine, which included collaborating in the production of The Cambridge World History of Medical Ethics.

[387] Interview with John Moskop at Wake Forest School of Medicine July 17, 2017 and additional conversations at medical professionalism conferences. Moskop was 1977-78 IHVM Fellow went on to finish his Ph.D. in Philosophy at University of Texas, Austin, teach at the East Carolina University School of Medicine and is currently a Professor of General Internal Medicine at Wake Forest School of Medicine. Telephone interview with Howard Brody on August 8, 2019. Brody received two consecutive fellowships in 1975-76 and 1976-77, graduated with his M.D. and Ph.D. in Philosophy from Michigan State University. He pursued a residency in Family Practice at the University of Virginia, and later practiced medicine, published and taught ethics and philosophy most recently at University of Texas Medical Branch (UTMB).

appointment as a lecturer at the hospital, and a professional relationship and

writing that continues.[388]

Fellows related similar sentiments in their written reports to the IHVM. A

selection of quotes from IHVM Fellows across the cohorts report the following:

1973-74 Fellows

- ❖ Walter G. Vesper, M.Div., Department of Family and Community Health, Meharry Medical College described *"The fellowship experience ... provided me with the opportunity to feel as well as read about the ethical and human values issues taking place in a large medical center. The hands on experience has made my teaching ... more believable and, I believe, of a higher quality."*

- ❖ Abba E. Borowich, M.D., Senior Chief Resident and Instructor in Psychiatry, wrote *"During my tenure as an Institute Fellow, I was fortunate to have been appointed to membership on the Ethics Committee of the American Psychiatric Association – New York Branch ...Membership in this Committee has enabled me to begin to apply the many theoretical ethical aspects learned during the course of my Fellowship study"*.[389]

1975-76 Fellows

- ❖ John F. Monagle, Ph.D., Associate Clinical Professor of Bioethics, Department of Community Medicine, Medical College of Ohio described "the purpose of my fellowship was to research the available ethical-legal information at the University of California Medical Center, San Francisco" (with bioethicist Albert Jonson, S.J., Ph.D.) *"My proposed plan was fulfilled beyond expectations... The understanding of my subject was greatly enhanced and there was a substantial change in my ethical thinking."*

- ❖ Robert Reece, Ph.D., Associate Professor of Medical Ethics and Associate Professor of Religion, Write State University School of Medicine, compared programs in order to understand the needs of a new program in the medical humanities and social sciences at his medical school. *"The experience has proved invaluable... This extensive experience has contributed significantly to the development of the Department"*.[390]

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[388] Communicated in a telephone interview with Rosalind Ekman Ladd, a 1977-78 fellow, on June 17, 2019.

[389] IHVM Report #3, *Reports of the Institute Fellows 1973-1974* (Vesper quote page 58; Borowich quote page 178) (1974).

[390] IHVM Report #8, *Reports of the Institute Fellows 1975-1976* (Monagle quote page 27; Reece quote page 40) (1977a).

1976-77 Fellows

❖ Lawrence A. Larson, Ph.D., Professor of Botany at Ohio State University, Athens spent time collecting information for the development of a bioethics course. As part of the fellowship he participated in a conference entitled <u>Medical Ethics in a Clinical Setting</u> at Dartmouth College. He wrote, *"The time that I spent at the Dartmouth-Hitchcock Medical Center was extremely valuable with respect to my teaching activity."*

❖ Ruth B. Purtilo, M.T.S., Doctoral Candidate in religious studies, Harvard University. Ms. Purtilo was also a physical therapist whose fellowship allowed time for connecting her doctoral studies with her professional work; *"my work this year will be of paramount importance in allowing me to return to the allied health professions prepared to teach ethics and other humanities concerns to students."* [391]

1977-78 Fellows

❖ John P. Tokarz, M.D., Resident in Family and Community Medicine, Pennsylvania State University, Hershey Medical Center wrote that the *"fellowship work has had profound and growing impact on my patient care activity and my teaching, as well as my political activity."*

❖ W. D. White, Ph.D., Professor of English and Religion at St. Andrew's Presbyterian College, described the fellowship experience as *"profoundly rich personal and educational"*.[392]

The examples above provide insight into the diversity of the fellows selected as well as the breadth of projects conducted, in addition to the value the experiences provided. Fellowship projects could be divided into the following categories as defined by what fellows were intending to gain from the experience: Scholarship, Clinical Experience, Curriculum Development, and Program Development. Physicians as a whole were more likely to pursue fellowships related to scholarly interests or gaining experience in the humanities disciplines for their personal interests, scholarly pursuits, teaching, and patient care. Humanists, which were the

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[391] IHVM Report #9, *Reports of the Institute Fellows 1976-1977* (Larson quote page 44; Purtilo quote page 59;) (1977b).

[392] IHVM Report #11, *Reports of the Institute Fellows 1977-1978* (Tokarz quote page 110; White quote page 123) (1978).

large majority of the fellows, were much more diverse in their goals and most often

pursued projects related to seeking clinical experience and exposure.

Approximately a third pursued projects related strictly to their own scholarly

interests. Fellowship projects that were focused on research and scholarly pursuits

were often also recognized as benefiting the teaching content and course curricula

development of those fellows. Another smaller group of humanist fellows pursued

projects specifically to collect information and experience for the development of

courses or curricular projects related to medical humanities or clinical ethics at

their home institutions. Combined, these latter two groups, those completing

fellowships for scholarship that benefited teaching, or those expressing their

specific intent to gain course curricular content represented the other half of the

humanist fellows. In some cases the designation between the two was somewhat

arbitrary because fellows in their reports acknowledged scholarship and teaching

were synergistic. A small number of fellows, two humanist fellows and one medical

student pursued projects comparing the history, organization, structure and

curriculum of institutions with large medical humanities units and human values

programs to seek guidance and understand challenges, largely with the intent of

informing the development of programs within their home institutions. [393]

These fellows examined other programs to inform or improve their own

schools' human values programming. They did so with informed research and

expert advisement, visiting the most invested and developed institutions dedicated

to the medical humanities in the 1970s. Both humanist faculty members were

[393] Information drawn from the four volumes of *Reports of the Institute Fellows, 1973-1974, 1975-1976, 1976-1977* and *1977-1978.* IHVM Reports #3, 8, 9, 11 (1974, 1977a, 1977b, 1978)

chairman of school departments. Kenneth F. Schaffner, Ph.D., Chair of the

Department of History and Philosophy of Science at the University of Pittsburgh and

Co-chair of their Human Values Task Force. He developed his project based on

review of IHVM publication *Human Values Teaching Programs for Health*

Professionals, Society for Health and Human Values annual conference workshop

and conversations with IHVM Director of Programs Thomas McElhinney. In his

fellowship he spent approximately a month in 1977 visiting, meeting with

leadership, and examining the history, organization and future goals of four select

institutions with significant medical humanities and human values units:

Pennsylvania State University's Hershey Medical Center's Department of Medical

Humanities, University of Texas Medical Branch, University of Tennessee Center for

Health Sciences, and the Society for Philosophy and Public Affairs' Philosophers in

Medical Centers Program at New York University's Department of Philosophy. He

researched the growth of these programs for building similar programming around

human values at his home institution, University Health Center of Pittsburgh.[394]

Robert D. Reece, Chair of the Department of Medicine in Society, Wright State

University School of Medicine examined the philosophies, organizational structures

and course designs, and teaching methods of selected sites: University of Florida,

Gainesville and University of Texas Medical Branch. Reece's motivation was to bring

knowledge and wisdom back to the development of new programs in his new

department at a new medical school. Dennis F. Saver, a medical student from

Medical College of Pennsylvania sought to study two philosophical issues important

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[394] IHVM Report #11, *Reports of the Institute Fellows 1977-1978* (Schaffner report pages 81-86)(1978).

to medicine and philosophy, death and disease, and also to examine how programs

taught such material during his summer fellowship period. His study of death from

both a medical and philosophical position was done under the tutelage of previous

(1973-74) IHVM Fellow Ronald Carson then at the University of Florida, Gainesville.

His study of disease and illness was conducted under the guidance of H. Tristram

Engelhardt at the Institute of Medical Humanities, University of Texas Medical

Branch. During his three weeks at each of these institutions he also discussed the

teaching and operations of these special programs with an interest of creating

comparable programming at his institution. He also met with faculty leaders at the

following other institutions: E. A. Vastyan, B.D., Chair of the Department of

Humanities in the Pennsylvania State University, Hershey College of Medicine;

Robert Hudson, M.D., Chair of the Department of History and Philosophy of

Medicine, University of Kansas School of Medicine; Glenn Pratt, S.T.D., Professor of

Ethics, Medical College of Virginia. Saver acknowledged in his report difficulty in

attaining all of his academic goals without a basic foundation in philosophy and

academic writing. Changes in the leadership of his home institution also affected his

ability to achieve teaching objectives as proposed.[395]

Humanist fellows who sought to gain clinical experience primarily did so to

benefit their professional responsibilities of writing, scholarship and teaching.

Many of the fellows expressed sentiments similar to those quoted above stating the

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[395] IHVM Report #8, *Reports of the Institute Fellows 1975-1976* (Reece report pages 33-40; Saver report pages 41-51)(1977a). Saver reports on pages 45-46 that at the point of his return the Medical College of Pennsylvania had hired a physician to be the Director of Bioethics and an Associate Director who were forming freshman elective courses. He supported this effort but it also meant that he did not fulfill his goal of creating a course. Likewise, he found it difficult as a lower level student to create changes in the clinical curriculum.

impact on their course content, teaching focus and the personal experience they

could subsequently bring to their students and how they taught their courses or

wrote their scholarship. Fellows frequently commented how the experience with

clinical medicine expanded or changed the content of their current courses or

created ideas for new courses, similarly for research and writing. Even those

fellows primarily invested in work to forward their scholarly interests, expressed

the impact the fellowship activities would have on their broader academic work,

such as teaching and intellectual questions. Best stated by IHVM 1976-1977 Fellow

Donnie J. Self, Ph.D., Assistant Professor of Philosophy, Old Dominion University and

Assistant Professor, Department of Psychiatry, Eastern Virginia Medical School.

> *"The significance of the research component of the fellowship is profound … its potential is hard to overestimate. When an instrument is developed for measuring humanistic health care, many questions, both theoretical and practical, could be answered."*[396]

The number of humanist fellows dedicated to projects that forwarded scholarship

displays IHVM's dedication to knowledge production and the value of scholarship

and new ideas.

The Institute supported the sharing of their project data and collegiality of

fellows through conferences that brought fellows together with other scholars and

educators, particularly the IHVM board members. Evidence of four conferences was

found, 1974 or 1975, 1976, 1977, and 1978.[397] The 1976 conference included IHVM

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[396] IHVM Report #9, *Reports of the Institute Fellows 1976-1977* page 81 (1977b).

[397] The date of the first meeting is unclear, other than the meeting in 1977, which was labeled the third annual, thus inferring an earlier meeting, which would likely be for the 1973-74 cohort. The following archived documents verify the following Fellows conferences: (1) Annual Report of the Institute on Human Values in Medicine to the Society for Health and Human Values November1975 to November 1976 documents a conference for the 1975 fellows at the Sugarloaf Conference Center at Temple University in February 1976. Folder 14 IHVM SHHV Annual Reports 75-81. (2) Agenda for

board members and staff, as well as three Dialogues chairpersons.[398] The 1977

agenda included a welcoming address by Pellegrino, reports by 1976-1977 fellows,

and small group sessions on specific topics moderated by attending board members.

Topics include: "What can humanities and medicine do for each other", "Teaching:

Strategies, Style, Substance", "Future trends in Medical Education", "Trends in

professional education". Like other IHVM conferences, small groups reported

outcomes of discussions in the final session so that all could hear and be

communicated to the group.[399] Subsequent reviews of the 1977 conference

indicated support from the fellows for continued conferences with the potential for

involvement of the AAMC.[400]

The Institute leadership collected data for reporting to its board members,

medical school deans and the NEH.[401] A 1977 survey of the first two cohorts of

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the 1977 conference in Folder 12 IHVM 3rd Fellows Conference Feb 18-19, 1977. (3) Correspondence on preparations for the 1978 fellows conference between McElhinney and the IHVM Board . Memos on conference preparations dated January 23, 1978 and February 15, 1978 found in Box 6 Folder 13 IHVM 77-78 F-U on Fellows. All documents located in the IHVM Archives of the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[398] Annual Report of the Institute on Human Values in Medicine to the Society for Health and Human Values November1975 to November 1976 in IHVM Archives Folder 14 IHVM SHHV Annual Reports 75-81 of the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[399] Agenda for the February 1977 conference found in the IHVM archives Folder 12 IHVM 3rd Fellows Conference Feb 18-19, 1977, IHVM Archives, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[400] March 7th 1977 "MEMORANDUM FOR THE RECORD" written by Thomas K. McElhinney copies to Pellegrino and McNeur on "Comments by Fellows". IHVM Archives Box 6 Folder 15 IHVM Pellegrino Correspondence 77 in the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[401] Memos found in the IHVM archives of the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas show communication of IHVM activities and statistics to relevant parties, such as IHVM board members, interested SHHV members, and NEH. March 1, 1977 memo from McElhinney to Pellegrino specifically documents activities and statistics for IHVM activities sponsored by the NEH. Located in IHVM Archives Box 6 Folder 15 Pellegrino Correspondence 74-77. A November 29, 1978 memo from McElhinney to board members documented that "All deans of medical schools" "automatically" received the Report #11, *Reports of the Institute Fellows* 1977-1978. All members of the SHHV also received "a free book upon request." per November 29th memo. Documents located in the IHVM Archives Box 6 Folder 13 IHVM 77-78 F-U

fellows resulted in a 94% response rate (29 out of 31 fellows) and showed all

responding fellows but one (a medical student) were progressing in their work in

the medical humanities. As a whole they were forwarding the work of their

fellowship, teaching, publishing, and continuing in their related scholarship. Nurses

Mattie Humphrey (1973-74 fellow) and Priscilla Kissick (1975-76 fellow) note that

healthcare in the areas of their fellowship study had improved since the time of

their fellowships, inferring a positive effect of their IHVM funded work.   Other

highlights included the election of a past fellow into the Society for Values in Higher

Education (Abba Borowich, M.D., teaching medical ethics at Mt. Sinai School of

Medicine), prominent chief residencies, teaching appointments and publications

(Teo Dagi, M.D., M.P.H., Chief Resident at Beth Israel, teaching Human Values at

Harvard and publishing; James Missett, M.D., Ph.D., Chief Resident at Stanford,

published in the Kennedy Encyclopedia of Bioethics), Hastings fellowship

appointments (Laurence McCollough, Ph.D.) participation in other IHVM activities

(Ronald Carson, Ph.D. as a resource services person and Anthony Oliver-Smith, Ph.D.

as a Dialogues in Social Sciences participant). McElhinney noted that the group

included ten health professionals participating or contributing to human values

teaching, scholarship and publication, six heads of human values programs, four

working in human values programs, and eleven humanists teaching, researching,

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on Fellows, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. The Presbyterian Historical Society also maintains a smaller amount of IHVM archived materials, which includes communications and reports to the NEH. It is possible these were Ronald McNeur's correspondences and copies since he was associated with the United Ministries in Higher Education of which the Presbyterian Church was a part. The August 1978 IHVM Narrative Report to the NEH on page 14 states that Fellows brought new ideas to their home institutions, often starting new or refreshing old courses, developing novel public forums and creating published material. Located in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

publishing, some of whom continued participation in IHVM activities.[402] In 1982,

the *Ten Year Overview*, IHVM Report #17, reported that twenty-eight of the fellows

were known to be teaching in medical school human values programs, and fifteen

were known to be in director roles.[403] Surveys found the Fellowship Program,

claimed by Pellegrino to be the most successful and rewarding of the Institute's

activities, to be impactful on the careers of the fellows, and that the fellows went on

to feed their institutions and the field of human values in medicine more

generally.[404]

McElhinney and Pellegrino conducted a final follow-up survey between

1997-1999, twenty-five years after the inception of the fellowship program, and

published the results in their 2001 publication on the influence of the Institute.

Forty-three of the seventy-five former fellows were located, one was found

deceased. Five of the fellows highlighted in the publication each have over one

hundred publications, all were senior faculty, and four of the five were directors of

medical humanities or ethics programs in medical schools. The sentiments

expressed by these five are similar to previous comments from the original reports

and interviews:

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[402] Survey results of the current activities of the first two classes of IHVM fellows, classes 1973-74 and 1975-76, in a May 11, 1977 memo to IHVM Board members found in the IHVM Archives in the, Box 6 Folder 13 IHVM 77-78 F-U on Fellows, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[403] IHVM Report #17, Appendix C, page 94 (Pellegrino 1982).

[404] E.D. Pellegrino stated his fondness for the fellowship program in the "Preface" of the IHVM Report #8 *Reports of the Institute Fellows 1975-1976,* page vii, (1977a). The value placed on the program and the success of the fellowship program is reported with updated survey results in the IHVM Report #17, *A Ten Year* Overview, Appendix c, page 93-94 (Pellegrino 1982), and in McElhinney and Pellegrino's 2001 publication on the influence of the institute. (McElhinney 2001)

❖ *"...a springboard to a change in direction in my career that resulted in a*

large number of publications, teaching medical ethics to hundreds and

hundreds of students, and directing a number of Masters and PhD

dissertations in the general area." (Martin Benjamin, Ph.D., Professor,

Michigan State University)

❖ *The fellowship program of the Institute on Human Values in Medicine is*

surely one of the best investments NEH ever made." (Ronald Carson,

Ph.D., Professor, University of Texas Medical Branch at Galveston) [405]

These are consistent with other comments collected by interview,

communications and archived correspondences. The IHVM fellowship

served many of the fellows in a critical period of their career development,

and in some cases completely redirected career paths.[406]

Dialogues Between the Disciplines

Like the fellowship program, the dialogues groups started as an outcome of

the discussions of the 1972 conference. The dialogues groups were initiated in

1974 to generate more ideas on the intersections between humanities and medicine.

The topics were selected based on the importance or value the discipline held in

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[405] (McElhinney 2001) Both quotes are noted on page 311 of the McElhinney 2001 publication. The original statements are from an email from Benjamin to Thomas McElhinney on February 21, 2000, and Carson's letter to "Ed and Tom" dated September 12, 1997 in response to the original survey request were both found in the Pellegrino archives of the Kennedy Bioethics Research Library at Georgetown University, Washington, D.C. as were a copy of the survey requests, McElhinney and Pellegrino notes and their July 7, 2000 analysis of survey responses and a compilation of the original responses by fellows.

[406] (McElhinney 2001) Page 310-311.

regard to medicine and medical education.[407] Literature, History and Social Studies

were the original three disciplinary groups to form. Funding was available for two

additional groups; contenders were the intersections of medicine with Philosophy,

Religion, Law, Economics and Anthropology.[408] Ultimately the five final areas

perceived to hold the greatest value were: history, literature, sociology, religion,

and visual arts. The groups were comprised of approximately ten members each

and led by a chairperson of the committee. Committees were purposefully balanced

with both humanists and clinicians, allowing humanist scholars and clinicians,

mostly physicians, to engage with each other. McElhinney and Pellegrino (2001)

note that committee members frequently were found to have an interest in the

alternative field, for example clinicians often had an interest and proven work in the

humanities discipline of their dialogue group. Members met approximately five

times for several days at a time over a two-year period to examine the relationship

between medicine and their specific humanities discipline and explore how each

might benefit the other. Members developed manuscripts for presentation and

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[407] This is reviewed in (McElhinney 2001), as well as correspondence to the funding agency, NEH, via an October 8, 1975 letter from McNeur to the Richard Ekman, Assistant Director of Education Programs of the NEH. Held in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[408] Detailed in an October 8, 1975 letter from McNeur to the Richard Ekman, Assistant Director of Education Programs of the NEH, reporting the progress of IHVM activities funded by the NEH. The letter includes reported encouragement for a Philosophy and Medicine group by a new Committee on Philosophy and Medicine of the American Philosophical Association. Letter held in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. A January 9, 1975 memo from Tom McElhinney to Ed Pellegrino and Ron McNeur, and a February 28th, 1975 Letter to Ed Pellegrino from Tom McElhinney were consistent in reporting on the progress of these three original dialogues groups, and noted that they were on time in their progress. Correspondences in the IHVM archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

discussion in preparation for these meetings.[409] A March 1, 1977 memo from

McElhinney to Pellegrino reported on "Institute activities under National

Endowment for the Humanities sponsorship, 1971 to February 1977" stating that

the dialogues program engaged sixty-one persons from twenty-two states and

thirty-eight academic institutions. The same memo emphasized the amount of time

these individuals spent, "ten days to meetings and much additional time in

preparation."[410] McElhinney and Pellegrino note that collegial relationships were

both initiated and fostered, and in some cases scholarly projects separate from the

IHVM project developed.[411] Surveys of fellows indicate collaborations between

fellows and the dialogues groups.[412] The dialogues were an attempt to bring

humanists and clinicians together to generate ideas for scholarship, research,

training and teaching.[413]

All five dialogues groups produced manuscripts from their meetings and

discussions. In four of the five final disciplines (literature, sociology, religion, and

visual arts) publishable texts through academic presses were produced with the

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[409] (McElhinney 2001) and is consistent with the Guenter Risse, M.D., Ph.D., Chair of the History Dialogues group, Risse interviewed by telephone on 6/24/2019.

[410] Notes contained in IHVM Archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[411] (McElhinney 2001) pages 308-309 describe the "Dialogues".

[412] Survey results of the current activities of the first two classes of IHVM fellows, classes 1973-74 and 1975-76, in a May 11, 1977 memo to IHVM Board members reported Anthony Oliver-Smith an Anthropologist joined the Social Sciences Dialogue group. IHVM Archives, Box 6 Folder 13 IHVM 77-78 F-U on Fellows, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[413] Both McElhinney and Pellegrino (2001) and Pellegrino and McElhinney (1982) in the *Ten-Year Overview* describe the dialogues in similar way, a way to bring humanists and clinicians together to generate ideas for scholarship and teaching. August 28, 1974 notes outlining the agenda of a meeting between Pellegrino, McNeur and a recently hired McElhinney to detail his duties. Action items related to the dialogues were listed as needing to meet with the chairs, think about committee formation, distribute NEH grant content describing dialogues, consider sites for meetings, and papers to be produced. Notes contained in IHVM archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

leaders of the groups being the editors of the books. They are: *Nourishing the Humanistic in Medicine: Interactions with the Social Sciences* (Report #12 published by University of Pittsburgh Press, 1979); *Medicine and Religion: Strategies of Care* (IHVM Report #13, University of Pittsburgh Press, 1980); *Healing Arts in Dialogue* (IHVM Report #15, Southern Illinois University Press, 1982); *The Visual Arts and Medical Education* (IHVM Report #16, Southern Illinois University Press, 1983). The Dialogues were consider a major activity of the IHVM and all groups were intended to create essays with the hope of further dissemination through publication. Thomas McElhinney, Director of Programs for IHVM reported regularly to the IHVM Board of Directors on the progress of the Dialogues groups and annually to the SHHV.[414]

Publication was not easy for all of the dialogues groups and there was no clear path for individual essays to meet the review of university presses. The history group turned in a manuscript that did not find its way to publication. A reference in an August 14, 1975 handwritten note from McElhinney to Pellegrino indicates "HAM" (History and Medicine) may be in difficulty and "GR" was "troubled". Only three papers were stated as having been produced at that point.[415] An interview with the chair of History Dialogues group, Guenter Risse ("GR"), reported disappointment that their documents did not produce a publication. He acknowledged that the work of the text was possibly not as cohesive as needed for a

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[414] Multiple memos from McElhinney to the Board on IHVM activities located in the IHVM Archives, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[415] The memo also noted that "3OK". From the IHVM Archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

book.[416] A 1978 memo regarding the dialogues publications summarized the

History material after revision was nearing publication and that one "Press reader"

had accepted it with revisions. One essay was noted as requiring significant

revisions.[417] The 1979 annual report to the SHHV states that the History dialogues

document, "New Relations between History and Medicine", will only be distributed

within the Institute, "no other printing".[418] The Visual Arts and Medicine group also

received at least one rejection from the University of Pittsburgh Press, citing that the

title "Among Other Things, Art" was indicative of the problem, vague. The review

stated that a series of great essays did not make a book.[419] Eventually the visual arts

dialogues group did publish under a different title with the Southern Illinois

University Press. Review of the series of published dialogues texts showed that they

were somewhat more engaged in the overlapping and juxtapositional spaces of the

disciplinary areas and medicine. Thus, more closely following the stated intention

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[416] Guenter Risse, M.D., Ph.D., Chair of the History Dialogues group, interviewed on 6/24/2019 described the submission of a manuscript from the history group to the IHVM administration with sections written by members of the committee. A manuscript matching this description was found in the UTMB archives in Galveston, which had an introduction and three sections detailing distinct areas related to medicine: history of disease, ethics in medicine, and historical reflections on public policy. Each section included chapters written or co-written by members of the committee, and an appendix describing original teaching programs in medical history. Risse shared his thoughts that the collection may not have been found to be cohesive enough for a book. Discussions with Thomas McElhinney across several meetings between 2014-2019 recalled that the history group had difficulty discussing and writing outside of their niche.

[417] April 10, 1978 memo from McElhinney to Pellegrino and McNeur regarding an "Update on Dialogue Reports". Located in the IHVM Archives Box 6 Folder 16 IHVM Pellegrino Correspondence 78-82, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[418] Report to Council on Institute on Activities, August 13, 1979, sent to Jo Ivey Bouford, M.D., then President, SHHV. IHVM Archives Folder 14 IHVM SHHV Annual Report 75-81, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[419] October 23, 1979 letter to Thomas McElhinney from Frederick A. Hetzel, Director, University of Pittsburgh Press. IHVM Archives Box 6 Folder 13 IHVM Board Correspondence 1979, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

of the dialogue groups – to interrogate the intersection of humanities and medicine,

bringing forward new ideas and concepts for research and scholarship.

End of a Decade

The final NEH grant for support of IHVM activities was to conclude on June

30, 1981.[420] Changes in the focus of the NEH had been signaled to the IHVM in the

fall of 1980 with information from the NEH that they were no longer as interested in

the medical profession, and had new interests in communications and science,

technology and human values.[421] As early as September 1979 the IHVM staff and

leadership were engaging in cost-saving practices to reserve funds, presumably

recognizing issues of insecure funding.[422] A new proposal was prepared with the

guidance of NEH staff members, requesting two additional years of funding was

submitted to the NEH on December 31, 1980, requesting support for additional

conferences, resource services and publications, and in particular funding for the

new Directors of Medical Education program that was the latest activity of the

IHVM. The IHVM's new target was resident education and physicians in practice.

Thus, the Society had solicited the support of three other major institutions with

connections to large numbers of physicians: The Colorado Consortium for

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[420] Grant application found in IHVM Archives Folder 21 IHVM NEH Correspondence 75-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[421] "Memorandum for the Record" from McElhinney to Pellegrino dated September 5, 1980 from a meeting with Gene Moss of the NEH. Gene Moss had apparently read a version of a grant prepared by Sam Banks of the IHVM Board, and critically evaluated it. Concerns for continued support included the already long-term support of the Institute by the NEH, although recognizing that much had been accomplished with the money awarded. IHVM Archives, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[422] September 11, 1979 Board Correspondence from McElhinney announcing that the board meeting would take place at Edmund Pellegrino's president's office to reduce costs. IHVM Archives Box 6 Folder 13 IHVM Board Correspondence 1979, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

Continuing Medical Education, Association of University Programs in Health

Administration, and The Veterans Administration. The NEH grant submission

included letters of support from each of these organizations.[423] The 1980

submission was not well received by NEH reviewers who were critical of the written

proposal, finding it lacking in critical detail, resting on the accomplishments of the

Institute's previous activities, and Pellegrino's status.[424] With the loss of the NEH

grant, staff supported by the grant was also lost. Thomas McElhinney wrote his final

memo to Ed Pellegrino on May 28, 1981 summarizing the status of his last duties.[425]

McElhinney left the IHVM at the end of the NEH grant; the Institute Board continued

to be active, and the SHHV Council remained behind it. McElhinney's May 28th letter

indicated publications that were in various stages of progress. Memos from

Edmund Pellegrino in June and Ronald McNeur in July, September and October of

1981 indicated continued work and communications between IHVM Board

members and SHHV Council members regarding NEH funding, NEH financial

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[423] Information provided in the Table of Contents and Introduction of the Proposal for a Human Values in the Health Professions Program as part of the new IHVM grant request to the NEH for a requested funding period 7/1/81-6/30/83. NEH grant information located in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. Additional information sent to the SHHV Council in a "Report to Council on Institute on Activities", January 19, 1981. Sent to Larry R. Churchill, Ph.D., President, SHHV. Churchill was a past IHVM 1973-1974 Fellow. Document located in the IHVM Archives Folder 14 IHVM SHHV Annual Report 75-81, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. January 5, 1981 memo from Pellegrino to the IHVM Board communicating his supportive conversations with NEH staffers Gene Moss and Blanche Premo that the "24 month program …seems consonant with Endowment and Institute interests." NEH grant documents and communications found in the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas, and the IHVM Archives at the Presbyterian Historical Society, Philadelphia, Pennsylvania.
[424] May 18, 1981 letter to Edmund Pellegrino from Joseph Duffey, Chairman, NEH. and comments of the NEH reviewers. Found in the IHVM Archives Folder 21 IHVM NEH Correspondence75-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[425] Letter from Thomas McElhinney, IHVM Director of Programs to Edmund Pellegrino, IHVM Director and Chairman of the Board, copy to Ronald McNeur, Executive Director SHHV. Located in the IHVM Archives Box 6 Folder 13 IHVM Board Communications 1981, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

account audit, and planning for the December 1981 Capstone Conference.[426] The

SHHV Council members, in a February 1982 meeting, while discussing many areas

of transition and change for the Society, expressed their continued conceptual

support for the IHVM, emphasizing the need to resume institutional visits,

publications and funding for the fellowship program.[427]

Pellegrino did not accept the bold accusations that he was a titular head of

the IHVM or that the grant lacked depth of content. He wrote a rebuttal to the

reviewers' comments, making clear his active involvement in the details and content

of IHVM's activities, and personal "disappointment at the quality of the comments",

himself accusing the reviewers of not reading the proposal or adequately

appreciating its contents.[428] Pellegrino, through his close relationships with NEH

officials, succeeded in extending the grant through personal telephone

conversations with the NEH Program Officer of Education Programs in order to

cover the publication and distribution costs of the final December 1981 Capstone

Conference.[429] The final NEH grant concluded on December 31, 1983, after two

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[426] Memos from Ronald McNeur, SHHV Executive Director to the members of the SHHV Council and IHVM Board of Directors updating them on the NEH grant audit, funding and planning for the upcoming conferences. Found in the IHVM Archives Box 6 Folder 13 IHVM Board Communications 1981(2). Memo from Edmund Pellegrino scheduling a November 1, 1981 board meeting in the IHVM Archives Folder 12 IHVM Board Meeting November 1, 1981. Located in the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[427] Report of the Augmented Meeting of the Council Society for Health and Human Values Dallas Texas, February 17-18, 1982. Located in IHVM Archives Report of SHHV Council Meeting 2:1982, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[428] Letter to Dr. Joseph Duffey, Chairman, National Endowment for the Humanities labeled DRAFT, but noted to be sent to "Ron" (McNeur) for his information and "Tom" (McElhinney) for filing. IHVM Archives Folder 21 IHVM NEH Correspondence 75-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[429] Multiple letters and handwritten notes regarding phone calls and communications between Ronald McNeur, Andrew Hunt (current SHHV President), Edmund Pellegrino and NEH officials, including Cynthia Frey/Wolloch, NEH Program Officer and other financial officers regarding the grant requirements and funds. Over the last two years of the grant NEH adjusted its interests as well

extensions, concluding over a decade of federally funded work on the humanism of health professional education.

On January 21, 1983 Edmund Pellegrino called the IHVM board together to discuss the future of the Institute. The board concluded that there was still a need for a body like the IHVM. Although the IHVM had supported the development of humanities programs in medical schools across the country, these many young programs were still unstable and there remained a need for continued support and training for these efforts, particularly for areas outside of philosophy and ethics. Action items were designated which included additional training efforts in graduate and continuing medical education at hospitals, faculty development, evaluation tools, support for scholarly networks, and funding. At the conclusion of the meeting members had their assigned duty, and the meeting was promptly adjourned. "Dr. Pellegrino being aboard his flight five minutes after the fall of the last gavel."[430] Regardless of the Board's interest and belief, nearly a year after the conclusion of NEH funding, on December 1, 1983, Edmund Pellegrino sent a letter to the current

as increased its financial reporting requirements, which caused much tension between the NEH financial grants officers and the IHVM and SHHV staff handling finances. The administration of the SHHV and consequently the IHVM involved an arrangement with the United Ministries of Higher Education located in Philadelphia. The reporting struggle led to the departure of Ronald McNeur who resigned on April 12, 1982 as SHHV Executive Director over disagreements on the continuation of the NEH grant. A decision foreshadowed by a strongly worded letter sent to Andrew Hunt, then SHHV President, on January 19, 1982 making clear McNeur's stand on the NEH grant, its financial management and transitions within the SHHV and its relationship with the United Ministries of Education. Hunt continued discussions with Pellegrino, supporting Pellegrino's request to extend the NEH grant in order to cover funding for the Capstone publication, despite McNeur's ultimatums. These correspondences are located in IHVM Archives Folder 21 IHVM NEH Correspondence 75-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[430] "Minutes of the Executive Committee of the Board of the Institute on Human Values in Medicine Meeting in Dallas". Six of the key members were present, including Ronald Carson, IHVM 73-74 Fellow, who was now a board member. Quote from the last sentence of page 8 of the meeting minutes located in IHVM Archives Folder 10 IHVM Minutes Executive Committee January 23, 1983, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

SHHV president, James Knight, M.D., communicating the closure of the IHVM citing that the Board unanimously felt "it appropriate that the Institute now leave the field open for others." Thus, allowing the Society the flexibility to determine new directions and courses of action with new membership.[431]

As part of the September 1981 Executive Committee meeting of the SHHV, Ronald McNeur provided a brief historical account of the Society. In it he highlighted the work of the IHVM, which he credited with bringing credibility and attention to the Society as the professional organization of those involved in medical humanities work.[432] In an earlier memo to the NEH, he thanks the NEH for its support acknowledging the large increase of medical schools with human values programs was a result of the work of the Society through the Institute, ultimately made possible by the support of the NEH.[433] Likewise, Cynthia Wolloch (previously Frey), the NEH Program Officer who supported the Society's grants from inception to closure, and was the frequent interlocutor with Edmund Pellegrino, acknowledged in a personal letter on NEH letterhead to Edmund Pellegrino the value, relevance and importance of the Institute's work in conceptualizing and documenting the "institutional progress of the field." In Wolloch's words, "I have

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[431] December 1, 1983 letter to SHHV President James Knight, M.D. communicating the closure of the IHVM located in the IHVM Archives Folder 13 IHVM Pellegrino Letter to Society closing IHVM 12-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[432] McNeur's historical review of the SHHV was found as an attachment to a November 19, 1981 memo to SHHV leaders: "Andy Hunt Ron Carson Larry Churchill Joe White". Located in IHVM Archives, SHHV 11:19:81 Exec Comm Notes, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[433] Memo dated May 23, 1980 from Ronald McNeur to Cynthia Frey, Program Officer, Division of Educational Programs, NEH. Memos located in the IHVM Archives, Presbyterian Historical Society, Philadelphia, Pennsylvania.

followed the Institute's progress with pleasure".[434]   Thus, the value of the Institute's

actions in engaging medical education with the humanities, creating a unique

workforce under the passionate guidance and work of its Board members, using

conferences and publications to communicate its message, was concretely and

officially expressed and documented.

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[434] Cynthia (Frey) Wolloch's correspondence to Edmund Pellegrino on NEH letterhead dated January 21, 1983 regarding the closure of NEH grant EH-1409-77 located in the IHVM Archives Folder 21 IHVM NEH Correspondence 75-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

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APPENDIX TO CHAPTER FOUR, PART ONE

REVIEW OF ORIGINAL TWELVE SCHOOLS REPORTED ACROSS 4 SURVEY YEARS ASSESSING ORGANIZATIONAL, CURRICULAR AND FUNDING CHANGES[435]

School	1972[436]	1974[437]	1976[438]	1981[439]
U California, Davis	ADMINISTRATION: Support from the Dean FACULTY: Five full faculty; CURRICULUM: Course taught by multidisciplinary faculty FUNDING: CHALLENGES.	ADMINISTRATION: Consistent leadership and structure FACULTY: CURRICULUM: FUNDING: Grants from NEH and private foundations CHALLENGES.	ADMINISTRATION: Consistent leadership FACULTY: CURRICULUM: FUNDING: CHALLENGES.	No Report
UCLA	ADMINISTRATION: FACULTY: CURRICULUM: Curricula through the 1st & 2nd years 3rd & 4th electives in clinical years FUNDING: Department History of Medicine supports medical education CHALLENGES.	ADMINISTRATION: New Director, Bernard Towers, associated with IHVM; William Winslade IHVM Fellow FACULTY: CURRICULUM: FUNDING: CHALLENGES.	ADMINISTRATION: FACULTY: CURRICULUM: Medicine & Society Forum started with IHVM grant based on UVA series – interdisciplinary with health professions. FUNDING: IHVM grant CHALLENGES.	ADMINISTRATION: FACULTY: CURRICULUM: FUNDING: Pilot grant from NEH CHALLENGES.

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[435] Through the texts, often cited challenges and comments that represent themes across schools were: Time in the curriculum, belief in the hidden curriculum, funding to support faculty, administrative leadership, loss of support when administrative leaders leave, difficult to evaluate-no known methods, skepticism on the non-physician's role and expertise, lack of resources, pressures on faculty and personnel.

[436] Background Papers – BP1-BP83 (1972).

[437] (Pellegrino 1974)

[438] (McElhinney 1976)

[439] (McElhinney 1981)

School	1972	1974	1976	1981
Duke U	ADMINISTRATION: Humanities presence: Divinity, Law, Medical School close proximity. FACULTY: CURRICULUM: Interdisciplinary course offered; electives; dual degree programs in medical history and MD-JD. CHALLENGES.	ADMINISTRATION: Consistent leadership FACULTY: CURRICULUM: Flexible curriculum for course offerings between schools. Year 1 core curriculum requirement woven in; electives. CHALLENGES.	ADMINISTRATION: FACULTY: CURRICULUM: No formal teaching program in the school of medicine; same year 1 core curriculum woven into the existing courses; electives. CHALLENGES.	No Report
U Florida	ADMINISTRATION: Faculty: Sam Banks IHVM Advisory Board member Director of Humanistic Studies program part of Department of Community Health and Family Medicine. CURRICULUM: Psychiatric clerskship seminar started in 1963. Committee established from IHVM to influence curriculum to add humanistic perspectives to curriculum. FUNDING: CHALLENGES.	ADMINISTRATION: Consistent leadership and departmental structure and administration. FACULTY: Full complement of faculty in broad spectrum of medical humanities fields. CURRICULUM: Focus on introducing humanistic content into premedical, medical and resident curriculum systematically and continuously. Electives. FUNDING: NEH grant to support development of two courses and supports a post doc. Hope to develop a Center for Studies in the Humanities and train humanists for medicine education weaving liberal arts with professional education. CHALLENGES.	ADMINISTRATION: New director – an IHVM Fellow, Ronald Carson. Chief of the new Division of Social Sciences and Humanities started in 1974 within the Department of Community Health and Family Medicine – it is the seat of humanities scholarship. FUNDING: Division growing to 4 fulltime faculty. Publishing, grant writing and committee responsibilities encouraged to command respect in medical setting. CURRICULUM: Required course covering human values for first year medical students. Team taught. Electives FUNDING: 1975 NEH support began an interprofessional course. CHALLENGES.	ADMINISTRATION: Consistent leadership and administrative structure. FACULTY: Grown to five full time faculty in the Division, which remains the scholarly arm of the Department. CURRICULUM: Required 2nd year course "Issues in Medical Practice" and ethics case studies. Electives. FUNDING: CHALLENGES.

School	1972	1974	1976	1981
Medical College of Georgia	ADMINISTRATION: Office of Humanities opened in July 1, 1971 FACULTY: Staffed 2 fulltime faculty, physician and Episcopalian priest with background in ethics and behavioral science. CURRICULUM: Lectures prepare for 1st year medical students covering ethics, history, philosophical perspectives, law, religion and electives. Long range goals are a fully developed department. Project planned with phase 1 and 2. FUNDING: CHALLENGES.	ADMINISTRATION: Consistent leadership in Office of Humanities. CURRICULUM: Required freshman course and more senior electives. FACULTY: Three fulltime faculty. Function with allies across professional schools, including two fulltime chaplains (Baptist and Anglican). FUNDING: Supported by the medical school dean. Numerous grants applied for. CHALLENGES.	ADMNISTRATION: Consistent leadership and administrative structure. Office of Humanities is within the Medical School's Dean's Office. FACULTY: Three fulltime faculty supported entirely by the Dean. Includes Anglican priest. CURRICULUM: Required freshman course plus electives. FUNDING: CHALLENGES.	ADMINISTRATION: Consistent leadership, administrative structure, activities and goals.
University of Kansas Medical Center	ADMINISTRATION: Established Department of History and Philosophy of Medicine. Lack of administrative leadership. Allies through the Department of Human Ecology – social scientists. Hesitation to allow non-physician instructors. FUNDING: CHALLENGES.	ADMINISTRATION: Consistent leadership and departmental structure. FACULTY: CURRICULUM: More courses and Clinical Process course required of all that incorporates human values. FUNDING: CHALLENGES.	ADMINISTRATION: Consistent leadership and departmental structure. CURRICULUM: Courses expanding. Still skepticism and lack of support from basic science and clinical faculty. New Programs: Traveling fellowships in History of Medicine, Fellowships in the Department. University selected by Human Dimensions in Medical Education to develop better interpersonal relationship skills. FUNDING: CHALLENGES.	No Report

School	1972	1974	1976	1981
Health Sciences Center SUNY Stony Brook	ADMINISTRATION: Pellegrino Vice President of Health Sciences and Director of Health Sciences Center. Fox (Historian) and Zaner (Philosopher recruited by Pellegrino) high level administrators. FACULTY: Interdisciplinary faculty within Division of Social Sciences and Humanities organized to work in health professional education. CURRICULUM: Courses offered to interdisciplinary professional students. Faculty participate in clinical teaching of health sciences students. Faculty focused on creating a curriculum with tools skills and knowledge necessary for health professional. FUNDING: CHALLENGES.	ADMINISTRATION: Fox remains. Division is the only teaching unit independent of a school. Administratively ill at ease with loss of Pellegrino. FACULTY: Six faculty from variety of medical humanities disciplines within the Division. Pellegrino left SUNY for UT in 1973. CURRICULUM: Forty hours of teaching time within the first year curriculum. Electives for 5 other health sciences center schools. FUNDING: School funded through state funds. CHALLENGES.	ADMINISTRATION: Leaders consistent. 1975 Division transferred to the School of Medicine and reports to Dean of Medicine. FACULTY: Teaching program has grown. CURRICULUM Thirty hour course in the first year medical curriculum, faculty teaching in required allied health and other professional school courses, and courses taught in the undergraduate liberal arts program. Courses offered for Continuing Education credit. FUNDING: Funding of Division through School of Medicine CHALLENGES.	ADMINISTRATION: Program for Medicine and Society. Fox and Peter Williams, PhD (Philosophy) JD. FACULTY: Six faculty and 3 lecturers. Program now sponsored through the Department of Community and Preventive Medicine in the School of Medicine. Courses directed at medical school, College of Arts and Sciences and public. New teaching hospital has increased role in teaching house staff. CURRICULUM: Teaching continues in other health professions schools. FUNDING: Funding through School of Medicine budget, additionally 1977 NEH grant and New York Council for the Humanities. CHALLENGES: Faculty and personnel pressures, student time, motivations and interest, resources.

School	1972	1974	1976	1981
Pennsylvania State U Hershey Medical Center	ADMINISTRATION: Department of Humanities in College of Medicine. Chair reports to the Dean. Department on par with over College departments. FACULTY: Five faculty representing medical humanities disciplines. CURRICULUM: Variety of discreet courses offered, students must choose two. One by year 2. FUNDING: College of Medicine and 1971 NEH three year grant brining in two more faculty and three curriculum research assistants establishing a "critical mass"[440] CHALLENGES: Time in curriculum, balancing a new curriculum, establishing a clear role and purpose with objectives, funding, evaluation.	ADMINISTRATION: Consistent FACULTY: Additional added as a result of NEH support. Faculty scholarly engagement encouraged. CURRICULUM: "The experiment at Hershey …. Demonstrated that humanistic studies can have a vital role in medical education"[441] FUNDING: Same CHALLENGES: Faculty must adapt to unique challenges of teaching in medical education.	ADMINISTRATION: Consistent FACULTY: Same, faculty also have course offerings and lectures in other departments. Increasingly involved in interdisciplinary activities. CURRICULUM: Two required. Many are choosing more. FUNDING: NEH grant awarded 1976 allows the development of Humanities/Medicine Workshops to train clinical faculty in humanities, and Faculty Internships. CHALLENGES: Time and resources to extend current development.	ADMINISTRATION: Consistent. Strong Dean and Provost support. FACULTY: Consistent. CURRICULUM: Same FUNDING: University, NEH and Robert Wood Johnson Foundation supports individual faculty scholarship. CHALLENGES: Time and resources to extend efforts.

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[440] (1972), Institute on Human Values in Medicine, Proceedings of the Second Session. "Background Papers Prepared for the Second Session of the Institute on Human Values in Medicine". Quote from page BP38.

[441] (Pellegrino 1974), Quote from page 123.

School	1972	1974	1976	1981
U Texas Medical Branch	ADMINISTRATION: Program in development. Interest dates to past dean 1942-1955 (Chauncey Leake). 1969 History of Medicine Division created. Chester Burns named director. Under leadership of Thomas Blocker, President and Joseph White Vice President for Academic Affairs and Dean of Medicine. FACULTY: Burns teaching isolated courses, giving lectures, participating member of Behavioral Sciences Curriculum Committee. Holding symposia on humanism and medical education. Established committees led by Burns 1) students and faculty in biomedical sciences to identify integration with history and philosophy 2) University-wide committee on history of medicine to identify resources and connections to various library systems and collections 3) Medical Humanities Committee with representation across the health professions schools. Hospital chaplains and social services	ADMINISTRATION: Consistent FACULTY: Engelhardt joined in 1972 CURRICULUM: Burns and Engelhardt reviewed the work of the three committees and established preprofessional (premedical) and professional programming in medical humanities for professional degree students, independent studies, seminars and elective courses. Served as small group leaders within the biomedical curriculum providing small group facilitation on humanities and medicine topics. Graduate medical education for psychiatry residents. 1972 Fellowship training program in the History and Philosophy of the Health Sciences and Professions developed. Expanding faculty, Zaner (Philosophy) and another historian, evaluation of the Institute development FUNDING: Consistent CHALLENGES: Planning for future expansion and developing evaluation protocols.	ADMINISTRATION: Consistent. Institute of Medical Humanities established June 1973. Burns Associate Director. FACULTY: Eight full-time and adjunct faculty. Eight teaching assistants, and active visiting professors (21) and faculty (18) rotation, including IHVM fellows. CURRICULUM: Pre-medical programs teaching undergraduates at local college and minority pre-professional program. Elective courses for professional students. Medical students have core required course in medical ethics and other electives. Teaching programs for house staff. Continuing medical education for local practitioners. Lectures and courses for biomedical graduate students. FUNDING: NEH development grant allowed establishment of National Advisory Committee that includes national medical education leaders associated with IHVM such as E. Pellegrino, George Annas, Lorraine Hunt, Gunter Risse CHALLENGES: Evaluation of the program by inviting local experts. Ambitious programming.	ADMINISTRATION: Consistent FACULTY: Seven faculty teach and continue scholarship and research interests. CURRICULUM: Natural evolution of the program planning started 1973-74. Consistent. Graduate training now includes three interdisciplinary tracks: 1) Biomedical Sciences graduate training at Galveston 2) Philosophy at UT Austin 3) American Civilization faculty at UT Austin. FUNDING: 1974 NEH five year development grant. State of Texas CHALLENGES: None noted

	included. CURRICULUM: Established lectureship. 1972 Hiring second faculty, Tris Engelhardt, MD, PhD Philosophy and medicine. FUNDING: UTMB CHALLENGES: Planning phases			

School	1972	1974	1976	1981
Medical College of Virginia	ADMINISTRATION: Single faculty appointed to direct the program in the School of Medicine. Program administered through School of Allied Health Professions, majority of work done within the School of Medicine. FACULTY: Professor of Ethics and Director of Religious Activities in charge of the programming. Has teaching appointments within each school of Medical College of Virginia. CURRICULUM: Individual lectures in large classrooms. Teaching also takes place in clinical and laboratory. Elective small group classes for those students interested. FUNDING: College funds and an endowment from the Medical College of Virginia Foundation. CHALLENGES: "None"[442]	ADMINISTRATION: Consistent. History of the program is embedded in the history of IHVM. Joint Committee on Medical Educaiton and Theology met in May 1965 and January 1966 designed this program, but as also the committee that spawned the eventual development of the Society for Health and Human Values. President invested in human values education. Key IHVM figures assisted in its development, among them Pellegrino, Banks, Vastyan, Harrell, McNeur and Wolf. FACULTY: Unchanged CURRICULUM: Unchanged FUNDING: Dean of School of Allied Health Professions administers funding and supervision. Same funding sources. CHALLENGES: Future expansion to the campus of Virginia Commonwealth University which will help connect with traditional academic college department faculty. Advice on challenges: adequate	ADMINISTRATION: Consistent FACULTY: Consistent CURRICULUM: Consistent. FUNDING: Consistent CHALLENGES: Added description of evaluation of program. Reports by students, former students, university and school leadership that believe , patient remarks, student group interests, testing shows increased knowledge, community physicians and church groups support.	Report Missing ADMINISTRATION: FACULTY: CURRICULUM: FUNDING: CHALLENGES.

[442] (1972) Institute on Human Values in Medicine, Proceedings of the Second Session. "Background Papers Prepared for the Second Session of the Institute on Human Values in Medicine". Quote from page BP-57.

		funding, avoid isolation, need "critical mass", maintain progressive, responsive vision.[443]		

School	1972	1974	1976	1981
Yale U School of Medicine	ADMINISTRATION: Position started as the "Chaplain to the School of Medicine"[444] Chaplain reported to United Ministries in Higher Education, as well as the dean of the medical school FACULTY: Single chaplain CURRICULUM: seminars for health professional students across schools. Preceptorship for clinical year students. FUNDING: Financial backing from U.M.H.E. CHALLENGES: Forming	ADMINISTRATION: Chaplain and psychiatry faculty. Development influenced by an IHVM facilitated consultation with Pellegrino. FACULTY: Consistent CURRICULUM: Developing across schools: Divinity, Law, Medical and Undergraduate. Two elective courses offered in the Divinity School for divinity and medical students. Law School developing a program of courses between law and medicine. All elective. FUNDING: Law School awarded Commonwealth Fund of New York grant to support interdisciplinary course development between law and medicine. CHALLENGES: Future plans for expansion of university wide programming and collaborations.	ADMINISTRATION: Consistent. Pellegrino moves to Yale to become Chairman of the Board of Directors at the Yale-New Haven Medical Center, provides new vitality. FACULTY: More faculty across schools involved in course development and institution. Chaplain continues consistent engagement in the medical school and supporting development and vision across the university. CURRICULUM: Entitled "Teaching in Medical Ethics"[445] All elective. Expansions across the university campus to include offerings in the graduate and undergraduate schools. FUNDING: Reduction in U.M.H.E. funding. University breaking precedent to support a professional school chaplain. CHALLENGES: Perceived as marginal and not significantly important in medical education. A	ADMINISTRATION: Chaplain consistent. FACULTY: Faculty and programming consistent CURRICULUM: All elective. Cooperation between schools is informal FUNDING: No comment CHALLENGES: No overall cohesive program across university. Somewhat marginalized in the medical school.

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[443] (Pellegrino 1974) Quote from page 185.
[444] (1972) "Background Papers Prepared for the Second Session of the Institute on Human Values in Medicine". Quote from page BP-59.
[445] (McElhinney 1976), page 47

			Humanities in Medicine Study Unit formed under the direction of Pellegrino.	

Chapter Five: Broad Work – Narrow Changes, A Sociological Analysis

The Society for Health and Human Values (SHHV) was an organization

established in the late 1960s to support the value and role of humanism in medical

education. As covered in Chapter One, the mid-twentieth century explosion of

scientific knowledge, subsequent growth of technology, and expansion of academic

health science centers created dramatic changes in medical practice, leading to

challenges for the profession, its self-regulation, and the content of training and

curricular elements. Medical educators and religious organizations concerned about

the focus on the science and technology in medical education formed the Society for

Health and Human Values (SHHV) to better prepare physicians for the new

experiences, questions, and challenges they would face in modern medicine. In an

early action by the Society, the Institute on Human Values in Medicine (IHVM) was

formed to focus on how the humanities could be used as a curricular remedy to help

balance medical education, and provide the needed humanism. Chapter Three

reviewed the historical formation of the Society in the context of concerns related to

the scientization of medicine and medical education, and Chapter Four reviewed in

detail the expansive activities of the IHVM, which were both varied and sweeping,

reaching all states with medical schools, including some schools in Canada. The

IHVM as an organization was strong, efficient and productive. Yet, regardless of its

strength as an individual organization, its effectiveness was limited as it sought to

change a complex multi-institutional enterprise with a product that did not fit the

corporate scientific culture of the medical education institution.

The IHVM was an individual organization attempting to influence a complex

field of organizations with material having questionable legitimacy and fit within

the institutional environment. Complex strongly institutionalized organizations like

health care systems, which encompass medical education, operate through loose

connections (coupling) with their many external and internal collaborators, and are

highly resistant to changes that do not culturally fit. Likewise, the IHVM's small

close organizational structure (tight coupling) may have made it less adaptable to

the institutional environment than it needed to remain viable. Studies of mass

curricular change describe the high value global society places on science and math

over the humanities, placing a relatively low value on such content especially within

the biomedical corporate enterprise. Medical schools use rituals and

professionalization myths to provide humanistic elements in medical schools in lieu

of humanities. Decoupling from formal teaching and evaluation methodologies

allow the use of elements that offer a myth of humanism and a cultural fit within the

larger institutional business enterprise. Not surprisingly, applied medical ethics, a

humanities discipline created by medical and biomedical leaders with humanists,

was readily embraced as the humanities content most relevant and important to

medical practice and education. Its reductionistic and algorithmic approach

matched the systems of both medical practice as well as the biosciences.

The hypothesis of this dissertation study stated that large-scale curricular

change in medical education requires a convergence of legitimizing support from a

number of social agents. The model presented in Chapter One provides a visual

display of the hypothesis and the agents involved in the institution of medical

education that need to support change. They include: the medical profession and its

professional associations, the greater society it serves, governing authorities such as licensing and accreditation boards, and other key collaborators that engage with medical education, including employers (for example, hospitals and clinics) and funding agencies. Sociological theories and empirical studies of institutions and organizations, twentieth century world curriculum development, and the professions are used to provide an explanation of the institutional resistance to the changes attempted by the Society through its Institute's activities. Medical education as part of a complex biomedical institution is predictably resistant to change, especially when it involves challenges to existing socially institutionalized systems. Applying sociological theories to the work of the IHVM supports the hypothesis and explains the limited impact the Institute's attempt to integrate humanities into medical school curricula nationally.

This chapter will present these sociological theories, studies, and concepts in detail and discuss the activities of the IHVM in light of them. The theories support the hypothesis and sociological model, and provide explanation for the challenges faced by the IHVM in regard to humanities integration into a national medical education framework, and can predict similar difficulties with related reform efforts. Without large structural and cultural changes in the greater enterprise such efforts are predicted to succeed only in limited ways, such as within individual schools, and not on a national scale.

Organizational Structure and Function of the IHVM

Chester Barnard in his seminal text, *Functions of the Executive,* described a

formal organization as a cooperative effort that is "conscious, deliberate,

purposeful".[446] Scott and Davis summarized Barnard's position on the function of

executive leadership as the establishment of a moral purpose that binds all

members of the unit toward common goals.[447] These concepts of Barnard's

cooperative (natural) organizational system can be used to consider the high

aptitude of the Society as it grew into being, and its Institute. The activities of both

the new SHHV and IHVM, as described in Chapters Three and Four of this

dissertation, were designed and planned with the input of knowledgeable members

of the humanities and medical education fields. Their desire to influence medical

education in positive ways was well founded, focused, researched and organized.

The Society began its efforts in small knowledgeable groups experienced in the

relevant fields for their questions: medicine, medical education, theology and

ministry. The group sought to identify needs within medical education that could be

served with their particular humanistic and pastoral expertise. These conversations

drew the attention of credible foundations, again leading to a cultivated and

strategic growth as a nationally represented Committee on Medical Education and

Theology. This Committee grew and morphed across several years with informed

guidance from school leaders who were brought into consultation, embracing

guidance the Committee secularized (based on the name change), the Committee for

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[446] (Barnard 1968) Quote from page 4. Scott and Davis also cover this in Chapter 3 "Organizations as Natural Systems". (Scott 2007)

[447] Scott (2007) Page 70-72 describes "Barnard's Cooperative System" and on page 71 lists the "Function of the Leader".

Health and Human Values. This entity, with a growth due to interest, soon

incorporated into the formal Society of the same name. In developing the Institute,

leadership from the Society was consistent, continuous and purposeful; the current

President and Executive Director of the Society were always members of the

Institute's Board of Directors.[448] The Society was both bound by a common goal and

shared a moral commitment to its achievement, fulfilling Barnard's qualifications for

a successful organizational structure.

The Institute on Human Values in Medicine, formed by the Society to

operationalize its mission, had leadership and operational patterns consistent with

and well connected to the greater Society. The majority of the advisors for the new

Institute were from the Society's Executive Committee; these then became the

Board of Directors.[449] Once incorporated, the newly formed Society added another

proven, committed and highly influential leader, Edmund D. Pellegrino, M.D.. Listed

as "Chairman" of the Executive Committee,[450] Pellegrino came to the SHHV with

strong leadership experience in clinical as well as undergraduate and graduate

medical education administration.[451] His background showed him to be an expert in

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[448] Ronald McNeur, a founding member of the SHHV, was the Executive Director of the SHHV during the life of the IHVM and continuously remained on its Board of Directors through 1982. Memos communicating all actions of the IHVM were sent to both Ronald McNeur and Edmund Pellegrino (Chairman of the Board).

[449] In the *Institute on Human Values in Medicine Proceedings of the First Session* (1971) the six Advisory Committee members include four SHHV Executive Committee members: Samuel Banks, George Wolf, Ronald McNeur, and E. A. Vastyan who was the SHHV President in 1970-71.

[450] From the "Minutes" of the "Executive Committee of Society for Health and Human Values, October 30, 1969 Terrace Hilton Hotel, Cincinnati". Found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[451] Undergraduate medical education refers to the curriculum of medical students; graduate medical education refers to postgraduate training such as internship and residency training in hospitals.

medicine and medical education, and a leader driven to efficiency and results.[452] He

was a skilled communicator and problem solver, and described as someone who

created solutions to the complex problems of medical schools.[453] Pellegrino was

also a well-established member of the Association of American Medical Colleges.

Not only was he the dean of a new medical school with a novel curricular sequence

that included humanities and social sciences, he served on the editorial board of the

AAMC's journal, *Journal of Medical Education*.[454]

The Institute began with a mission to identify whether the common goal,

humanizing medical education with the humanities, was possible. The Society's

Executive Committee strategically aligned with Lorraine Hunt, Ph.D., a humanist

who had already proven her capabilities to receive funding and had performed a

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[452] Personal communications with those who knew Edmund Pellegrino described him as an efficient and clear administrator. The following quote is consistent with this image of efficiency and productivity: "Dr. Pellegrino being aboard his flight five minutes after the fall of the last gavel." from the "Minutes of the Executive Committee of the Board of the Institute on Human Values in Medicine Meeting in Dallas", page 8. Located in IHVM Archives Folder 10 IHVM Minutes Executive Committee January 23, 1983, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.   Additionally, the minutes of meetings under his guidance often included action items with named actors. At the time he joined the SHHV Executive Committee he was Professor and Chairman, Department of Medicine, founding Dean, School of Medicine and Vice President for Health Sciences at the State University of New York, Stony Brook. He went to Stony Brook to build a unique health sciences campus, which included multiple health professional schools on a single campus. See (Andelman 1971) Accessed From
https://renaissance.stonybrookmedicine.edu/sites/default/files/opening_of_med_school.pdf . Prior to Stony Brook, Pellegrino was at the University of Kentucky as the Chairman, Department of Medicine, and Director of Medical Service in the College of Medicine. Earlier he was the Medical Director at the new Hunterdon Medical Center in rural Flemington, New Jersey, the first hospital in its county. From "Edmund D. Pellegrino, M.D., M.A.C.P. *CURRICULUM VITAE".* Given the number of roles Pellegrino held and the attention shown to the IHVM, as observed in this study, a description of 'efficient and productive' seems accurate.

[453] Communications, including memos and letters held within the archives show his tenacity and skill in communicating and completing work. In a June 24, 2019 interview with Guenter Risse, chairman of the History *Dialogues Between the Disciplines* group, described Pellegrino as a medical school dean who was brought in to fix schools.

[454] Highlights of the new curriculum in the SUNY Stony Brook School of Medicine are from Andelman (1971). Minutes of the *Journal of Medical Education* Editorial Board from 10/31/1970 cite Pellegrino as the new chairman of the nomination committee. Held in the Archives of the Association of American Medical Colleges, Washington, D.C..

survey study of medical schools regarding humanities curriculum with the support

and endorsement of the top legitimizing national organizations, the National

Endowment for the Humanities and the Association of American Medical

Colleges.[455] These allegiances were important to the success of the Institute for both

monetary as well as legitimizing purposes.   Hunt was recruited and joined as a staff

member of the IHVM in the title Project Director and took over the role of

administering and coordinating the activities of the IHVM as identified in the first

two conferences (1971 and 1972)[456], directed by the Board, and funded through the

NEH grant. When Hunt left the IHVM to take a post at The Johns Hopkins

University's School of Health Services, Thomas McElhinney was hired as Director of

Programs. Like Hunt he was a humanist, skilled in administration, both

knowledgeable and committed to the concept that the humanities was valuable to

the health professions.[457] Both Hunt and McElhinney showed themselves to be

capable participants in working effectively with the IHVM Board members to

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[455] Lorraine Hunt, an academic with an English background, was invited to present her survey results to the SHHV Executive Committee as reported in the "Minutes" of the "Executive Committee of Society for Health and Human Values, October 30, 1969 Terrace Hilton Hotel, Cincinnati". Lorraine Hunt's background was found in Barker (1987) Page 59. Hunt's first survey became the basis of the NEH grant awarded to the SHHV, and Hunt was instrumental in procuring this grant for the SHHV as reported in the October 30, 1969 minutes and the "Notes and Minutes of the Executive Committee of the Society for Health and Human Values and the Advisory Committee for the Institute on Human Values in Medicine held at the Health Sciences Center, State University of New York at Stony Brook, July 9, 1970. Minutes were found in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. Hunt reports on this history as part of the first NEH sponsored conference of the IHVM in Hunt (1971).
[456] (1971, 1972)
[457] Thomas McElhinney was a Presbyterian seminarian who had served as the Dean of Students and Assistant Professor of Philosophy and Religion at the Westminster Choir College, Princeton, New Jersey as identified in the *Curriculum Vitae* of Thomas K. McElhinney, Ph.D.. In personal communications McElhinney spoke of his interview with Edmund Pellegrino. It was focused, discerning, detailed, efficient. McElhinney's duties of his new post were detailed in an August 28, 1974 Internal meeting agenda with Edmund Pellegrino, Ron McNeur and Thomas McElhinney, found in the IHVM Archives in Box 6 Folder 15, Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

accomplish the growing activities of the Institute, as well as to evaluate and

interpret the results of these activities. McElhinney, in particular, was an active

collaborator with the SHHV Executive Director, Ronald McNeur, Edmund Pellegrino,

and Board Members and participated in IHVM's Resource Visits, conferences,

written reports, memos, and continued to adapt to the evolving actions of the

Institute in support of both its micro and macro level goals.[458] McElhinney remained

with the IHVM until its NEH funding concluded, he left at the closure of the final

grant on June 30, 1981.[459] At its final closure in 1983 the Board felt its work was

laudable and made great contributions to medical education, but remained

incomplete. Resigning as a group, they remained consistent and cohesive,

concluding that it was time to allow the Society the freedom to determine its next

best direction.[460]

The Institute's organization and function could be considered a model of

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[458] The August 28, 1974 internal meeting agenda which itemized McElhinney's duties with the subject line: "TKM's duties, priorities", showed that he was responsible for the breadth of activities in which the IHVM was at that stage involved: IHVM "exposure" listing names, places and conferences, like "Congress on Medical Education"; details on the Dialogues activities; "Miniconferences (resource services)" across the U.S. and in Canada with identified leader names; organize visit and new information for new board members; publication statuses; identification of matching funds with foundation names; arrangement of next meeting, Fellows deadlines; and a few other details on the NEH and visits to other programs.   The list was comprehensive and detailed, displaying clarity of organization and communication. Memo held in the IHVM Archives in Box 6 Folder 15, Pellegrino Correspondence 74-77, of the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. McElhinney actively participated as a member of resource service visit teams with usually one or two other Board members as indicated in memos in the IHVM Archives.

[459] Letter from Thomas McElhinney, IHVM Director of Programs to Edmund Pellegrino, IHVM Director and Chairman of the Board, copy to Ronald McNeur, Executive Director SHHV, listing the status of his final IHVM duties. Located in the IHVM Archives Box 6 Folder 13 IHVM Board Communications 1981, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[460] December 1, 1983 letter from Edmund Pellegrino to SHHV President James Knight, M.D. communicating the closure of the IHVM. Located in the IHVM Archives Folder 13 IHVM Pellegrino Letter to Society closing IHVM 12-83, in the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

organizational executive function as defined by Barnard and discussed by Scott and Davis. It was deliberate in its actions and growth, which were well researched and planned, it was purposeful in its actions, which were informed and coordinated by knowledgeable, dedicated staff. It had influential, committed leadership that communicated well and carefully with staff in close vertical and horizontal lines of communications.[461] It cast a broad net across the country, communicating with individual schools through tailored resource visits, larger, more diverse audiences through conferences that included major legitimizing organizations, both public and private. It created a workforce to develop, teach and lead the programs it helped form. It fostered intellectual collaborations between humanist and clinician faculty, and incorporated the national professional associations, primary legitimizing agencies, into its activities. While human values teaching programs grew from twelve, as noted at the second conference in 1972, to sixty-five in 1981 (acknowledged as an undercount)[462], these programs were also noted as fragile, and seen to be easy victims to cuts during financial hardships. In the early 1980s Board members believed the IHVM had a continued mission to support, validate, and provide evaluation resources to these fledgling programs. There continued to be a need to restate and validate the worth and value of such training programs, and for training opportunities beyond undergraduate medical education (continuing

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[461] (Barnard 1968) Chapter 1 and (Scott 2007) Pages 70-72.

[462] A listing of the schools with human values teaching programs are listed at the end of the *Proceedings of the Second Session,* pages BP 1-83. (1972) Sixty-five schools responded to a survey on human values teaching programs and the results published in McElhinney (1981) McElhinney noted in his Introduction that the list was not comprehensive because it relied on self-reporting, page xvi.

medical education) to be initiated.[463] However, without strong national dictates

from legitimizing agencies like the AAMC and AMA, the stability of these teaching

programs were left to the discretion of individual school authorities, which would

result in unstandardized training that lacked validation, and had tenuous stability.

As Charles Perrow points out, "power must be legitimized by society", which

includes the power to make large lasting change. [464] Without validation from higher

forms of authority, the long-term goal of placing human values teaching programs in

all medical schools nationwide was to be difficult, if not impossible.

Organizational Structure and Function of Schools and Professional Societies

The IHVM was working to create and support the development of teaching

programs in schools that were outside of itself.   Even though the IHVM was focused,

cooperative, and well led, which allowed it to function efficiently and creatively as a

unit to develop outstanding, well executed resources for schools, its long-term

success and legitimacy of its product required the buy-in of key institutions that

were highly subject to outside influences, like social and professional belief systems

and political forces. Ultimate success would rely on the leadership and organization

of the schools to obtain the resources, develop and budget for their use, and to

convince oversight agencies of its value as evaluated with the cooperation of faculty

and students. While the IHVM was in cooperative, close alliance with both schools

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[463] From the "Minutes of the Executive Committee of the Board of the Institute on Human Values in Medicine Meeting in Dallas" located in IHVM Archives Folder 10 IHVM Minutes Executive Committee January 23, 1983, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[464] Ideas are from Perrow (1979), Pages 73-74, quote from page 74.

and the organizations that had influence over schools and their curricular

development, such as legitimizing and funding organizations, the external influences

were to function against the inclusion of broad humanities content in a national

medical school curricula.[465]

The organizational concept of tight and loose coupling can be used to

understand how IHVM's ability to motivate curricular change could be hindered.

The IHVM was a formal organization that functioned in a simple focused way for a

common objective; however, its ultimate goal required the successful interface with

many, at times disparate, large complex organizations. While the IHVM provided

resource visits and organized conferences only to schools where the investment was

worthwhile and desired,[466] each of these institutions had an individual hierarchical

organizational structure, which was subject to the influences of external factors and

change.[467] The IHVM was a relatively simple formal cooperative organization,

described by Scott and Davis as a natural system. Its organization was

straightforward and highly connected from the top of the leadership (Pellegrino and

McNeur, Director of the IHVM and Executive Director of the SHHV, respectively) to

its administrative staff. Such is an example of tight coupling, or a close connection

between all involved in the accomplishment of a product or outcome. The

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[465] These concepts are discussed in Perrow's discussion of network analysis, including loose and tight coupling or connections of systems within a health network, pages 226-237. (Perrow 1979) Also discussed in (Scott 2007), primarily in Chapters 5 and 11, which presents the overlay of various combinations of Open Systems of organizations (Chapter 5) and Networks of organizations (Chapter 11).

[466] IHVM memos indicate that resource visits were made based on invitation from high level school officials, such as deans. This was corroborated in personal communications with Thomas McElhinney. This assured the IHVM Board that the school was committed to the common goal of investing in a human values teaching program.

[467] (Scott 2007) In Chapter 4, "Organizations as Open Systems" note that hierarchy is a fundamental feature of a complex organization. Hierarchy is not always power based, but also can refer to levels of work and work flow, page 97.

institutions that IHVM relied on to accomplish its goal of humanizing medical

education, and as an extension medical practice, were the schools of medicine.[468]

These were more complex hierarchical organizations, which were much more

subject to both internal and external influences at varying levels of the hierarchy,

and varied in the strength of coupling to unique intentions or outcomes across the

hierarchy. Some areas of the organization were more tightly coupled than others to

particular goals, and the higher the level in the hierarchy, the looser the coupling as

the influence of external environmental factors increased.[469] Scott and Davis

describe such complex organizations that have many internal and external forces

affecting the workflow across multiple levels (divisions, departments, offices) as

open systems, because the organization's boundaries must be open to allow for an

ebb and flow of various internal and external influences.[470] Coupling within

organizational units is expected to be tighter than between organizations, making it

more difficult for external actors like the IHVM to perfectly align its intentions with

outcomes.[471] While the IHVM leadership and administration interfaced with the

most powerful individuals in schools and medical centers, these were also the

individuals most beholden to balancing internal perturbations (internal structures

of funding, faculty time and issues, curricular space,) and susceptible to outside

influences (government funding, professional associations, medical center

workforce needs). The January 1983 memo regarding the IHVM Board's decision to

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[468] The IHVM was inter-professional and included other health professions in its activities. For purposes of this analysis only medical education will be presented since that was the primary focus of the IHVM's goals and as such this dissertation.

[469] (Scott 2007) Pages 88- 89 in their discussion of Boulding's System Types.

[470] (Scott 2007) Chapter 4 is dedicated to the description of Open Systems.

[471] (Scott 2007) Page 98.

continue its activities even without secure funding was a direct effort to buffer these factors which they predicted endangered the programs they helped develop.[472]

The positive influence of networks and close personal connections in aligning outcomes can also be examined. Close personal communications, connections and easy movements of people between organizations are generally associated with tighter coupling of concepts to outcomes. This movement of information generally functions as a pipeline across the boundaries of formal institutions, allowing for tighter coupling of ideas and beliefs.[473] The IHVM's Board of Directors included members associated with important and influential professional societies, such as the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC). From the beginning, the Institute's Board and its parent Society recognized the value of these professional connections, and attempted to utilize them by consistently meeting alongside AAMC and AMA conferences, particularly the AAMC.[474] These professional organizations were also complex, open systems subject to even higher levels of societal, governmental, and medical workforce

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[472] From the "Minutes of the Executive Committee of the Board of the Institute on Human Values in Medicine Meeting in Dallas" located in IHVM Archives Folder 10 IHVM Minutes Executive Committee January 23, 1983, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. This memo cited concern for the fragility of these programs in times when funding was an issue, and that the IHVM had a role in validating and supporting their existence.

[473] (Scott 2007) In discussion of "Network Forms of Organization" and the value of social networks as influencing features in accomplishing goals, pages 291-292.

[474] Minutes of the Executive Committee of the Society for Health and Human Values dated October 30, 1969 and July 9, 1970 discuss how they would use time and space in the AAMC and AMA upcoming meetings. The 1969 meeting minutes include a list of nominations to the Society that include William Ruhe from the American Medical Association (AMA). It also included plans for Pellegrino through Ruhe to obtain the needed space at the AMA Congress. Similarly, another action item discussed arrangements at the AAMC meeting to be arranged by Board members Pellegrino and Wolf. Meeting Minutes located in the IHVM Archives within the Presbyterian Historical Society, Philadelphia, Pennsylvania. The relevance of connections with professional organizations such as the AAMC to the SHHV and IHVM leaders were related in Barker (1987), per his description of the Society and Institute's organizational and administrative structures, noted on page 46 and 62.

influences, and potentially more loosely coupled than schools to unique curricular

issues. Verlyn Barker highlighted the Society's importance as an organization to

facilitate the connection with the AAMC.[475] Regardless, individual personal

connections between SHHV and IHVM leadership and these professional,

legitimizing associations were not in the end enough to successfully influence

national curricular change as envisioned by the IHVM leaders, especially with the

unraveling of the SHHV's relationship to the IHVM.

The Society itself struggled as it opened its membership and grew in size. As

an organization its mission was challenged by a diversifying membership with

different allegiances, goals, and intellectual backgrounds.[476] The Society's long time

alliance with the United Ministries in Higher Education (then known as United

Ministries in Education or UME) weakened, and dissolved in the 1980s.[477] The

differences in interests between traditional humanities scholars and those specific

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[475] Barker (1987), page 62, discusses the Society for Health and Human Values' role for the Institute on Human Values in Medicine.

[476] November 23, 1981 letter from David Thomasma to E. A. Vastyan describing his shared concern that the Society was experiencing the challenges of growth and differences of opinion. Thomasma attached an opinion piece that he was suggesting to Vastyan be distributed to SHHV membership in their newsletter. It is entitled "The Society for Health and Human Values: Fission or Fusion". In it he discourages splintering, and encourages factions to see strength and creativity in remaining together in dialogue. Thomasma would be president of the SHHV in 1985. Letter found in the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[477] The relationship between the United Ministries in Education (UME) weakens as Ronald McNeur resigns from his role with the SHHV in April 1982 and UME's role in financial management of the NEH grant to the SHHV for IHVM activities concludes as indicated in a March 19, 1982 memo from Ronald McNeur to NEH Supervisory Grants Specialist, Ray A. Beaser. From IHVM Archives Folder 21 IHVM NEH Correspondence 75-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. SHHV's relationship with an organization of ministers involved in medical education and their publication, *Ministries in Medical Education,* also weakens as indicated in memos held within the IHVM Archives, Box 4, Presbyterian Historical Society, Philadelphia Pennsylvania. The close of these relationships is noted in the UME Newsletter: (1982).

to the new field of bioethics created tensions within the Society.[478] The SHHV, once

tightly coupled to the IHVM, itself struggling in the early 1980s, essentially

decoupled from the IHVM as United Ministries in Education moved their offices, no

longer provided administrative support, and Ronald McNeur stepped down as SHHV

Executive Director in 1982.[479] The final letter to the SHHV from Pellegrino on behalf

of the IHVM Board as much as stated that the SHHV needed to figure out what it

wanted to do, take the lead, and decide the direction of the Institute with new

leadership.[480]

Since open systems and loose coupling are associated with adaptability and

flexibility, it can be inferred that tight coupling may result in inflexibility and a lack

of adaptation to environmental influences.[481] It can be considered that the IHVM

was so tightly coupled to its original ideas, vision, beliefs and methods that it could

not adapt as necessary to attract new funding sources, or even to keep old. Looser

coupling, increased input from outside sources, may have led to greater adaptability

and allowed the IHVM to respond to changes signaled within the professional, social

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[478] This tension continues to exist in the Society's successor organization, the American Society for Bioethics and Humanities (ASBH), and Humanities scholars have again broken ranks to form their own conferences to cater their specific interests. Personal communications with individuals familiar with the current ASBH.

[479] Ronald McNeur resigns as Executive Director of the SHHV on April 12, 1982 in a memo to then SHHV President Andrew Hunt, M.D.. A series of memos and indicated phone call precedes the resignation indicating disagreement over extending NEH grant funds, and UME responsibility for administering the funds. A March 19, 1982 memo from Ronald McNeur to NEH Supervisory Grants Specialist, Ray A. Beaser indicates the closure of UME offices in Philadelphia, their movement to St. Louis, and assumed closure of administrative support for the NEH grant as of December 31, 1981 when the person handling the administration, A. Myrvin DeLapp retired. From IHVM Archives Folder 21 IHVM NEH Correspondence 75-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[480] December 1, 1983 letter to SHHV President James Knight, M.D. communicating the closure of the IHVM located in the IHVM Archives Folder 13 IHVM Pellegrino Letter to Society closing IHVM 12-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[481] Boulding's System typology states that more complex, loosely coupled systems allow for greater adaptability, growth and change. In (Scott 2007), page 89.

and political environments.[482]   According to Scott and Davis' review of theorists

Lawrence and Lorsch's Contingency Model, there is no single best organizational

system, but a mix whose success depends on fit within its environment.

"Environmental conditions determine which systems survive and thrive: those best

adapted are most likely to prosper."[483] Meyer and Rowan add that fitting into the

environment, or isomorphism, is essential for continued legitimacy and resources.

Even the most efficient, productive organization must conform to the larger

institutional environment to be accepted and survive.[484] A less focused vision and

greater adaptability may have offered alternatives and attracted the needed funds to

remain in operation. Thus many of IHVM's strengths in action may have also

contributed to its downfall, its inability to reinvent itself to match the perceived

needs and interests of the greater profession and society.

The ability of the IHVM to identify the best methods of assessment for their

performance was a major concern for the NEH reviewers of the final grant proposal,

and a primary reason that the application was turned down. Even while IHVM's

impact in raising awareness of the value of humanities in medical education was

recognized, in the final grant proposal the authors were unable to convince the

reviewers that the project fit current NEH interests and that it should continue to be

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[482] Heritage Foundation Report on the NEH indicates the recommendation for change at the NEH. Its recommendation included focusing its vision, stop supporting "sociological crusades", and tightening of its administration. In IHVM Archives Folder 21 IHVM NEH Correspondence 75-83. Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Other internal memos also described a redirection of the NEH, for example the "Memorandum for the Record" from McElhinney to Pellegrino dated September 5, 1980 describing a meeting with Gene Moss of the NEH. It indicated that the NEH was more interested in areas outside of medical education. Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Also see Chapter Four of this dissertation.
[483] (Scott 2007) Page 108.
[484] (Meyer 1991)

funded by the Endowment. In reviewers words "It is unfortunate that the proposal

lacks adequate clarity on some important points.", and the suggestion of a "serious

rewrite" to "convince the panel" and "less reliance on past record."[485] Choice of

performance outcomes and criteria for evaluation of success are important in

convincing larger organizations of worth and legitimacy, especially in dynamically

changing times.[486] One reviewer of the grant application commented that there was

a "suggestion" of evaluation techniques "though somewhat vaguely".[487] The use of

numbers to show the growth of human values programs in schools nationally,

individuals and schools touched by resource visits and conferences, and fellowships

awarded was not enough to convince a federal agency under budget reductions that

this was an essential program to continue, or that it met with their current

agenda.[488]

Charles Perrow discussed the use of networks, or the interconnections

between organizations to better understand the affects that the environment can

have on individual organizations, ultimately affecting outcomes.[489] Such an analysis

can be helpful in discerning less than intuitive outcomes by incorporating the affects

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[485] NEH Review of the final grant communicated to Edmund Pellegrino on May 18, 1981 from Joseph Duffey, NEH Chairman. In IHVM Archives Folder 21 IHVM NEH Correspondence 75-83. Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[486] In Scott (2007) Chapter 12 "Strategy, Structure, and Performance: The Sociology of Organizational Strategy", pages 326-339 with a conclusion that there are many ways to measure performance; however, it must be responsive to its stakeholders.
[487] NEH Review of the final grant communicated to Edmund Pellegrino on May 18, 1981 from Joseph Duffey, NEH Chairman. In IHVM Archives Folder 21 IHVM NEH Correspondence 75-83. Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[488] NEH Review of the final grant communicated to Edmund Pellegrino on May 18, 1981 from Joseph Duffey, NEH Chairman. One reviewer noted the substantial amount already awarded to the SHHV by the NEH, and that an organization of this scope should be able to identify other sources. In IHVM Archives Folder 21 IHVM NEH Correspondence 75-83. Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[489] (Perrow 1979) Chapter 6 "The Environment".

of multiple environmental factors on separate, but connected institutions in the

network. From this perspective it could be understood that even though the IHVM

was a well-run, cooperative organization, which in Perrow's own analysis would

indicate "there can be no problem with the output", the dynamics within and outside

of its primary interlocutors, medical schools, could both limit and even nullify well

executed efforts, offering tenuous success at best.[490] Other organizational theorists

also discuss the impactful influences of institutions that are increasingly connected.

These theories can be utilized to understand the difficulties of instituting the type of

change the IHVM was envisioning.[491]

  To analyze the IHVM in this way, it is important to note that it was tightly

coupled to its parent society until around the time of its closure, and the SHHV had

reasonably strong connections to its primary legitimizing and resource agencies, the

AAMC, AMA and NEH.[492] However, the consumer of its product were medical

schools, which had variation in their leadership, investment in types of curriculum

development, connections to federal funding agencies (some had NEH grants of

their own for humanities seminars, such as the University of Texas Medical Branch,

and some were part of large research centers with funding from NIH and other

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[490] (Perrow 1979) Quote from page 74 in Perrow's review of "The Moral Organization".
[491] Meyer and Rowan and DiMaggio and Powell discuss the influence of the larger environment on institutions that are highly connected, and how these connections can influence adaptability and change. (Meyer 1991, DiMaggio 1991)
[492] Many memos with a familiar tone, some laudatory, exist between the IHVM and the NEH Education Programs unit. Pellegrino was on a first name basis with Cynthia Frey, Assistant Director of NEH Education Programs, who wrote a laudatory memo at the conclusion of the grant recognizing the major contributions that the IHVM had made in highlighting the importance of the humanities. See Cynthia (Frey) Wolloch's correspondence to Edmund Pellegrino on NEH letterhead dated January 21, 1983 regarding the closure of NEH grant EH-1409-77 located in the IHVM Archives Folder 21 IHVM NEH Correspondence 75-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. IHVM Board members and SHHV Council members were affiliated with these professional organizations. The SHHV held their meeting alongside AAMC meetings per memos and personal communications.

federal research agencies), state governments, and private philanthropies. While

schools could be looked at as individual organizations, each with unique leadership,

funding relationships and structures, they all had enough commonality to be

considered in aggregate, or as "organizational populations".[493]   In aggregate, all

medical schools were bound by the same accreditation agency (LCME, a Liaison

Committee on Medical Education between the AMA and AAMC), thus curricular

guidelines, by state legislation and licensing requirements, and social responsibility

to the public; however, how they enacted the guidelines of the LCME or engaged in

their social responsibility was left up to individual schools. All medical schools also

had funding streams that involved federal, state and public and private insurance

reimbursements, and they were all tightly coupled to hospital systems, where their

students were both apprenticed workers and postgraduate employees. Private

medical schools, like their state system colleagues, while less connected to state

funding, were equally driven by LCME accreditation guidelines, state licensure, and

federal funding politics through research (primarily NIH), Medicare/Medicaid

reimbursements and third party insurers, much of which subsidized medical

education. By the 1980s the government funds that had been funneled into the

growth of the U.S. healthcare system and biomedical research enterprise after

World War II, were drying up, and cost-containment through business efforts were

beginning to drive medicine.[494]

　　　IHVM Board members, many from state schools, were quite familiar with the

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[493] (Scott 2007) On "Expanded Levels of Analysis", quote from page 116.
[494] This history is covered in Book Two, Chapter Four of Starr (1982). Also Chapter 17 of Ludmerer (1999).

culture and politics of state sponsorship. Many state medical schools were, in fact, built or expanded with the mission of a holistic commitment to the state's community. Indeed, a number of state sponsored medical schools were created based on this commitment and concern. [495] Even with their AAMC and AMA national connections, the SHHV and IHVM could not control the socially and politically driven dynamics of state or federal governments, or the changing culture of the medical enterprise and hospital systems. The IHVM's loss of NEH approval and funding was likely part of a much larger picture of state and federal politics being redirected away from the concerns that had initially formed the SHHV and IHVM. By the early 1980s the SHHV was distancing itself from the United Ministries of Higher Education, yet a further act of secularization.[496] The NEH was being told to tighten its reigns and focus on its primary constituency, libraries and museums.[497] Medical practice was moving toward a corporate model with the development of Health Management Organizations, conglomerate hospital systems, and a growing private

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[495] Ludmerer (1999) describes the growth of medical schools many of which were state funded to service communities, pages 212-213. This is also displayed in The State University of New York at Stony Brook's history. A 1963 Report to the Governor of the State of New York noted here https://medicine.stonybrookmedicine.edu/psychiatry/about/history and in (Andelman 1971). Also the Chapter by Edmund D. Pellegrino on the "*State University of New York at Stony Brook*", page 241 in Lippard(1972). For a description of the founding of The Milton S. Hershey Medical Center and School of the Pennsylvania State University see Lang (2010).

[496] Then known as the United Ministries of Education, a distancing of the connection was noted with the departure of Ronald McNeur founding member of the SHHV and its Executive Director until 1982. For more see Footnotes 32 and 34 of this chapter. Memos noting this located in the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas and IHVM Archives of the Presbyterian Historical Society. The SHHV in 1981was also distancing itself from a subgroup that they had supported, Ministers in Medical Education (MME), per SHHV President (Larry Churchill) memos and correspondence with MME leadership. IHVM Archives, Box 4, found in the Presbyterian Historical Society.

[497] This was part of the NEH's external review by the Heritage Foundation, which recommended changes to the NEH, including refocusing its vision back to its original constituencies, tightening of its administration, and preparing for cost-effective operations and choices. In IHVM Archives Folder 21 IHVM NEH Correspondence 75-83. Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

health insurance industry.[498] Paul Starr describes the cultural shift for physicians

and those associated voluntary hospitals as "losing their autonomy to another

master", from government systems to the world of corporate business systems.[499]

Medical schools answered to these same business and financial pressures, as well as

LCME and government regulatory systems; health care systems were growing into

business corporations where medical students were among the essential workforce

and deeply impacted. Medicine and medical schools needed to adapt to business

models of thinking and practice to survive. The IHVM's loss of power was inevitable

as it faced a loss of legitimacy -- an inability to prove the worth of its product and

adapt to a changing environment as evidenced by its loss of federal funding, inability

to identify new stable resources, and a decoupling from its parent society and

professional associations that may have provided security and legitimacy.[500] The

very forces that created the IHVM, largely professional, but also social and political,

were the same forces that turned and left the Institute, allowing its imprint to fade

from professional and public views.

The pressures on medical schools were significant at this time, and as

organizations they needed to adapt to the institutional environment to continue to

succeed. Paul DiMaggio and Walter Powell categorize the nature of these types of

changes, or isomorphism, that organizations must undergo to continue their

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[498] Covered in Book Two, Chapter Five "The Coming of the Corporation" in (Starr 1982). The impact on medical education is covered in Ludmerer (1999) Chapter 17 "Medical Education in an Era of Cost Containment and Managed Care".
[499] (Starr 1982) Page 428.
[500] Meyer (1991) covers isomorphism with the environment as key to accruing legitimacy and resources, as required for the success of an organization on page 53. DiMaggio (1991) discusses the coercive and mimetic pressures on professions to conform with expectations of larger organizations on page 71.

legitimacy and survival in a changing institutional context. Normative isomorphism, commonly associated with professional institutions, refers to institutional changes that allow conformity with attitudes and expectations considered normative for the profession. A focus on science and technology in modern medical training could be considered acceptable, normative content without proof that it created better doctors. For the same reason, humanities lacked validity in modern medical education and practice. Medical schools during this time were also subject to coercive forms of isomorphism through budgetary pressures at the state and federal levels, funding streams that created more schools and larger medical science centers were dwindling. LCME requirements and state licensing legislation were also coercive. The lack of formal LCME or licensing requirements for human values content in the curriculum affected the legitimacy of such content as well as the budgetary decisions and financing of new humanistic curricular development and instruction within schools. Medical schools also function under mimetic processes or mimetic isomorphism, modeling its structures and curricula after other schools considered gold standards, even if that legitimacy is based on normative beliefs and processes. Institutions in these situations move toward homogenization as a means of displaying success, medical schools were moving in a different direction to match their larger environments, and the IHVM and its mission were no longer compatible with this environment. Based on Powell and DiMaggio's theories, medical schools experience high levels of isomorphism as they have a reliance on a single agency for support and legitimacy (LCME); have close connections with state and political fields that are ever changing; lack alternative model systems; are a profession; and

lack an understanding or certainty about goals.[501] Medical education continues to

struggle with how to produce a model physician.

The IHVM faced the same struggles as institutions supporting liberal arts and

humanities curricula more generally in higher education, a lack of recognized value

or legitimacy in modern society. While medical schools that requested resource

visits and hosted conferences no doubt saw value in the product, the institutional

environment did not adapt to support it, and isomorphic changes led medical

schools away from broad humanities curricula, not toward it. The product of the

IHVM, humanities instruction for medical students, likely suffered the same

struggles of legitimacy and value as humanities and liberal arts education more

generally. This topic will be covered in more detail in the following section on

Curriculum Development.

Even with its early closing, the IHVM did have a significant national impact

on medical education, bringing attention to key gaps in the humanistic training of

physicians in medical school and residency programs. It provided the resources and

tools for schools and health sciences centers to develop human values curricula, and

created a workforce of medical humanists to direct and teach in them. Ronald

McNeur in correspondences with the NEH and in his 1981 historical reflections to

the SHHV Executive Committee cited the importance of the contributions of the

IHVM (the Society through the work of the IHVM).[502] Cynthia (Frey) Wolloch of the

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[501] (DiMaggio 1991)

[502] McNeur spoke highly of the IHVM in an October 8, 1975 letter to Richard Ekman, Assistant Director, Education Programs, National Endowment for the Humanities, where he highlighted the significant national efforts and achievements of the IHVM and the popularity of its services nationally. "The Institute has become recognized in schools across the country as an important national agency working with competence and imagination for needed changes in both disciplines

NEH in her letter to Edmund Pellegrino also applauded the IHVM for its

contributions.[503] Pellegrino understood well how the system worked. In their final

report on the IHVM, Pellegrino & McElhinney reflected on the Institute's ten years of

promoting human values teaching in medical schools, and recognized that

successful programs had strong support from school leadership. Strong "programs

coupled strong leadership with the moral and political support of academic

colleagues." Funding was important for sustainability and there needed to be a

"strong external lever" such as an external funding source, or a strong internal

commitment of resources as well as "academic quality" to demand respect.[504]

While IHVM members preached the importance of the humanities in medical

education and provided the resources to engage humanities instruction, how this

information was received and used was not in their control. The acceptance of

ethics as the humanistic field most important to medical practice, and thereby

training, became increasingly widespread, and in 1985 was added to the list of

accreditation requirements by the LCME.[505] Thomas McElhinney of the IHVM

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and their interrelation." Again in a May 23, 1980 memo to Cynthia Frey, Program Officer, Division of Educational Programs, NEH, he thanks the NEH for their support, which allowed the Society through the Institute to achieve national recognition and accomplish so much. Located in the IHVM Archives, Presbyterian Historical Society, Philadelphia, Pennsylvania. Similarly, in a September 1981 SHHV Executive Committee meeting McNeur gives credit to the works of the IHVM for helping to establish the SHHV as the professional association of those working within the medical humanities. McNeur's historical review of the SHHV was found as an attachment to a November 19, 1981 memo to SHHV leaders: "Andy Hunt Ron Carson Larry Churchill Joe White". Located in IHVM Archives, SHHV 11:19:81 Exec Comm Notes, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Also see discussion in Chapter Four of this dissertation.
[503] Cynthia (Frey) Wolloch's correspondence to Edmund Pellegrino on NEH letterhead dated January 21, 1983 regarding the closure of NEH grant EH-1409-77 located in the IHVM Archives Folder 21 IHVM NEH Correspondence 75-83, UTMB Moody Library Blocker Collection.
[504] Sentiments from the final IHVM report (Pellegrino 1982) Quotes from page 27.
[505] Lakhan (2009) dates the addition of "ethical, behavioral, and socioeconomic subjects pertinent to medicine" to 1985 and cites the lack of uniformity in content, teaching or evaluation methodology as a significant problems in medical education.

expressed concern in 1975 that this was a possibility and considered with his

superiors an IHVM sponsored response.[506] A look at the development of twentieth

century global curricula in schools can shed light on the legitimacy difficulties of the

humanities in education as a whole. The organizational mechanisms by which

medical schools approach curriculum development can also help answer why

dramatic change is so difficult for medical schools to engage.

Theories and Realities of Curriculum Development

Undergraduate medical curriculum is to a great extent the same from school

to school. Ludmerer notes that medical students are taught much the same way as

they were a century ago.[507] Through the lens of organizational theory this

homogeneity in curriculum can be understood as resulting from environmental

influences that promote isomorphism. As described in the earlier section on

organizational structures, complex organizations begin to look increasingly like

each other due to isomorphic influences, and this homogeneity applies to

curriculum as well as administrative structures. Medical schools are influenced to

include certain curricular and evaluation elements through coercive mechanisms,

such as LCME accreditation recommendations, state licensure requirements, and

societal expectations. Credentialing bodies especially provide coercive force toward

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[506] November 25, 1975 memo from McElhinney to McNeur and Pellegrino suggesting that the IHVM respond on the importance of human values programs in medical schools to a presumed influential party ("Stanley Jones") because there was knowledge of new legislation that would put considerable support toward medical education either without a human values content or a narrow one that only included "bioethics in the restricted sense." The memo requests strategic input from the IHVM Board or Society. Found in IHVM archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[507] (Ludmerer 1999) Page 301. This is also stated in Bloom (1988).

homogeneity through recommended criteria and standards.[508] They are subject to

such rationalized criteria through the "structural power" afforded these

organizations, which compel medical schools to teach within the boundaries of

expectations for accreditation or legitimacy purposes.[509] Schools respond to these

'recommendations' by modeling their curricula on the basis of other schools deemed

to be successful (gold standards), i.e. mimetic isomorphism. Modeling after other

benchmark institutions creates the myth of legitimacy.[510] Theorists consider

mimetic isomorphism to occur most often when the mechanisms or goals of an

organization lack clarity.[511] Ludmerer notes that medical schools are in the

continuous "search for the ideal curriculum, not any momentary product."[512] While

the goal of medical education is quite clear, to create competent, knowledgeable,

and humanistic physicians; the methods of achieving that outcome continues to be

in question.

In addition to coercive and mimetic processes, medical schools are also

subject to normative isomorphism from both the profession and greater society.

Medical education is based on highly institutionalized formal training that carries

the myth of legitimacy, by social rules of licensure, accreditation and length of

education.[513] Normative expectations are often based on myths, unproven ideas

that are institutionalized and as such accepted. For medical education these can

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[508] (DiMaggio 1991) pages 67-77 under "Three Mechanisms of Institutional Isomorphic Change" and "Predictors of Isomorphic Change".
[509] (Brint 1991) Quote from page 347.
[510] (Meyer 1991) Under the section on "The Impact of Institutional Environments on Organizations", page 49.
[511] (DiMaggio 1991)
[512] (Ludmerer 1999) Quote from page 304.
[513] (Meyer 1991) Page 44.

include the myth that a physician is a good physician based on his or her

credentialing, schools and residency programs attended, and length of training.

These are professionally and socially accepted norms of a good doctor, but they do

not necessarily prove one to be a good doctor in an externally legitimated or

measured way. Similarly, the memorization of scientific content is a normative

expectation of all medical students, but analysis of literature, history, and

philosophy of medicine is not. These subjects, therefore, lack a normative, or

internal legitimacy, making universal acceptance across schools and the profession

much more difficult.   If both coercive and normative mechanisms do not legitimize

broad humanities content, then mimetic processes are unlikely to as well. [514]

Without these mechanisms of organizational change in play, the universal success of

humanities programs in medical schools is theoretically unlikely. The work of the

IHVM, training, reports and publications, and the many publications thereafter,

provide empirical evidence as well.

Studies of global mass curriculum development have shown that across the

latter half of the twentieth century higher education has been on the rise across all

developed countries with a focus on math, science, and societal concepts. Curricula

of developed countries showed homogeneity of content related to science,

democratic ideals and societal development.[515] A study of national mass curriculum

also showed common themes across curricula that included greater amounts of

instruction time allocated to math, science, and social studies in developed

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[514] (DiMaggio 1991) The theoretical constructs and uses of isomorphism are presented on pages 64-80.
[515] (Schofer 2005) Homogenization also found in Benavot (1991).

countries.[516] There has been a global trend away from the teaching of national

histories and geography and toward social studies, where civic duties, human rights

and cultural comparisons are emphasized. Like studies of the expansion of higher

education, there has been an emphasis on scientization.[517] Overall, much attention

has been given to understanding this universal phenomenon which does not have

clear empirical connections to functionalism, development, or economics.[518] An

explanation for this has been the legitimacy of education itself as an institution that

creates valued human capital for societies.[519] While math and science content is

emphasized in the mass curriculum suggesting its importance to society, the

humanities have been deemphasized over the same period, being seen as esoteric

and less functionally valuable.[520] The scientization of medical education, and loss of

humanities content follows this consistent and strong trend in higher education.

Medical education has not only become increasingly science oriented, it has

also been resistant to large-scale change. Christakis' 1995 examination of the

repetitive calls for reform in medical education between 1910 and 1993 showed

that medical education has been under frequent pressure for revision over the

course of the twentieth century. Christakis' analysis indicated that while medical

education has undergone continuous adaptation to include new knowledge and

methods of pedagogy, fundamental concerns related to professional identity and

professional self-regulation within a changing medical profession remain, leading to

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[516] (Benavot 1991)

[517] (Benavot 1991, Wong 1991)

[518] (Ramirez 2006)

[519] (Schofer 2005) The theory of education and the conveyance of knowledge as a legitimate institution with structural power was originally proposed by (Meyer 1977).

[520] (Freidson 2001) Page 193.

continuous calls for reform.[521] Interestingly, these are the very areas that the

humanities are considered to address. Konner noted in his personal reflection on

medical school that it is difficult and slow to change, changing at a "glacial pace".[522]

While acknowledging a constant state of "tinkering", the overall change to the

curriculum amounts to little more than the "rearranging of the deck chairs on the

Titanic."[523] Medical school and the profession have a deeply institutionalized

societal belief that it provides the highest level of care in the world with the best

science and technology behind it.[524]

Zucker's concept of "cultural persistence" can be used to understand this

resistance to change. Zucker looked at the degree of institutionalization as a

variable of "cultural persistence" or stability of societal ideas. Her findings indicated

that persistence of ideas is affected by institutionalization in the areas of

transmission of information, maintenance of knowledge, and resistance to change.

The higher the degree of institutionalization the more easily ideas were transmitted,

accepted, and maintained, and were also more resistant to change.[525] Medicine, a

strongly institutionalized profession, has readily accepted science and technology

into its practice and education over the past century. Cultural persistence would

indicate that scientific content could, therefore, be easily transmitted into the

curricula, maintained and would be highly resistant to change. It might also tell us

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[521] (Christakis 1995)
[522] (Konner 1987) Quote from page 370.
[523] (Konner 1987) Quote from page 370.
[524] (Konner 1987) In his final chapter "Conclusion: *Healing Artisans"*, primarily pages 368-374.
Ludmerer (1999) Chapter 15 "Academic Health Centers Under Stress: Internal Dilemmas" covers
the 1960s to 1990s and notes the resistance of medical education to change, the many reforms
attempted with no substantial change, pages 301-313.
[525] (Zucker 1991) Quote appears in the title, page 83.

that the humanities, less well established, or even rejected in modern medical curriculum, and less valued in modern society, would have difficulty in this integration. Medical education's strong resistence to change aligns with Zucker's theory and also explains the resistance to tampering with its heavily embedded scientific curriculum, which is supported globally as important to societal needs. The humanities lacks this same social, as well as institutional value. Konner and Ludmerer, physician-schlolars, both acknowledge the faith that society and the profession has in the science and technology of medicine, even while unhappy with its impersonal nature.[526]

The lack of acceptance and value given humanistic curricular content in medical schools can also be understood in the context of the organizational field in which medical education and practice exist. Medical Centers and hospital systems have increasingly corporatized since the 1980s,[527] and medical students are both in training and part of the clinical workforce in this complex business environment that produces modern healthcare. Ludmerer noted the increased complexity of medical schools after the 1970s due to their substantial growth and focus on research, funding and patient care – a significant revenue stream. He described patient care as dictating medical education and that medical schools had become understood and accepted in society as scientific, entrepreneurial, and commercial institutions. Ludmerer also noted that medical schools are not their own masters in

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[526] Konner (1987) In the "Conclusion: *Healing Artisans*", specifically pages 368-374. (Ludmerer 1999) addresses this topic more directly from the perspective of medical education – while it acknowledges the need to change to enhance humanism, it is difficult to do because it produces such superb products as it is. Discussed in Chapter 15 "Academic Health Centers Under Stress: Internal Dilemmas", specifically page 312.

[527] Starr (1982) This is the content of Book Two, Chapter Five "The Coming of the Corporation".

regard to curriculum. He pointed to the National Board of Medical Examiners

(NBME), which manages and creates licensing exams, as the institution really in

charge of the curriculum. [528] Light points out the dichotomy of medical education, in

which medical schools only control a part of the training process, with internship

and residency years being controlled and managed completely outside of the school

system.[529]

The structural power and influence of medically related corporations in the

organizational field or environment of medical schools is significant. Brint and

Karabel describe this kind of power as deriving from their "position in the American

social structure", which influences the behavior of other organizations in the field,

including schools of higher education, even without any direct action. Brint and

Karabel's analysis of the growth of community colleges cites a de-emphasis of the

liberal arts by a dismayed, isolated, disorganized faculty that allowed a shift away

from liberal arts toward a common curriculum as part of the growth and

transformation of these organizations of higher education across the twentieth

century toward more vocationally driven institutions. This work emphasizes by real

example the influence of organizations within an institutional field on growth and

transformation. The organizations impacting the growth of community colleges

included corporations and businesses where students could be employed, other

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[528] Ludmerer (1999) covered in Chapter 16 "Internal Malaise", specifically pages 331-340. Ludmerer describes the growth of large, complex business organizations that continue to be managed on a small scale, leading to a lack of coherence and miscommunication. On page 306-307 he states the major influence of the NBME and the content of licensing exams on medical school curricula.
[529] (Light 1988)

higher education institutions, and professional associations.[530] Medical schools

have similar organizational fields with institutions that are equally uninterested in

the humanities.

Bloom's study of medical education's twentieth century curricular reforms

and resistance to change led to the conclusion that it was the influence of the strong

institutions within its organizational field that led to such resistance. Bloom stated

that the major issue with curricular change in medical schools was an inconsistency

between the mission and goals of all the institutions in the field. While medical

schools claimed to be institutions with a mission to educate and train humanistic

physicians preparing to address the healthcare needs of society, this was a "screen"

behind which was the larger institutional field driven by clinical care and

research.[531] While well intentioned, the leadership and faculty were both

incentivized and conflicted away from the educational mission in order to deal with

time pressures related to the other duties of the larger enterprises: bureaucracy of

patient care, research, pressure to publish, and obtain grants. Specialization in

medicine was also adding to the complexity, leading to increased alliances with

technology producing corporations, adding institutional elements and pressures to

the overall field. Bloom referred to this situation as "dominance of structure over

ideology".[532] Medical schools were constantly attempting to fix their educational

issues with curricular reform without addressing the structural issues impacting its

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[530] Brint (1991) discusses structures of power under the section on "Structures of Power and Constraint" pages 346-348. The de-emphasis on liberal arts education, where the affects of a dismayed faculty based on poor student preparation is discussed on page 354.
[531] (Bloom 1988) Page 295
[532] (Bloom 1988) Quote from page 301.

educational mission. Bloom noted that much of the curricular reform in medical schools were related to educational ideologies, reflecting the value of scientific knowledge, pedagogical or clinical methods, without an appreciation for the importance and impact of the social structure or environment in which training was taking place.[533]

The art of teaching itself was also devalued in these complex organizations as they became increasingly more corporate, for profit, business structures, focused on research and patient care. It was noted that students learned and became good doctors not because their lectures and academic involvements were well designed, taught and experienced, but because they were motivated and intelligent learners.[534] IHVM was not only focused on developing good teaching programs, an area undervalued in the organizational field of medical education, but the content of their curriculum reform was also not institutionally accepted.

The mission of the Institute on Human Values in Medicine could be considered one of the many attempts at curricular reform that have occurred in medical education across the twentieth century. It's goal to promote the integration of teaching programs in humanities and human valued in medical schools as a way to address the dehumanization of medical education was an attempt at a addressing a professional problem in a curricular way. As described here medical schools live

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[533] (Bloom 1988) Bloom also notes that studies indicate that values systems change more easily than social structure on page 297. Ludmerer (1999) also discusses the influence of patient care and the research enterprise on medical schools and the education process in Chapters 15 and 16. Like Bloom, he describes it as a loss of the educational focus of medical schools.

[534] The low prioritization and lack of attention given to teaching, and often poor quality of it, are covered in Colombotos (1988), (Bloom 1988, Ludmerer 1999). Ludmerer discusses the low priority on teaching in medical school in Chapter 15, and that medical students are successful because of their own motivations and abilities, pages 312-313.

within the complexities and influences of large higher education and healthcare institutional bureaucracies. While curricular reform repeatedly occurs, the systems and institutional structures of the healthcare institutions in which these schools exist are formidable and resistant to change, particularly change that is outside of its valued elements – science, technology, and clinical practice. In particular, the integration of humanities content that would compete in curricular space and time with highly valued components of the curriculum (scientific and clinical) would be especially difficult and challenging. Through its many efforts, the Institute on Human Values in Medicine was credited with bringing human values in medicine to the attention of those in charge of medical education. Soon after the closure of the IHVM, the Liaison Committee on Medical Education (LCME) added ethics, a narrow field of philosophy related to decision-making, as an element for accreditation to the medical curricula. This decision implies that a foundation in ethics and ethical decision-making is not only important to the training of medical students, but also deemed valuable and of use to the larger complex of institutions that comprise the organizational field of medical education. Understanding why ethics became the sole humanities of choice for the "medical-industrial complex" may provide insight into what curricular elements are able to infiltrate the system.[535]

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[535] Adopting a term from (Engelhardt 1988). Quote from title page 1086.

Ethics Engaged

The Institute on Human Values in Medicine was unable to garner a national

interest within the medical education organization for medical humanities broadly

defined (literature, history, religion, etc.) as it had envisioned. Yet, it succeeded in

bringing attention to human values teaching and perhaps setting the stage for the

integration of a narrow disciplinary area of Philosophy, ethics. By 1985 applied

medical ethics had been added as a required curricular element for accreditation.[536]

What is it that makes ethics acceptable, while other humanities disciplines are not?

A look at what ethics and bioethics are, and how they fit into the cultural value

system of the larger corporate and scientific complex can provide insight into what

curricular elements are easily transmitted into the system and what are resisted.

Ethics is a narrow field of Philosophy, which analyzes morality, right versus

wrong actions, using the tools and methods of its larger discipline, Philosophy.

There are three main branches: normative ethics, metaethics, and applied ethics.

Normative ethics is the search and justification of moral norms in society, and

metaethics is the study of moral beliefs and justifications. Applied ethics is the use

of moral norms and justifications to address moral issues. Bioethics is a form of

applied ethics that specifically considers issues within medicine, healthcare, medical

technology and the biomedical sciences.[537] Medical schools now primarily

incorporate the foundations of the limited field of bioethics as part of the standard

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[536] (Lakhan 2009)

[537] (Vaughn 2013) Pages 3-13.

curriculum. It is taught in a very functionalist way without the depth of theoretical rationale.[538]

The two plausible explanations of the ready acceptance of ethics into the biomedical enterprise are both historical and cultural. Historically, applied medical ethics in America has a history and connection based in the sciences. Some medical historians discuss the articulation of acceptable standards of conduct based on the needs of clinical and laboratory sciences in the early twentieth century.[539] In the 1960s it was physicians and scientists who sought out philosophers in the 1960s to help them address moral dilemmas created by new scientific breakthroughs and technology. The first meetings held to discuss these moral issues as described by Jonson were led by some of the most recognized scientists in the world. These scientists met "to discuss what their consciences told them were great issues."[540] Elite members of the biomedical institution, these scientists and physicians were inviting humanists to assist in creating guidelines for future scientific progress, seeing this as an essential need to address "a future of what nature?"[541] The conferences of the 1960s called upon the philosophers who had the tools of a secular moral reasoning to assist in considering the dilemmas created by modern medicine, technologies, and research for which scientific methods lacked the skills. As members of this respected international community continued to meet, drawing

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[538] (Coulehan 2003)

[539] Fox (1979) noted that Richard Cabot, a physician and professor of social ethics at Harvard University at the turn of the twentieth century presented rules of accepted behaviors "grounded in the natural sciences". Quote from page 93.

[540] Jonson (1998) described on page 13 the September 8-10, 1960 meeting held at Dartmouth College chaired by René Dubos, Professor of Microbiology at Rockefeller Institute. Conference was entitled "Great Issues of Conscience in Modern Medicine".

[541] A phrase used by Dr. S. Marsh Tenney, Dean of Dartmouth Medical School in his opening remarks of the September 1960 conference as reported in Jonson, page 13.

in more philosophically minded humanists, the field of bioethics was born within

the womb of medicine and science. Some even claim that medicine gave new life to

the quiescent field of ethics, bringing it out of theoretical academic obscurity and

providing it a practical purpose.[542] Thus, the powerful drivers within the medical

education institutional complex, scientific research and patient care, were not only

in want and acknowledgement of the usefulness of ethics, they were, in fact, the

creators of their own field of applied ethics, bioethics.[543] Applied medical ethics was

a cultural 'insider' within the biomedical enterprise from the beginning, thus, easily

transmitted, acknowledged and accepted into the medical curriculum.[544]

The second advantage of ethics was a shared system of analysis, language,

and culture with science and medicine. Ethical reasoning uses a similar

reductionistic approach to problem solving as does the sciences.[545] It takes ideas,

concepts and circumstances apart in order to assess meaning and judgment. While

much of the early discourse around medicine, medical education, and morality

included theologians and religious ideologies, a non-religious ethics fit into an

already secularized scientific field, a growing corporate culture, and an increasingly

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[542] (Toulmin 1982)

[543] Reich (1993) described the first use of the term 'bioethics' in two separate locations: University of Wisconsin, Madison by Van Rensselaer Potter and Georgetown University by André Hellegers. Hellegers used the term most prominently to apply it to the use of ethical reasoning in medicine and the biological sciences, and used the term in the founding name of the Kennedy Institute at Georgetown University in 1971.

[544] Stevens (2000) stated that bioethics gained legitimacy within medicine and the biomedical enterprise by presenting few challenges to its existing social structure (page x in Preface and the Prologue).

[545] (Hafferty 1994) Fox (1979) described medical ethics as being grounded in accepted practices for the effectiveness of laboratory work.

diverse society that respected science and facts over perceived subjectivity.[546]

Ethics also shared a similar analytical system with clinical medicine. Easy parallels

could be drawn between clinical reasoning and Aristotelian practical reasoning.[547]

Both scientists and physicians understood the analytical, algorithmic logic of ethics

and the type of guidance it provided.[548] Ethics fit into the biomedical scientific

culture of the greater organization and its components, and the applied field of

bioethics was developed by it. Callahan stated, "By the end of the 1970s there had

been a great growth in credibility for bioethics." As a field it began to contribute in

ways that both matched the culture and systems of the biomedical enterprise and

were perceived as valuable to the institutions of the system. Contributions given in

a "fully secular way."[549]

The incorporation of the narrow version of bioethics taught in medical school

did not provide what the leaders of the IHVM were attempting to achieve with the

use of the multiple medical humanities disciplines. The IHVM believed instruction

with humanities content in medical school would develop the critical thinking,

analytical and reflective skills in students that were important to the practice of

modern medicine. Applied medical ethics as it is taught in most medical schools

provides guidelines for reasoning in cases faced in medicine. It is not standardized

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[546] (Callahan 1990, 1993) This also fits with concepts covered early by Konner and Ludmerer – people don't like the coldness of modern medicine, but they want science and technology, which they respect.

[547] (Toulmin 1982)

[548] June 30, 2016 Interview with Peter C. Williams, Ph.D., J.D., Professor of Philosophy and a member of the humanities faculty in the clinical Department of Preventive Medicine at the State University of New York at Stony Brook. Williams had been a humanities faculty member in the Health Sciences Center following its founding and remained there through his retirement. Williams stated that of all the humanistic disciplines analytical philosophy shared a similar intellectual style with medicine and science. Like science the reasoning dissected problems down to the particulars and then back to generalities.

[549] (Callahan 1993) Quotes from Page S8.

in pedagogical method or content, and does not necessarily promote the critical

thinking and reflection skills of the other humanities disciplines. Students are

generally taught to use ethical principles (autonomy, beneficence, utility, and

justice) without a significant understanding of the theoretical reasoning that

underlies the principles. Principlism focuses on the use of the principles to guide

one toward right versus wrong action. Medical students are often taught a hybrid

approach with guiding principles in case-based methods, which may involve other

ethics approaches such as casuistry, virtue theory, or narrative ethics. Often the

main focus is the limited use of ethical principles to resolve conflicts, not necessarily

as a valuable way of reasoning. Students familiar with the reductionism of science,

utilize core ethical principles in much the same way.[550]

There is little evidence that ethics as it is taught in medical schools is

effective in improving professional behavior. Methods and content varies widely

between schools, leading to inconsistent exposure and standards.[551] Modeling of

behavior through the "Hidden Curriculum" is considered to be an essential element

of the professionalization and ethical training of medical students, yet it is not

emphasized. Hafferty and Franks consider the modeling of behavior in the

curriculum as currently a marginalized element, and point out the critical

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[550] Coulehan (2003) discusses the ethical content of what medical students are taught and the short-comings. See Vaughn (2013) for a description of ethical principles in bioethics, pages 8-13. See (Lakhan 2009) For discussion of the need for standardization.

[551] (Swick 1999, Lakhan 2009) Also, data indicating the failure to increase the ethical behavior of medical students with a new cultural competency based ethics training program was presented in a panel forum during the 2010 Association of American Medical Colleges (AAMC) *Group on Graduate Research, Education and Training (GREAT) Annual Meeting*, October 21-23, 2010. Michael D. Mumford, then George Lynn Cross Distinguished Research Professor of Psychology, University of Oklahoma presented this data as part of a panel presentation entitled "Models of RCRS (Responsible Conduct of Research Scholarship) Training" at the Astor Crowne Plaza Hotel, New Orleans, Louisiana on October 23, 2010. (Mumford 2010)

importance of the "cultural milieu" in which students train that must model and support moral development. They recommend a restructuring of medical education that allows involves administration as well as curricular elements that allow the modeling of ethical principles and moral behavior throughout, including the workplace, thus embedding principles learned in the classroom into behaviors in practice.[552] Academics are also highly critical of medical ethics as it is taught, Cooter critiques many of the portrayals of modern medical ethics as generally lacking in historical, social and cultural context, serving only to validate itself, adding nothing toward critical thinking and analysis.[553]

In lieu of humanities courses, medical schools incorporate humanistic elements in the form of rituals that symbolize and are believed to convey the professional identity and humanism of the medical profession. Instead of formal humanities disciplinary instruction, there are rituals that symbolize professionalism, such as white coat ceremonies, reflective services honoring the corpses for dissection, and recitation of the Hippocratic oath at graduation. It is acknowledged that myths play an important role in the social development of medical students and are embedded in the sociopolitical fabric of the educational institution.[554] Meyer and Rowan discuss the use of rituals and symbolic elements in the curriculum that can mimic other elements.[555] In using symbolic elements

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[552] (Hafferty 1994) Quotes can be found on the title page 861. The term "Hidden Curriculum" is used throughout the paper, including the title. Swick (2007) also discussed the need for modeling of professional humanistic behavior in medical practice beyond the academic arena to foster humanism and professional behavior.

[553] (Cooter 1995, 2010)

[554] (Martimianakis 2020, Brown 2020)

[555] Meyer (1991) discussed loose coupling as a way to allow for adaptations of rules and processes, and institutionalized rituals to substitute for other content.

medical educators through loose coupling trade the time, structure and effort involved in the development of formal studies and teaching programs for institutionally accepted rituals that carry the a myth of humanism. This serves the purpose of the larger institutional complex that does not value humanities or formal teaching.

The Medical Profession – A Theoretical Construct

Freidson in 1970 defined a profession as a specialized occupation requiring a specific set of abstract knowledge and skills with a unique and specialized training that is not easily accessible by those outside of the profession. Training is standardized so that all in the profession have a recognizable and equivalent set of skills. There is recognition by a higher authority, usually in the form of legal licensure that offers legitimation, power and limitations on who and what can be practiced; also the freedom to shape one's own practices within the acceptable standards of the professional organization. Professions have an unwritten social covenant with society, a service orientation and altruism associated with the provision of the profession's service. Members of the profession are autonomous with an expectation of self-regulation, having a code of ethics that are agreed upon and accepted by all practitioners within the profession, thereby supporting self-regulation.[556] Freidson considered medicine an example of a model profession, and its definition is important in validating the work of the Society and Institute, which attempted to preserve the social and altruistic elements of the profession. By

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[556] Found in (Freidson 1970), Eliot Freidson's seminal text on the profession of medicine, page 77.

incorporating humanistic curricular content it was hoped that medical students

would have the training to better understand their patients as holistic persons,

understand their professional role in society, and best utilize their skills to

altruistically serve others.

IHVM's mission was to examine the curriculum of the medical profession and

to promote the inclusion of a vital element, humanistic training. Freidson

maintained that a profession must include specialty training subject to oversight by

an outside agency, government, or accrediting board, to verify and validate its

standards and who can perform its service. The founders and leadership of the

IHVM included members of the well connected to professional associations,

oversight, and accrediting boards; professionals well equipped to evaluate the needs

of medical education. Edmund Pellegrino, a founding member of the SHHV, Director

of the Society's Institute, and chairman of the Institute's Board was a nationally

recognized medical education administrative leader. At the establishment of the

IHVM he was the founding dean of a new medical school and health sciences campus

associated with the State University of New York at Stony Brook. Prior to that

Pellegrino was a leader in medical training at the University of Kentucky. Pellegrino

was active nationally as a member and participant in key organizations overseeing

medical education, such as the Association of American Medical Colleges (AAMC),

and he was the founding editor of the *Journal of Medicine and Philosophy*.[557] Other

Board members of the IHVM were also influential leaders at a national level, deans

[557] From "Edmund D. Pellegrino, M.D., M.A.C.P. Curriculum Vitae" updated just prior to his death in 2013. Received from the Pellegrino archives held in the Bioethics Research Library of the Kennedy Institute of Ethics, Georgetown University, Washington D.C..

of medical schools and chairs of medical departments from institutions across the

U.S. These included: Sherman M. Mellinkoff, M.D., Dean of the School of Medicine,

University of California, Los Angeles; E. A. Vastyan, B.D., Chairman of the

Department of Medical Humanities, The Pennsylvania State University , Hershey

College of Medicine; C. H. William Ruhe, M.D., Director of the Division of Medical

Education for the American Medical Association (AMA); F. C. Redlich, M.D., Associate

Provost and Dean of Yale School of Medicine, New Haven, Connecticut; and Joseph

M. White, M.D. President, University of Health Sciences, The Chicago Medical

School.[558] The Society for Health and Human Values targeted meeting alongside the

AAMC's regular meetings, and IHVM board members were given tasks associated

with their connections and allegiances to these associations and institutions that

were deemed important to the success of the mission of the SHHV and its

Institute.[559] Thus, the SHHV and its action Institute were organized and operated by

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[558] This selection, except for Joseph White, were members of the Advisory Committee, Consultants and Council members listed in the *Institute on Human Values in Medicine Proceedings of the First Session*, April 12-14, 1971 (1971). The Board members of the IHVM were drawn from these lists and remained quite consistent through the years of IHVM's activity. Joseph M. White was an addition to the Board around 1975. He appears in IHVM Report #8 of the Fellows from 1975-1976 as Provost for Health Affairs at University of Missouri-Columbia. He was an active IHVM participant, as were all Board members, and President of SHHV 1979-80. By the August 1980 IHVM Narrative Report to the NEH he is President of The Health Sciences of The Chicago Medical School. Like White, many of the IHVM Board and Advisory members were rising leaders in their career paths.

[559] Memos in the archives state the meeting of the SHHV and IHVM alongside AAMC meetings, which include a Sept. 14, 1976 memo indicating the summation of a meeting with the following professional organizations: AAMC, AMA, Association of Academic Health Centers, and SHHV. The Medical Society of the State of New York, 170th Annual meeting included Pellegrino and Thomasma (IHVM Fellow) as speakers in a conference on Humanism & Medical Ethics in Medicine. Found in the IHVM Archives Box 6 Folder 15 IHVM Pellegrino Corresp 74-77 of the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Those associated with the IHVM leadership also used their affiliations to promote the goals of the IHVM and SHHV. As a clear example, the October 30-November 1, 1969 Executive Committee meeting of the new Society for Health and Human Values included the following action items: George A. Wolf of University of Vermont and Pellegrino were to work with the AAMC to obtain space and reporting time at the upcoming meeting. 'Bill' Ruhe, an AMA staff member was to use his connections secure space at the

strong leaders who were highly influential, dedicated and qualified figures in medical schools, national associations and professional organizations that actively used their connections to communicate their objectives to reformulate the standardized training of doctors to balance scientific education with humanistic content and objectives.

The Society grew out of concerns that the physician-patient relationship was being diminished and endangered as medicine rapidly grew into an increasingly scientific and technological practice that did not adequately respect and serve the patient or its responsibility to society. Autonomy and self-regulation over a unique, complex set of skills for society, another element of Freidson's definition, was central to the mission of the Society and Institute. As discussed in Chapter Three, chaplains and humanist physicians were the concerned leaders who led efforts that became formal organizations, like SHHV, to reintegrate humanism into the thinking of medical leaders, and save medicine from becoming a technological practice. New societal concerns over the paternalistic practices of medicine fed the need to consider morals and human values in medicine. Meetings, conferences and papers ensued to expose bad practices amongst physicians and explore controls.[560] The education of new physicians, like medicine, became increasingly scientific, and educators like Pellegrino did not believe premedical education was adequate to provide the critical thinking and analytical skills physicians needed to confront modern medical problems posed by the use of new technologies. Pellegrino and his

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upcoming AMA Congress. Document held in the IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania.

[560] The history of professional behavior concerns and efforts to address them can be found in Chapters One and Three of this dissertation.

colleagues developed the IHVM to address these issues in the professional education

of new physicians.[561] The IHVM's mission was an effort to preserve important

elements of the profession: comprehensive training to serve patients,

understanding of a physician's social contract with society, and the preservation and

management of a code of patient and professional ethics.

Concluding Thoughts

The model of professional curricular change proposed in the introductory

chapter of this dissertation was based on the elements of Eliot Freidson's definition

of a profession, the medical profession being considered an exemplar. The model

included the influencing elements incorporated in Freidson's definition, and thereby

accounted for the most relevant influences on the profession and training. While

simplistic, the model visually functions to display the multifactorial influences that

affect medical education, and the variety of organizations and cultures influencing

the environmental field – scientific, corporate, political and human clinical care. As

an open system the boundaries of these organizations within the institutional field

are in constant contact and flow of communication, influencing decisions at the

highest level of the hierarchy. The IHVM hoped to humanize medical care by

influencing a singular component of one institution within the field, the academic

curriculum in medical schools. The IHVM's dedicated Board, staff and advisors were

well equipped to advise and advocate for changes at this level. All were leaders

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[561] Stated in (Pellegrino 1971). Pellegrino often conveyed his concern that colleges had lost their
mission in providing true liberal arts education and that the premedical curriculum was inadequate
to prepare doctors for the complex dilemmas they were to face in modern medicine.

deeply connected and immersed in medical education administration, the relevant

professional organizations, and culture of the institutional field. They were

legitimate, well established leaders for the task of evaluating medical school

standards and forwarding the use of humanities content. Their legitimacy and that

of their mission was proven by consecutive awards of federal and individual

institutional grants to perform a variety of far reaching activities that conceptually

should have had significant impact on health professional education. Nonetheless,

the larger institution was resistant to such changes that did not match the culture of

the overall system, and legitimizing support from external partners was not

garnered. While the number of medical schools with human values programs grew

by a factor of over eight during the lifetime of the IHVM's activities, the nature of

those programs were formed and driven by individual school leadership, varied

dramatically by school, and were not regulated by any legitimizing authority. [562]

Eventually the narrow humanities field of applied medical ethics was integrated

formally into the accredited national medical curriculum, albeit in an

unstandardized way that has questionably effectiveness.[563]

Freidson argues that professions must be adaptable in order to maintain

their service to society.[564] Yet, modern medicine as a profession exists within a

complex institutional framework that is resistant to change, especially change that

challenges its culture and structures rooted in science, technology, corporate

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[562] Chapter Four of this dissertation describes the growth of human values teaching programs over the decade. Publications explaining programs are published as IHVM Reports: (McElhinney 1976, Pellegrino 1974, McElhinney 1981, 1972)

[563] (Lakhan 2009, Swick 1999)

[564] Freidson (1994) Chapter 1 The Theory of Professions, page 22, stated that professions must maintain flexibility in order to adjust to the influences of societal change.

alliances, and economics. Medicine's alliance and existence within corporate culture

indeed risks endangering its professionalism and professional identity, ideologies

that the SHHV and IHVM were trying to maintain, nurture, and enrich with

humanism. Freidson states that medicine as a profession is in crisis and

"Professionalism is most in need of defense".[565] The corporate culture of the modern

medical enterprise is at odds with the needs of the profession and its service. The

corporate environment functions as a bureaucracy, which rewards efficiency and

productivity, and does not well tolerate individualism and discretionary decision-

making. Yet, good patient care relies on individual discernment, judgment,

collegiality and trust building, as does the professional formation for medical

students and resident trainees. Freidson recommends support for a professional

management model in medicine where discretion, individual judgment, trust and

collegiality are rewarded outcomes. He describes the current system as a hybrid of

a bureaucratic organization, where professional allowances are made. Freidson

warns that this is a tenuous system that is not functional long-term as the systems

support opposing goals. Freidson fears the loss of professionalism as bureaucracy

takes over, negatively impacting both education and patient care. He looks to policy

formation across institutions to keep professionalism at the center of healthcare.[566]

The difficulties of the profession and professional education as it exists in

large corporate health care centers have discussed and recommendations made. As

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[565] (Freidson 1994) Quote from page 184.
[566] (Freidson 1994) Covered in Chapter 11 "The Centrality of Professionalism to Health Care", specifically pages 187-194. Freidson describes bureaucratic market models as relying on standardization for efficiency, while professional models which rely on individualism and collegiality to make good judgments.

early as 1969, before the Institute's work, it was recognized that to effectively

promote human values content in undergraduate medical education a changed

environment was required, including focused faculty education.[567] Later in the

century, Hafferty and Franks review the challenges of training medical students in

the environment of modern healthcare, which they state is "structurally ambiguous"

and "characterized by the existence of double-messages." They acknowledge the

inadequacy of current ethics training and call for "transformation and reorientation

of a professional culture" emphasizing the role that every day practice both at the

"bedside" and in "the corridor" plays in medical student professional training.[568]

They call for massive educational, administrative and structural change to address a

training environment that as it stands does not support the formation of virtuous

practitioners. The authors, one a medical school dean, acknowledge the problems

with the current model of ethics training in most schools that it is isolated from real

events and marginalized within the curriculum, and as a result devalued. Most

current ethics curricula also does not give attention to ethics at an organizational

level, and faculty are not consistently aware of the perceptions of students or their

important role in the 'hidden curriculum'.[569] The changes that Hafferty and Franks

recommend involve large scale restructuring of the curriculum and the environment

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[567] (Rosinski 2015) Rosinski's 1969 *Journal of the American Medical Association* article was published as Chapter Seven of Dolan's text. It expresses the hope and need for revising medical education to balance science, social, and human values content, and that this will require a change in the environment. Rosinski acknowledges that the faculty is at the heart of human values education, which he sees as part of the exposure students receive from senior faculty. Chapter Eight of this text is a response composed by Edmund Pellegrino published in the same 1969 edition of *JAMA.* Like Rosinksi he acknowledges the failure of faculty to expose and thereby adequately train students in human interactions and values.

[568] (Hafferty 1994) Quotes are from page 869.

[569] Freidson discussed and defined "Institutional Ethics" as the ethics of how organizations "deal with the economic, political, social, and ideological circumstances which *create* many of the moral problems of work." in (Freidson 2001) Page 216.

that include a re-envisioning of the ethics curriculum to extend across all years and

include real-time instruction by faculty on ethical issues between the physician and

patient as well as with the organization; and instruction for all faculty,

administrative staff, and other professionals in contact with students to sensitize

them to the perceptions students may have of their everyday actions and comments.

This type of change requires a "from the top down" approach and collaboration of

legitimizing organizations including powerful philanthropies and government

agencies interested in education, ethics, and medical training. They emphasize the

need to breakdown the distinction between the "art" and "science" in medicine, and

place the emphasis on medicine as a profession encompassing both genres.[570] The

authors reflect back to the actions that led to changes in medical education in the

early twentieth century. Like Freidson, they see a need to change the "broader

cultural milieu" and move toward one that supports professionalism in all areas of

training and at all times.[571] Freidson emphasizes the importance of organizational

policies to support this kind of cultural change in the workplace, which would

nurture and foster both professional behaviors for better patient care, as well as

improve the environment for training.[572]

At the turn of the twentieth century belief systems promoting an elite

profession of medicine were powerful. The American Medical Association (AMA)

and the American Association of Medical Colleges (AAMC) had gained power and

prestige as elite professional societies. At the height of the progressive movement,

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[570] (Hafferty 1994) Quotes from page 869.
[571] (Hafferty 1994) This term is used in the abstract on page 861.
[572] (Freidson 1994) Section on "Saving Professionalism From Itself", page 196-198.

popular belief in education was high, and scientific breakthroughs created a

widespread trust in medicine's merits. State-based licensing requirements for

physicians were being developed, and the AAMC was creating training standards.

These social, professional and legitimacy movements laid the groundwork and

created the great momentum for change following Abraham Flexner's 1910

Report.[573] The change that was able to occur in medical education following

Flexner's report fit the model of curricular change proposed in this dissertation. All

social and institutional elements were in place to modify medical education toward

a more academic, institutionalized and clinically sound educational system. By the

1970s medical education had become part of a complex, hierarchical, open

organizational systems with many influencing internal and external factors,

including corporate private and public business partners (insurance and payment

systems) and labor market systems. External forces include not only society and

professional beliefs, licensing and accreditation boards, as in 1910, but also a host of

other institutions and affiliated business entities that provide essential support to

large medical centers in financial, technical, and institutional ways. Movements to

establish a place for humanities instruction in medical school curricula, outside of

the narrow content of clinical ethics training, have consistently lacked broad

professional appeal, failed to be integrated as a part of accreditation or licensing

requirements, and increasingly lacked value in the corporatized workplace of

modern medicine and with the public at large. The model both predicts the success

of the early twentieth century movement to change medical education, and the

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[573] (Starr 1982, Ludmerer 1985, Flexner 1910) Starr covers the history of the growth of medicine as a profession, and Ludmerer the birth and evolution of medical education in the twentieth century.

failure of the late century movement for greater humanities content. Integration of

additional humanities content, like the reformulation proposed by Rosinski in 1969

and later by Hafferty and Franks, would require a dramatic change in organizational

structure and culture, an organizational appreciation of the profession's role, and a

management system that best serves professional practice and training, not the

reverse.[574]

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[574] (Freidson 1994, 2001) Both texts promote changes in organizational policy that place
professional management (the Third Logic) as the management system of choice for healthcare
organization as it best serves the professions and its role in society. A professional management
system is distinctly different than rational-legal and bureaucratic organizational systems. Also
reference to (Rosinski 2015, Hafferty 1994).

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Chapter Six: The Future of Humanities in Medical Education

The Society for Health and Human Values and its Institute of Human Values

of Medicine made many far reaching attempts through multiple organized activities

to address the dehumanization of medical education, and by proxy the practice of

medicine. They organized information distributing activities by forming

conferences and providing tailored resources on human values teaching and

curriculum development in schools whose leadership saw value in forming

humanistic teaching programs in their medical and health professional schools.

After ten years of extraordinary activity, it lost its institutional support and funding

and closed its activities, with the acknowledgement that the work was left

incomplete.[575] Applied medical ethics training was added to the national

recommendations for accreditation several years after the close of IHVM's work,

although no direct connection was found between IHVM's work and the Liaison

Committee for Medical Education's decision (LCME), but its influence was likely.

The teaching of medical ethics in a scripted narrow manner was in fact counter to

the recommendations of the IHVM, and evaluations have not shown it to be effective

in motivating good behavior and attitude.[576] Faculty leaders have continued to

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[575] "Minutes of the Executive Committee of the Board of the Insitute on Human Values in Medicine Meeting in Dallas". Located in the IHVM Archives Folder 10 IHVM Minutes Executive Committee January 23, 1983, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

[576] November 25, 1975 memo from McElhinney to McNeur and Pellegrino suggests that the IHVM create a memo on the importance of broad human values curricula in medical schools as opposed to a narrow version of bioethics. McElhinney indicated that there was knowledge of new legislation that would put considerable support toward medical education without a human values component or a narrow one that only included "bioethics in the restricted sense." The memo requests strategic input from the IHVM Board or SHHV. Found in the IHVM archives Box 6 Folder 15 Pellegrino Correspondence 74-77, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas. Without a standard curriculum shared by all schools variability

emphasize the importance of faculty and other health professionals and staff in

modeling moral behaviors and actions in the care of patients (hidden curriculum),

and that changes in the administration and organizational culture of health care are

key to emphasizing ethical behaviors and attitudes.[577] As in the past century calls for

the reform of medical school curricula have come at regular intervals.[578] Critiques

and analysis of these reforms conclude that they result in only minor adjustments to

the curriculum and do not change the nagging, underlying problems of medical

education – professional identity, environment, structure, and culture – elements

that are highly resistant to change.[579] Medicine's technological and organizational

complexity at the end of the twentieth and into the twenty-first century has only

increased, and the need for effective moral professionalism, human values and

multi-cultural communication skills continues to be felt and called for.[580]

The experiences and challenges of the IHVM in expanding humanities and

human values teaching in medical schools and the creation of an accredited national

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exists. Reviews of syllabi across schools has shown great variability and gaps. (DuBois 2002, Lehmann 2004) Also data presented at the Association of American Medical Colleges (AAMC) *Group on Graduate Research, Education and Training (GREAT) Annual Meeting*, October 21-23, 2010, showed a lack of effectiveness in medical studetns. Evaluation data from pre-doctoral, post-doctoral and medical students receiving cross-cultural ethics training showed the only group that did worse in post-training assessments were the medical students. (Mumford 2010) Personal discussions with a clinical year medical student in 2010 corroborated this data and suggested that culture and environment of clinical training did not promote ethical, moral behavior.

[577] (Hafferty 1994, Rosinski 2015)

[578] The most recent call for reform that will be covered in this chapter was in 2010, the centenary of the Flexner Report, stating that the structure of undergraduate medical curriculum has changed very little in the past one hundred years. (Irby 2010)

[579] There have been a number of these analyses, the ones used here are Bloom (1988), (Christakis 1995). Chapter Five of this dissertation discusses the resistance of strongly institutionalized organizations to change.

[580] Irby (2010) described the recent 2010 calls for reform which included the need for doctors to understand a diverse, global population of patients. Chapter one by Dolan "One Hundred Years of Medical Humanities: A Thematic Overview" describes efforts through 2011 to use medical humanities in medical education. The text includes original writings from almost every decade of the twentieth century through the early 2000s. (Dolan 2015)

curriculum remain. The dehumanization of medical education and practice that drove the Society and Institute into action continue. Medicine has continued on a trajectory that is ever more technological, scientific, and bureaucratic with greater corporate and financial complexity. Medical education, which is both undergraduate and graduate medical training (residency), has continued to become more fractured, lengthy and complex with increasing numbers of specialties and subspecialties as biomedical scientific knowledge and technology has progressed. Evaluation of humanities curricula remains sparse, particularly in ways that translate easily in a quantitative, fact-driven environment.[581] A few schools have succeeded with humanities and social science curricula in novel ways, one in particular, the Penn State College of Medicine in Hershey, Pennsylvania, utilizes curricular content and structures that speak to corporate, professional, and patient needs. They do so by emphasizing concepts in terms that are acceptable to the scientific corporate culture.[582] New movements and organizations have attempted to bring attention and tools to the health professions community to address the long-standing issues that still remain - human values consciousness, social responsibility, and professionalism. These efforts now tend to actively incorporate the education of professionals across the health professions, recognizing the advent of the team in medical practice, although education continues to operate in isolation. Of importance in all these efforts regarding humanities and humanism, reform must include and work with the culture and environment of the larger organizational complex. The "experiment" at the Penn State College of Medicine at Hershey

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[581] (Ousager 2010)
[582] (Gonzalo 2017)

continues to do that well.[583] This final chapter will attempt to look toward the

future of the medical humanities and humanism in medical education, learning from

the challenges of the IHVM experience.

Humanism in Medical Education - A Preponderance of Scattered Attention

Humanities in medical education is not a new issue or concern. Brian Dolan

devoted an edition of University of California, Berkeley *Perspectives in Medical*

Humanities to a compilation of the most representative articles about the medical

humanities from 1900 to 2011. Dolan points out an evolution of the value and use

of the humanities in medical education across the century. In the early 1900s the

use of humanities was to create an educated profession.[584] By mid-century moral

challenges in medical practice and biomedical research had concerned educators

seeking guidance from the humanities to manage the moral and ethical questions

arising in medicine. The twenty-first century medical educators now look to the

humanities to assist with professionalism, multiculturalism and communication

skills training. The humanities evolves in medicine from a vehicle of education to

character development.[585] The overall importance and value of the humanities to

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[583] (Pellegrino 1974) On page 123 Hershey is described as an "experiment".

[584] Dolan (2015) in Chapter 1, "One Hundred Years of Medical Humanities: A Thematic Overview", describes the various purposes of the humanities in medical education. Horton (2017) studied the *Aesculapian*, the early yearbooks of the Emory University School of Medicine, and showed the symbolic use of the humanities to portray medical school's power to transform students into educated, elite professionals.

[585] Dolan (2015) in Chapter 1 "One Hundred Years of Medical Humanities: A Thematic Overview". Jones (2015) also discusses the long struggle of humanities in medical education with a focus on history.

medicine is clear, as is the consistent need to justify it, and the continued difficulty

in integrating it into the educational system.

Across the century and certainly in the latter half of the century a

preponderance of published material exists relating the value of various humanities

disciplines to medicine. Most cite the reflective process and exposure to various

human circumstances as afforded by the reading of literature and writing; the

critical thinking, analytical and listening skills encouraged by the study of history

and philosophy. Humanities disciplines present the human condition, life, death, and

suffering, and ways of understanding these conditions. They also create skills that

help physicians practice essential skill of doctoring: listening carefully, thinking

critically, and moral reasoning.[586] A data search for articles with medicine and

humanities in the title from one prominent medical science database showed a large

and growing number of articles in publication since the 1960s. Looking across the

decades an almost linear increase in the number of published articles about

medicine and the humanities was found with a surge in the 1970s and strong new

surge across the cusp of the new century as shown in Figure 2.[587] Adopting Dolan's

categorization of what medical education seeks from the humanities it can be

[586] A review of the cited value of humanities to medical education is covered in Horton (2019b). Of note is that Academic Medicine offered a thematic edition on the use of the Medical Humanities in 1995, a twenty-fifth anniversary edition, which featured key SHHV figures, including a commentary by the president of SHHV, and an introduction by the coordinator Rita Charon, M.D., Columbia University, and co-coordinator Peter Williams, J.D., Ph.D., State University of New York, Stony Brook. The essays in this edition review the importance and essentialness of humanities in medicine. The essays cover six areas: literature, history, jurisprudence, philosophy, religious studies, and visual arts. (Connelly 1995, Charon 1995)

[587] Data was pulled from the PubMed database platform of the National Center for Biotechnology Information in mid 2019 for this dissertation study. Data pull and figure produced by Research Assistant Ivelina Arnaoudova.

surmised that medicine is something of an opportunist.[588] It looks to the humanities

when dealing with issues that science is ill equipped to manage, such as social and

human issues, but never really allows humanities complete legitimacy in terms of

time, space, and priority in the curriculum.[589] In reality the medical education

system has not found a way to make the humanities copacetic and perceived of

lasting value to its scientific, business, and corporate conglomerate environment.

The data on number of publications discussing medicine and the humanities

displayed in Figure 2 indicates that interest and need has not abated. Recent

Association of American Medical Colleges (AAMC) meetings and publications have

also put a focus on humanistic content.[590] It can be interpreted that medicine not

only has been in continuous need of humanistic guidance, but the need for the

assistance and scholarship of humanists, the work of the humanities, is growing.

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[588] Dolan (2015) Chapter one "One Hundred Years of Medical Humanities: A Thematic Overview" states that in the early twentieth century when medicine was establishing itself as a learned profession, humanities was a symbol of education, by mid century medicine required assistance with moral questions and problems, and into the next century issues of professionalism, diversity, and communication are the key concerns.

[589] This marginalization is discussed in Horton (2019b). Hafferty (1994) also describe the medical education system as marginalizing applied medical ethics in its curriculum. A study in Toronto found medical students with social science and humanities backgrounds felt marginalized in medical school and difficulty finding faculty and students who valued their academic background. (Lam 2020)

[590] A 2003 edition of the AAMC's journal *Academic Medicine* was devoted to medical humanities in medical education. (Dittrich 2003) Also, the 2019 and 2020 AAMC "Learn Serve Lead" annual conferences have featured presentations and awards on humanistic and social issues and topics in medicine, and received support from The Arnold P. Gold Foundation which supports humanism in medicine.

Figure 2. Numbers of Articles Published By Decade since 1960 with Humanities and Medicine in the Content
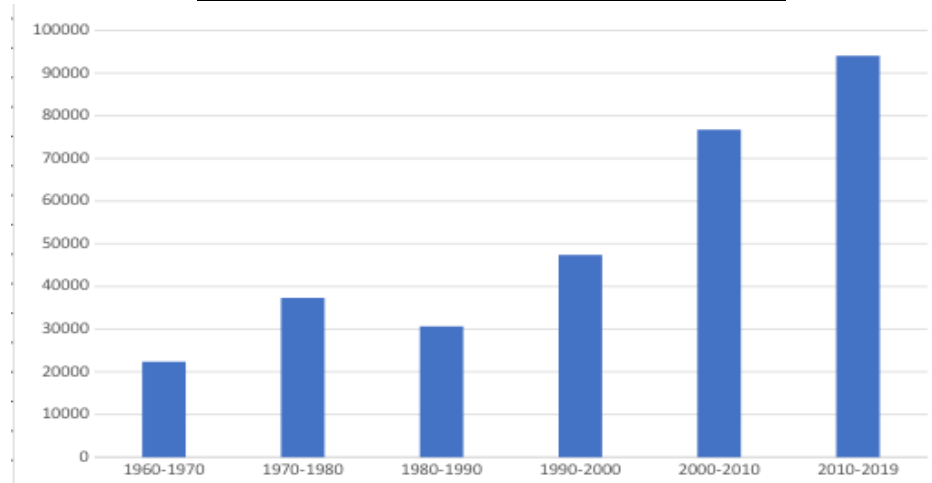
In addition to published articles, books continue to be written and published on the importance of humanistic materials, skills and tools to physicians. Many of these are texts penned by physicians using literary and historical skills and tools to examine the relevance of humanism in their lives as practicing physicians. The topics discussed include understanding of suffering, talking to patients, value of patient stories, fostering humanity in medical practice, challenges of the modern medical practice regarding humanity, stories of medical conundrums, and novels by physicians about physicians' work and lives.[591] Texts both display the connection of humanism to medicine as well as the catharsis of its tools to practitioners and patients. In addition to these are many other more academic texts written by

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[591] A review of these articles is covered in Horton (2019b). The following list of physician authors and texts represent only a minute representation of the many works of physicians on humanistic topics. Many of these authors credit the catharsis of writing with their continued work as doctors in an imperfect world and healthcare environment. Others use writing as a way to bring attention to the art and humanity of medicine, which has become highly technical and impersonal. (Cassell 1976, Hilfiker 1987, Lantos 1997, Verghese 2009, Nussbaum 2016, Gawande 2017, Ion 2013) Oliver Sacks and his many novels of complex disorders, and his own experiences as a doctor and patient would also fit in this category, writing and publishing from 1983 to his death in 2015. https://www.oliversacks.com

medical education scholars emphasizing and portraying the importance of

individual humanities and social science disciplines and skills to medical education

and practice. These texts promote and display the use of these disciplinary tools to

the profession.[592] Textbooks offering the benefits of medical or health humanities

broadly defined to physicians in training have also appeared.[593]

Many of these academic publications are the products of humanities

disciplinary and interdisciplinary special interest groups and efforts that have

developed in the aftermath of the IHVM, some from IHVM trained scholars, each

promoting the essential nature and contribution of their disciplinary field or

humanities and humanism more generally. Their development displays the

continued belief by practitioners and scholars in the value and critical importance of

the humanities to medicine. The following sections review humanistic movements

founded by discipline specific medical educators or interdisciplinary groups since

the 1990s some of which are described under the umbrella of "the medical

professionalism movement".[594] Of particular note is the direct influence of the

IHVM on several of these efforts. Narrative Medicine, the Project to Rebalance and

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[592] The following include a minute representation of academic books published through the decades from individual disciplines (Philosophy, Anthropology, History and Literature represented here). (Pellegrino 1979, Konner 1987, Cassell 1991, 2004, Duffin 2005, Charon 2006)

[593] Two prominent examples are Cole (2015) and Bleakley (2015). Note that Ronald Carson was a 1973-74 IHVM Fellow.

[594] P. Preston Reynolds' "Introduction" to this journal's dedicated edition on "Medical Professionalism". (Reynolds 2019) The quote is from page 71. Reynolds' uses the term "medical professionalism movement" to capture all humanistic training ongoing in medical education. Her dedication to promoting and improving medical professionalism started early as a medical student, publishing an article in 1987 as the president of the American Medical Student Association, P.P. Reynolds, "Striving for Professionalism," *The New Physician* 60, May/June (1987). Reynolds is an M.D. with a Ph.D. in history, is currently a Professor of Medicine and Nursing and Associate Chair, Professionalism and Diversity at the University of Virginia. She is a recent past chair of the Academy for Professionalism in Health Care, a movement begun by IHVM and Pellegrino trained physicians and scholars.

Integrate Medical Education (PRIME), and the Academy for Professionalism in Health Care (APHC) all have direct ties to the Society for Health and Human Values and the mentorship and training of the IHVM and its leaders. They are the modern legacy movements or progeny of the Society and the Institute on Human Values in Medicine. Medical educator historians who had been involved in PRIME and believed that history's unique contributions were lost within interdisciplinary professionalism efforts fueled the formation of the Clio Project.[595] Thus, all of these groups evolved from a shared academic heritage tied to the IHVM that continues to see the value of humanistic content in the training of doctors. These efforts can be interpreted as re-inventions of the IHVM, movements with similar goals that are adapting and surviving within the institutional environment of modern medical education by incorporating new language and structures consistent with the greater institutional organization.[596]

The next section reviews discipline specific movements: Narrative Medicine (literature) and the Clio Project (history), following these are descriptions of interdisciplinary groups and organizations promoting the use humanities and humanistic content as a means of contributing to the professionalism training of new doctors. Professionalism is the new wave of training and curriculum development focused on the age-old goal of creating humane, conscientious

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[595] (2013) see pages 5-6.

[596] The language of 'competencies, adapted from Graduate Medical Education is apparent in all modern efforts as is alignment with the goals of accrediting bodies (LCME, ACGME). Doukas and colleagues report the use of competency language as manifesting from published educational requirements for graduate medical education in the mid 2000s. Doukas cites on page 339 "Accreditation Council for Graduate Medical Education. General Competency and Assessment: Common Program Requirements. http://www.acgme.org/acWebsite/dutyHours/dh_dutyhoursCommonPR07012007.pdf." (Doukas 2012)

physicians, and balancing an increasingly overloaded, scientific, and technical

curriculum.

Twenty-first Century Movements

Narrative Medicine

Developed by physician-scholar Rita Charon, M.D., Ph.D., this clinical method

that now also has graduate scholarship associated with it, incorporates the tools of

literature and narrative theory to interpret patient stories for diagnostic and clinical

care purposes.[597]   Influenced by IHVM affiliated literary scholars Joanne Trautmann

and Kathryn Montgomery Hunter, Charon honed her technique in the 1990s

through her practice of medicine and doctoral studies in Columbia University's

Department of English, having begun her doctoral work after finding that the

narrative theory and lessons of literary study improved her clinical skills of listening

and interpreting complex emotion-driven stories.[598]   Narrative competence helps

physicians listen to their patients' stories and those of their family members, piece

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[597] The scholarly presence refers to academic degree Masters programs that have begun in Narrative Medicine.

[598] Charon's academic influences were written in Dolan (2015) pages 20-21, but are also covered in Chapter One of Charon's book on Narrative Medicine. (Charon 2006) Both Joanne Trautmann and Kathryn Montgomery Hunter were involved in and heavily influenced by the IHVM. Trautmann, a literary scholar, was faculty in the Department of Humanities at the Penn State College of Medicine at Hershey while E. A. Vastyan was chair. She was Chair of the Literature and Medicine *Dialogues* group of the IHVM and married to Sam Banks, founding Executive Committee member of the SHHV and Board member of the IHVM. Trautmann's history and engagement with the IHVM are located within the IHVM archival records, and her published edition of the *Dialogues* essays, IHVM Report Number 15. (Trautmann 1982) Trautmann's professional relationship with Hershey and her personal history was communicated in meetings with Penn State College of Medicine faculty in July 2016. Kathryn Montgomery Hunter was the recipient of an IHMV Fellowship, 1976-1977. Hunter credits Pellegrino with encouraging her work as she developed humanities courses for the Morehouse School of Medicine. She received her IHVM Fellowship to review medical schools with humanities curricula to develop her own program at Morehouse and used the best attributes of the places she visited. She credits the IHVM and Pellegrino with giving her, "a girl with a Ph.D. in English" (from Emory), legitimacy in the medical education environment. Hunter's (now Kathryn Montgomery) details were related during a telephone interview on September 18, 2019.

them together, interpret them and create a best treatment plan that best services both patients and their families. This competence allows for the physician to practice "with empathy, reflection, professionalism, and trustworthiness."[599] Charon states that scientific competence does not help patients and family members to deal with human emotions like pain, suffering and loss. Narrative competence fills the gap, making narrative medicine a model for complete patient care.[600]

Charon is a self-described activist. She believes in her narrative model of medical care as a system changer that can address some of the ills of current medical practice and patient care; the fractured system where patients may not know who their doctor is, or physicians so rushed they don't hear all that their patients have to say, but just follow a checklist.[601] The methods of narrative practice also address the physician's self-care; it requires the physician as part of the practice to identify and address their own feelings on their daily engagement with suffering and pain.[602] Charon founded a Masters of Science graduate program in Narrative Medicine at Columbia University, and also offers workshops on her method in addition to her published resources.[603] Through her clinical and academic teaching at Columbia University's and elsewhere she is seeding her Narrative practice of medicine to the country, much like the IHVM did with its Fellowship program. An apt critique of the popularity of narrative medicine is that

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[599] (Charon 2001) Quote on page 1897.
[600] (Charon 2001)
[601] (Samuel 2020)
[602] This is referred to in Samuel's article, Samuel (2020). Details on how the narrative process can facilitate self reflection, collegial relationships and broader societal goals are covered in Charon (2001) and Charon (2006)
[603] Samuel (2020). Also, personal communications on a workshop Charon conducted at the Rollins School of Public Health, Emory University.

it does not directly address the structural problems of medicine that created the checklist. University of Washington School of Nursing Professor, Josephine Ensign, a nurse practitioner and writer states that while she uses and teaches narrative medicine, she also recognizes that narrative has limits to its usefulness, and that it falls short in meeting the needs caused by the structural problems in healthcare, like equity.[604] While Ensign is speaking mainly to the structural issues that lead to the injustices of the U.S. healthcare system, this is the same structure that limits the time of physician encounters and dictates patient care based on cost effectiveness. Charon, through her Narrative Medicine practice, is advocating an improved system of patient care by working within the institution, thus largely avoiding institutional resistance. While popular, and many schools are practicing and teaching it to varying degrees, it is not part of a standardized, national practice.

The Clio Project

In 2012 at the American Association for the History of Medicine's (AAHM) annual meeting a group of prominent clinician-historians lamented the absence of history in the medical and allied health curricula. Several had been involved in other efforts (PRIME , discussed below), which were focused on highlighting the importance of medical humanities generally as valuable contributing content for medical professionalism curricula, but these historians worried such generic content diluted the singular value of history to the medical curriculum.[605] In April

[604] (Ensign July 16, 2014) Blog title "The Problem(s) With Narrative Medicine".
https://josephineensign.com/2014/07/16/the-problems-with-narrative-medicine/
[605] (2013) https://www.histmed.org/newsletters/July2013web.pdf, accessed 7/13/2020.

2013 Harvard University's Ackerman Program on Medicine and Culture sponsored a

workshop, bringing together medical historians working in medical education to

discuss experiences and barriers. Follow-up meetings at the 2013 and 2014 AAHM

annual meetings led to AAHM sponsorship, and provided the foundation for

publications and resource efforts with the guidance and institutional support of the

AAHM, titled "Clio Intitiative of the American Association of the History of

Medicine".[606]   Leaders within the Clio Initiative, the same core group that met in

2012, argue that history as a discipline is as important to medical education as any

of the sciences, and should have a standard place in the curriculum. Greene and

Jones state that the discipline of history singularly teaches an expanded

understanding of society and culture, promotes critical thinking, provides the

background context for ethical decision-making, and helps healthcare providers to

see and understand their patients and their lives within cultural, social, political,

economic, and religious contexts. Highlighting the importance of history to the

practice of medicine Greene and Jones state "Medicine is a product of history"

considering that medical knowledge, understanding, and practice is contingent on

societal beliefs and norms.[607] They believe other medical humanities disciplines can

also offer unique contributions, but recent curricular approaches offering a

hodgepodge of humanities content, or a limited disciplinary selection based on the

convenience of available expertise serves to dilute the benefits of the individual

discipline, leads to the presentation of generic, abstract, less accessible knowledge

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[606] (Jones 2015) Quote from page 652.
[607] (Greene 2017) "Medicine is a product of history", page 1663, is cited as one of the five
fundamental thematic areas offered by history to medicine.

for students, and sends a message that the material is less important than their core scientific studies.[608] The authors of the publications supporting the Clio Project acknowledge that the humanities, and history specifically, have for centuries been fighting for their rightful place in the medical curriculum, always asked for proof of value and critical relevance to the education and life of the physician. These authors, as do others, correctly state that the sciences are never asked to prove their legitimacy.[609]

The founders of the Clio Project quickly acknowledged the essentialness of aligning with recognized legitimating bodies like the Liaison Committee for Medical Education (LCME) of the Association of American Medical Colleges (AAMC) and the Accreditation Council for Graduate Medical Education (ACGME) to accomplish their lofty goal of promoting the addition of history as a standard component of the medical curriculum. All seasoned medical educators, they recognized the "coin" for the current North American medical education system was based on the language of definable "competencies", and they created and argued for the critical competencies that medical history provides.[610] These competencies are essentially the same as were presented by historian Eugene Cordell in the early 1900s ; history teaches investigatory skills, appreciation and acknowledgement of societal

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[608] (Greene 2017) See under section "The Parts of the Parts Left Out of the Whole", Page 1662. Other authors, including Hafferty (1994) and Wear (2004), each describe the instruction of medical ethics and medical professionalism in similar terms. Hafferty and Franks (1994) express that marginalization of humanities in the curriculum sends a message that the material is of less value. More on this topic is covered in the subsequent section of this chapter on "Humanities and Medical Professionalism".

[609] (Greene 2017, Jones 2015) (Ousager 2010) The validity of the sciences to medicine, and the institutional acceptance of the sciences by the medical organization, therefore not questioned, is a subject covered in Chapter Five of this dissertation under the discussion of curriculum.

[610] (Jones 2015) Quotes from page 626.

contexts, fosters humility, strengthens professional ideals, and social

responsibility.[611] Greene and Jones further defined the value of history to medical

education in a subsequent publication in the AAMC's journal *Academic Medicine*.

Organized in categories that reflect the depth and multifaceted contributions of

historical study to medical education, the authors highlight the importance of

understanding the changing knowledge of disease, background of health inequities,

healthcare systems, ethics of professional decision-making, responsibilities and

service, all of which need to be understood within historical and societal

contexts.[612] These authors argue for the creation of a standard medical history

curriculum for American medical schools based on these themes and criteria,

providing all American students a consistent background, skills, and knowledge of

medical history and their profession. They comment that an approved, standard,

and shared curriculum could be taught by existing faculty within schools so that

schools did not need to rely on local expertise. The authors encourage other

humanities disciplines to consider identifying and promoting their own essential

contributions that need to be standardized and taught in the undergraduate

medical curriculum.[613] The Clio group continues to communicate, sharing

publications, resources, and medical history curricula for medical educators.

Jeremy Greene, a key leader within the Clio Initiative, currently sits on the AAMC's

planning committee for the "Foundational Role of Arts and Humanities in Medical

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[611] The authors list Eugene Cordell's contributions of history from 1904, which remain significant to the argument for historical instruction in medicine, page 629. (Jones 2015)
[612] Five themes listed on page 1663 followed by a chart of specific contributions related to the themes. (Greene 2017)
[613] (Greene 2017)

Education project", which has a report forthcoming linking humanities disciplines to medical competencies.[614]

Other movements have taken an interdisciplinary approach to the integration of the humanities in the service of a new wave of curricular reform focused on medical professionalism. The medical professionalism movement, begun in the 1990s is a product of the medical institution directed at teaching professional identity, behavior, responsibilities to patients, the community and other health care professionals. Various movements and organizations emphasizing the use of humanities content to instruct in professional development grew out of this graduate medical education and AAMC led effort. IHVM faculty and trainees were instrumental in developing and forwarding these ideas and efforts. While the IHVM spoke in terms of humanities as the cure for a dehumanized medicine, these groups speak in pragmatic, skill based language, called competencies, and offer the use of humanities materials to service pragmatic goals.

The Medical Professionalism Movement

Since the 1990s medical education and its legitimizing bodies (AGCME and LCME) have actively turned to the promotion of 'professionalism' to assist in the non-scientific elements of training doctors.[615] The movement can be traced to meetings and panels of scholars and experts through the 1980s and 1990s, some

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[614] Email correspondence from Jeremy Greene to the Clio membership dated July 13, 2020. See https://www.aamc.org/what-we-do/mission-areas/medical-education/humanities, accessed 11/4/2020.

[615] Publications discussing the "professionalism movement" in medicine include Reynolds (2019) page 71. Others used here include: (Reynolds 1994, Wear 2004)

organized by the AAMC, that recognized the needs and expectations of the four-year

undergraduate medical program needed change and updating. These efforts, post

IHVM, were the next phase of addressing the non-scientific, or professional

problems within medical education and medicine. The meetings and panels

ultimately culminated in the 1998 AAMC effort, "Medical School Objectives Project"

(MSOP), which began publishing "Learning Objective Guidelines" for medical

schools to better meet "societal needs, practice patterns and scientific

developments."[616] The work of MSOP was the outcome of early 1980s efforts and

reviews that recognized medical school objectives and goals set from evaluations in

the 1930s and 1950s were outdated. With the growth of medical knowledge,

specialization, and practice changes, physicians were no longer training in medical

school to become general practitioners in solitary practices. Few schools were

found to have clear learning expectations for their medical undergraduate

programs. To remedy this gap panels of experts were drawn together to identify the

core knowledge expected from undergraduate medical training.[617] These

assessments included the work of an international project organized by *The*

Hastings Center led by Daniel Callahan to identify the goals of modern medicine from

an international perspective. Fourteen countries participated and concurred that

medical education needed to include an understanding of the whole patient,

avoiding the "diagnose and treat" clinical method. To do so the report advocated the

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[616] From (Colleges 1998b) "Medical School Objectives Project" appears on the title page of the publication. The additional quote, on page 1, was noted as being taken from the AAMC Strategic Plan, *Taking Charge of the Future.* Doukas (2015) states that accrediting and curricular associations for medical education, undergraduate and residency, began stating the importance of professionalism in medical education since 1998.

[617] (Colleges 1998b) *Report 1*, section on "Background", pages 2-3, provides a brief documentation of the roots of the "Medical School Objectives Project".

following subjects be included in medical education for "a better integration of the human and technical sides of medicine", and to incorporate an understanding of the profession: social sciences, including economics and healthcare organization, philosophy of medicine, ethics, law, communications, and history.[618] The AAMC also interviewed scholars, several of which were intimately involved with the SHHV and IHVM, to inform their understanding of society's expectations of physicians.[619] The MSOP was developed by the AAMC as an outcome of these efforts to help schools create general learning objectives and guidelines as advocated by the recommendations of these panels, interviews and reports.[620]

The MSOP produced ten of reports between 1998 and 2008, which included a range of topics from heavily scientific topics, such as *Medical Informatics and Population Health* and *Basic Science and Clinical Research* to non-scientific topics that dealt with the delivery of care and patient experience, *Communication in Medicine* and *Quality of Care*.[621] Each report provided general expectations and goals for teaching in each of the specific topic areas. The *Communications* Report Number III, published in 1999, emphasized the increased importance of communication skills in the physician-patient relationship, and in professional development and self-care. Overall, the report encouraged the sharing of curricula and methods to teach this content across schools to build coherent, engaging, and

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[618] (1996) Both quotes from page S21, section on "Medical Goals and Medical Education".
[619] A list of the expert U.S. scholars interviewed by the AAMC included such notable humanist physicians as Eric Cassell, Rita Charon, Leon Kass, Edmund Pellegrino, and Arnold Relman. (Colleges 1998b) List is included on Page 3.
[620] (Colleges 1998b) *Report 1*, section on "Background", pages 2-3.
[621] The MSOP project is summarized here with a list of all its reports https://www.aamc.org/what-we-do/mission-areas/medical-education/msop. Accessed 6/9/2020. (Colleges 1998a, 1999, 2001a, b)

consistent curricula that included structured outcomes assessments, and support

for faculty development, recognizing the importance and influence of faculty on

student development. Also included in this report was a "Task Force Report on

Spirituality, Cultural Issues, and End of Life Care" sponsored by the National

Institute for Healthcare Research and Templeton Foundation, drawing attention to

the importance of skillful communication on these sensitive issues in patient care,

particularly at the end of life.[622]

These AAMC publications and the published requirements of the other

associations involved in accrediting medical education (LCME and ACGME) built the

foundation for the next wave of the humanities in medicine movement – that of

'professionalism'. Organized movements, such as the Project to Rebalance and

Integrate Medical Education (PRIME) and the Academy for Professionalism in

Health Care (APHC), built and grew their organizations on the perceived value of the

humanities in building the published, legitimized goals of professionalism in medical

education. In this way these organizations were working in full alignment with the

larger medical institution. Unlike the SHHV and IHVM, they (PRIME and APHC)

were responding to a call for help, not identifying it and soliciting those in authority

to agree. Other movements that fall under the concept umbrella of the

'professionalism movement', such as Narrative Medicine and the history of

medicine's Clio Project, also emphasize the importance of their disciplinary fields to

the professionalism competencies outlined by the AAMC, LCME, and AGCME.

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[622] (Colleges 1999)

Project to Rebalance and Integrate Medical Education (PRIME)

The Project to Rebalance and Integrate Medical Education or PRIME was started in 2009 by a group of nationally represented medical humanities faculty and humanist physicians in medical schools, several of whom had direct connections with the IHVM or Edmund Pellegrino.[623] The Project grew out of collaboration between the project leaders on an earlier publication reviewing Abraham Flexner's expectation that medical education would include the humanities, specifically art, ethics, history and literature, as part of a professional education.[624] It had also been twenty-five years since the last critical review of ethics and humanities curricula at the DeCamp Conference, which published its recommendations and outline for a standard ethics curriculum for medical students in 1985.[625] PRIME committee members called for an updated analysis of medical humanities and ethics teaching in medical schools in light of a series of published learning objectives and expectations for medical students and medical residents by national organizations involved with accreditation, exams and licensure: Association of American Medical

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[623] (Doukas 2012) Several of the PRIME leaders as listed in the 2012 publication were directly affiliated with IHVM and/or Edmund Pellegrino. Laurence McCollough, an author, was an IHVM Fellow in 1975-76.   Howard Brody, listed as a PRIME Committee member, received two IHVM Fellowships in consecutive years, 1975 and 1976. Susan Lederer and Michael Green, both listed as PRIME Committee member, were both at one time affiliated with the Penn State College of Medicine, Department of Humanities founded and chaired by E. A. Vastyan, founding SHHV Executive Council member and IHVM Board Member. David Doukas in personal communications stated that Edmund Pellegrino was his mentor while he was at Georgetown University during his clinical training.
[624] (Doukas 2010) Note that Doukas was a mentee of Edmund Pellegrino at Georgetown University and McCullough was an IHVM Fellow.
[625] (Doukas 2012) On Page 335 the authors refer to the "DeCamp Report", which is a publication reporting the recommendations for a standardized medical ethics curriculum for medical schools from a conference held at Dartmouth College July 21-24, 1983, supported by Ira W. DeCamp Foundation. The publication advocates for a standardized ethics curriculum and lays out the expectations and learning objectives for students. Of note is that four of the ten authors on the report were closely associated allies of the IHVM: Board member K. Danner Clouser, Resource advisor Loretta Kopelman, and two Fellowship recipients Howard Brody and Mark Siegler. (Culver 1985)

Colleges (AAMC), Liaison Committee for Medical Education (LCME), Accreditation

Council for Graduate Medical Education (ACGME), National Board of Medical

Examiners (NBME) and United States Medical Licensing Exam (USMLE).[626] Each of

the listed accrediting bodies had published statements indicating an expectation

that medical students would be taught an understanding of human values and

ethical principles, communication skills, and provided an environment that fostered

"professional attributes".[627] Residents are expected to have this fund of knowledge

and be competent in the related skills. Examining and licensing bodies also

indicated testing of concepts related to communication skills, ethics and

professionalism.[628] PRIME, funded by the Patrick and Edna Romanell Fund for

Bioethics Pedagogy of the University at Buffalo, set out to organize medical

humanities experts from across the country to evaluate the current status of

humanities and ethics teaching in medical schools, and how it was meeting the

expectations outlined by accreditation and testing organizations.[629]

 PRIME leaders formed a committee of medical humanities experts from

medical schools nationally, planned for two workshops, PRIME I and II, with the

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[626] The Liaison Committee for Medical Education (LCME) is the joint committee between the AAMC and AMA that provides guidelines for medical school curricula. The Accreditation Council for Graduate Medical Education (ACGME) manages graduate medical education, which includes internship and residency training. USMLE is the licensing exam managed by the National Board of Medical Examiners (NBME).

[627] Quote From (Doukas 2012), page 341, Appendix 1, from LCME published expectations.

[628] In 1998 AAMC publishes learning objectives for medical students, which included moral and ethical understandings. (Colleges 1998b) After this the LCME and AGCME published outcomes and competencies to which the humanities can contribute. Doukas (2012) lists excerpts of the AAMC published learning objectives on page 339. On page 336 Doukas (2012) discusses NBME and USMLE examination areas. Appendix 1, page 341, includes the LCME and AGCME guidelines for residency programs that list competencies of professional behavior, including communication skills and understandings of human values. This is also discussed in Doukas (2010).

[629] Stephen Wear, a PRIME Project leader, was affiliated with the University of Buffalo, the funding source for this meeting. (Doukas 2012)

selected invited experts, and culminated with a national conference in 2012.[630]

Similar to the IHVM's two initial planning meetings forty years earlier, PRIME's

major goal was to assess the how and if humanities and ethics are used and achieve

their goals in medical education, with a new focus on professionalism.[631] The first

workshop, PRIME I, met in May 2010 at the University of Louisville, Kentucky,

sponsored by the Department of Family and Geriatric Medicine of the School of

Medicine, the home department of one of its leaders and Principle Investigator of

the Project, David Doukas. In this first workshop PRIME committee members

focused on understanding the major pedagogical goals for the following humanities

areas: art, ethics, history, and literature (these are the areas Flexner understood to

be important to medicine), and how they related to professional formation.

Secondly, they discussed how these disciplines could be both integrated with each

other, and integrated into the three segments of medical education: preclinical,

clinical and residency.[632] Outcomes of this first meeting included the following

recommendations: medical humanities should be a part of the standard required

curriculum, interdisciplinary teaching should include assessment and outcomes

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[630] There were 15 selected expert panelists, which included the leaders. Expert panelists were chosen from premier medical humanities teaching programs in medical schools from across the U.S.: Stanford, CA, UTMB Galveston, TX, Johns Hopkins Berman Institute of Bioethics, University of Washington, Weill Cornell Medical College, Harvard University, SUNY- Buffalo, Penn State College of Medicine (Hershey), University of Wisconsin, East Carolina University, University of California-Irvine, and Northwester University's Feinberg School of Medicine. While the publication states that a PRIME II workshop would occur in 2011, in preparation for the 2012 open-invitation conference, the 2015 publication only references the outcomes of the 2012 meeting. The occurrence of the PRIME II conference was not verified. (Doukas 2012, 2015)

[631] The term 'professionalism was not used by the IHVM in the 1970s, but is consistent with the more recent focus since the 1990s on communication skills and behaviors and attitudes consistent with the profession of medicine. As Brian Dolan points out in his 2015 text *Humanitas,* the focus of humanities in medicine today is character development. See Dolan (2015) Chapter 1, section starting on page 3 entitled "From Curricular Reform to Character Reform".

[632] (Doukas 2012) Page 336.

tools that assess the relevance to learners in all phases of training. The focus of all learning must be patient centered, and explicitly linked to accreditation expectations and competencies regarding professionalism. PRIME members called for the development of centralized pedagogical resources to assist schools in crafting and nurturing such curriculum, and the support of school leadership to support such efforts and fostering of faculty resources and development.[633]

A second PRIME workshop was scheduled to meet in 2011 to engage the expert panel with leaders of critical accrediting organizations: AAMC, ACGME, and LCME. The focus of this workshop would be to engage key questions of medical humanities and ethics teaching and pedagogy – methods and assessment – to best meet the learning objectives of medical students and residents toward, but not limited to, the goals of professionalism.[634] These questions created the framework for the National Conference on Medical Ethics and Humanities in Medical Education held on May 10-11, 2012 at the University of Louisville School of Medicine. The conference was open to all medical educators and administrators, and focused on discussing the creation of an integrated required curriculum across all levels of training from undergraduate to graduate medical education.[635] The 2012 conference entitled "Reforming Ethics & Humanities Teaching in Medical Education: Fulfilling the Future Accreditation Goals on Professionalism" brought together medical humanist faculty and medical educators with representatives of accrediting organizations to discuss how humanities should be used to attain accreditation

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[633] (Doukas 2012) Pages 337-338.
[634] As stated earlier, the goals for PRIME II were published in the Doukas. 2012 before the workshop would have occurred.
[635] (Doukas 2012) Page 339

goals throughout the continuum of medical education training. Conference

attendees concluded that that there needed to be a continuum of outcomes based

educational efforts addressing behavior change and clinical results for patient

centered care through post-residency. Medical humanities and ethics were deemed

essential to this training in professionalism accreditation goals. The impact of the

hidden curriculum for trainees was recognized and the need for faculty

development to reach these goals.[636]

PRIME was founded for much the same purpose as the IHVM, to explore what

and how the humanities could offer medical education. PRIME's workshops closely

resembled that of the initial two planning conferences of the IHVM in 1971 and

1972 in both goals and organization. Like the initial IHVM conferences, a selected

group of leaders and experts from medical schools were convened to contemplate

and discuss the importance and integration of humanities content into medical

education. Also, like IHVM, the outcomes of the conferences were intended for

distribution; they were recorded and published so that its work and

recommendations were easily disseminated to a key readership to create change.[637]

Following the major open invitation conference of PRIME, an organization was

created to make the recommendations of the PRIME committee and conference

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[636] (Doukas 2015)

[637] IHVM's initial planning conferences were gatherings of leaders in medical education with humanistic concerns. These conference were driven to explore the value that humanities could provide to medical education and how. These conferences each produced published proceedings with the papers of their key speakers and the outcomes of their working groups. (1971, 1972) PRIME also published the outcomes of its two meetings in the AAMC's major journal *Academic Medicine*, whose readership would be PRIME's target audience: medical educators across the United States and Canada. See (Doukas 2012, 2015). Note that Darrell Kirch was an author on the 2015 PRIME publication. At the time he was the President and Chief Executive Author of the AAMC, representing buy-in by a key official of an organization associated with accreditation.

actionable. Much the same, the IHVM moved forward in the 1970s to engage and forward the recommendations of its planning conferences in 1971 and 1972.[638] The following section discusses the development and work of the APHC, a twenty-first century IHVM.

Academy for Professionalism in Health Care (APHC)

The Academy for Professionalism in Health Care (APHC) was established in 2012 to forward the use of humanities and ethics as fundamental disciplines for the growth of professionalism in the health professions. As presented above the Academy was the outcome of the Project to Rebalance and Integrate Medical Education – PRIME – which was a coordinated national effort by medical educators and medical humanists to examine the use of humanities and its integration into the medical curricula for the purpose of meeting professionalism goals defined by medical education accreditation organizations. As a result of recommendations from the PRIME committee stating humanities and ethics to be an essential content for professionalism training, the Academy was formed as an 'action' organization, thus mimicking the mission of the IHVM.[639] The APHC offers resources and networking connections, predominantly online, to promote and assist in the

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[638] Doukas (2015) states that the APHC was founded at the 2012 conference to take on the work of post-residency continuing education in professionalism; however, the APHC in its current form engages humanities, ethics and professionalism training across the continuum of medical and other health professions education. Continuous and consistent training was a recommendation of the PRIME committee and the conference, and included the importance of training beyond residency, promoting the professional responsibility of lifelong learning.

[639] 'Action' was chosen by this author as a term reminiscent of IHVM's role as the 'action' arm of the SHHV. The relationship between PRIME and APHC was clarified through personal communications with David Doukas, founding member of the APHC and one of the PRIME leaders. The recommendations of PRIME can be found in its published reports: (Doukas 2012, 2015).

development of teaching and educational programming and learning platforms on

professionalism for medical and other health professions education. It promotes

education, scholarship, policy and practice improvements. The APHC annual

meetings offer a mixture of platform presentations and discussion sessions directed

at the various health professions educators, promoting applied humanities and

ethics for professionalism training for a variety of health professions.[640]

In contrast to the IHVM, the APHC built its mission on the defined goals of the

legitimizing professional associations, introducing humanities as a way of achieving

their professionalism goals. The APHC approached these organizations with the

'value' of humanities to their acknowledged goals to develop and improve

professionalism training among its trainees and professionals.[641] The APHC

continues to actively seek the engagement of professional accrediting associations

that include: American Medical Association (AMA), Accreditation Council for

Graduate Medical Education (ACGME), and Association of American Medical

Colleges (AAMC). Its goals, like that of its predecessor PRIME, are built on the

premise that the humanities can offer fundamental value to the development of

essential the professional behaviors and attitudes of professionalism as defined by

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[640] https://academy-professionalism.org/content.aspx?page_id=0&club_id=625584. Website contains a host of online activities, resources and collaborative platforms. The leadership of the APHC has been medical educators active in the medical humanities. The AMA Journal of Ethics was a "platinum" sponsor of their 2020 annual meeting that was postponed due to the coronavirus pandemic till 2021.

[641] In the 1970s the IHVM set out to convince legitimizing organizations of the need for humanities training to balance the curriculum and fill in a missing humanistic element. The APHC was built on an already recognized need for 'professionalism', and presented how the humanities were essential to this training. Dolan (2015) discusses this distinction in the first chapter of his text. He states that in the 1970s the humanities was being touted to fill a gap in an overly scientific curriculum that lacked training in the human part of medicine; after the 1990s it was described as adding important value to a full curriculum. By the 1990s all medical schools were requested by the LCME to demonstrate humanistic content, mostly in the form of ethics training, in their curriculum.

the ACGME.[642] Thus, the APHC since its inception has been placing itself in

alignment with the goals of legitimizing organizations of the medical institution,

offering the fundamental importance of the humanities in achieving the formation of

professional attitudes and behaviors. Professional attributes are important to the

performance of the overall medical organization, suggesting that this would

decrease the resistance of the institution to curricular ideas and changes.

Professionalism in Medical Education

In 2019 a volume of the *Current Problems in Pediatric and Adolescent Health

Care* published an edition focused on the development of professionalism in

medicine and healthcare. Introduced by P. Preston Reynolds, M.D., Ph.D. the volume

covers the need for schools to focus on the importance of developing a

professionalism curriculum in the health professions, incorporating the various

aspects of professionalism development, such as professional identity formation and

organizational professionalism. Reynolds, a trained historian and clinician, and past

president of the APHC, has been writing about the erosion of the "educational

community" in medical schools and the lack of adequate professional development

for medical students since she was a medical student in the mid 1980s.[643] Mirroring

Hafferty and Franks' call for faculty engagement in leading the essential hidden

curriculum, she emphasized the importance of the clinical learning environment in

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[642] Competencies in professional behavior (the milestone of Professionalism) are assessed using behavior and situational categories related to knowledge of professional behaviors and ethical principles, accountability and conscientiousness, self-awareness and help seeking. A separate milestone of competencies are in the area of interpersonal communication skills. (Edgar 2018)

[643] Quote from page 609 of Reynolds (1994) article in *Annals of Internal Medicine* where she discusses the causes of the erosion of education and teaching in medical schools. Also see (Reynolds 2019).

developing and modeling professional behavior. Reynolds notes the disintegration

of the "educational community" in the current academic healthcare environment, a

community that is essential for the formation of medical students and residents.[644]

She calls for the reestablishment of this community to help teach and provide

faculty mentorship to students and residents instead of students learning from

overextended residents.[645] More recently Reynolds noted the recognition of

licensing and accreditation agencies of problematic behaviors in the clinical space

and the need for improved professional behavior. She pointed to this recognition by

institutional legitimizing boards as providing the impetus for development,

promotion, and acceptance, of competencies, curricula and assessment related to

the formation of appropriate professional identify and behaviors.[646] Such

organizational recognition supports the cultural and institutional change needed to

improve students and resident training for more humane and ethical patient care,

and potentially open the door for curricular content that supports that outcome,

whether it be humanities content or otherwise.

Wear and Kuczewski write of the dangers of considering professionalism

training as a cure all, much like bioethics was viewed in the 1980s. These authors

ask medical educators to consider what they mean and how they teach the vast

concept of "professionalism", which includes concepts ranging from definition,

identity and personal integrity to behaviors related to patient care to social

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[644] (Reynolds 1994) quote from page 609, and used elsewhere in the article.
[645] (Reynolds 1994, Hafferty 1994)
[646] (Reynolds 2019)

responsibility for the community.[647] Like others, they emphasize the need to

address the issues with the training environment and pedagogy.[648] Those involved

in these discussions consider the current professionalism discourse to be filled with

correct, but abstract ideas. Such concepts are all but lost on the learner when not

supported, modeled, or promoted within the daily institutional learning

environments, and worse yet create poor attitudes, cynicism, and frustration seen

within medical student and resident populations.[649] Reneé Fox commented in 1990

that the concept of professionalism in medical education was not a new vision, but

the revisiting of existing principles and ideas of what it meant to be a good and

caring physician. [650] Dolan sees current movements, like Narrative Medicine, that

function under the auspices of accepted systems and discussed under the utility of

professionalism, as steps in the evolution of the medical humanities and its

academic integration into medical education. Much like the constant retooling of

medical education, professionalism is a new term for longstanding humanistic ideals

that the medical education system still struggles to teach, and some question if it is

possible to teach at all.[651]

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[647] (Wear 2004) The term "professionalism" is used throughout the article. Concepts of professionalism taken from the curriculum outline in (Reynolds 1994)

[648] (Wear 2004) Hafferty (1994) and Reynolds (1994) also discuss the issues within the institutional learning environment.

[649] The following authors all discuss aspects of the placement of ethics or professionalism training in the curriculum, the hidden curriculum, the disconnect between the classroom and clinical environments and cases, and the need for institutional changes that promote faculty development, incentives, and responsibility for the learning environment. (Hafferty 1994, Wear 2004, Reynolds 1994, Coulehan 2001)

[650] Reflection on Renee Fox's comments included in the "Introduction" by Delese Wear. (Wear 2000)

[651] Dolan (2015) from Chapter 1, "One Hundred Years of Medical Humanities: A Thematic Overview", commenting on Narrative Medicine and the latter twentieth and twenty-first century curricular use of medical humanities. Dolan acknowledges that how to teach humanism remains an enigma, and whether it is in fact possible. This sentiment is shared by this author.

The current system not only impacts patient care, but the educational system within it. As others have described, and this author concurs, teaching professional identity relies heavily on the learning environment and role modeling, the so-called 'hidden curriculum'.[652] As the current health care system exists the environment is frequently not conducive to the learning of professional behaviors from faculty who rely heavily on residents, where care is pressured by cost, and efficiency is rewarded over patient, staff and faculty needs. Until organizational and system challenges are addressed, medical education will likely always fall short of expectations and goals in the areas of humanism and professionalism. Simply changing and adding curricular elements with humanities or other professionalism content will not suffice as long as the society, the institution and the academic structure devalues them or doesn't sustain them in practice. As Freidson and others suggest, an overhauling of the institution itself is required to preserve professionalism and the humanistic responsibility the profession holds to society.

Curricular Reforms since IHVM

As a number of authors have commented, American medical education has been under constant change and revision across the twentieth century and into the twenty-first. These revisions have focused on updating curricula and redefining academic goals, but fall short of addressing the larger problems related to the

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[652] Authors such as Hafferty, Coulehan, Williams, Reynolds and Wear speak to problems of the learning environment and the need to address organizational structure, faculty development, as well as student curriculum. They use the term 'hidden curriculum' to describe the learning environment where students learn by doing, ideally as apprentices under the guidance of mentors. Eliot Freidson expresses concern that very idea of professionalism in medicine eroding under current organizational and management systems that favor business practices and efficiency over individualized patient care and collegiality. (Freidson 2001)

interface with the health care system and tensions within the profession. [653]

Sociologist Samuel Bloom in 1988 called academic endeavors to create a humanistic medicine "little more than a screen for the research mission which is the major concern of the institution's social structure."[654] He called repeated curricular reforms "brave ideological statements" that do not address, or ignore, the underlying issues undermining educational efforts; others share that opinion.[655] Bloom dates the growth of medical education's complex structure back to the 1910 Flexner Report, which promoted an integrated model of academic-clinical learning within a university setting. Ultimately, this integration was never effectively achieved with the university, and has resulted in isolated participants (faculty, staff and students) within a complex organizational structure. Repeated curricular reforms to address the dehumanization of medicine and distress of students have not taken into account the importance of the social structure of the environment to learning.[656]

Nicholas Christakis, a physician-sociologist, also analyzed reforms, 1910 to 1993, using major reports and arrived at a somewhat different, but related conclusion. His work affirms the near constant call for review and change in undergraduate medical education, but Christakis believes the reason is less

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[653] Bloom writes about the social organizational structure impeding the learning environment. Ludmerer in his text on history of twentieth century medical education also states that teaching is a secondary concern in the medical training system. Konner's reflections in the conclusion of his text on being a medical student reflects on the lack of emphasis on actual mentorship and training. All these authors touch on this topic. (Bloom 1988, Christakis 1995, Ludmerer 1999, Konner 1987)

[654] (Bloom 1988) Quote from page 295.

[655] (Bloom 1988) Physician historian Kenneth Ludmerer also states that latter twentieth century medical education has evolved to be subservient to the other missions of the larger medical enterprise. See in particular Chapter 11 in (Ludmerer 1999) Also see this discussion in Chapter One of this dissertation.

[656] (Bloom 1988)

pessimistic than Bloom's. He describes consistent themes repeated across the twentieth century: affirmation of the core social mission and "nature" of the profession, and a drive to preserve self-regulation.[657] He believes the reason is the profession's near continuous need to promote professional core values: dedication to its social mission, meeting workforce need, and self-regulation.[658] The analysis within this dissertation offers a blend of these authors' conclusions. This author considers the constant need to emphasize these core values a result of the continuous challenge to them by the modern medical enterprise. As others have stated and this dissertation's analysis concurs, curriculum reform – while promoting the ideal - is itself inadequate to address the institutional structural issues that challenge the medical education mission and the professional values it has a social responsibility to promote.

The reforms since the closure of the IHVM are reflective of the overall goal of the Institute; the improvement of patient care through the humanization of medical education. The IHVM promoted a broad band of humanistic disciplines to balance and address the dehumanization of academic medical training. Calls to reform medical education and the curricula since the closure of IHVM all reflect related missions, adopted similar goals, and use similar tools to attempt change. The following section reviews these reforms, considering their intersections with the IHVM and their interactions within the institution of academic medicine.

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[657] (Christakis 1995) Quote from page 706. Christakis' performed content analysis on nineteen of twenty-four identified major reports recommending academic reforms in medical education. The nineteen were identified as focused on undergraduate medical education.
[658] (Christakis 1995)

Closely following the closure of the IHVM the AAMC issued a document

entitled *Physicians for the Twenty-First Century: Report of the Project Panel on the*

General Professional Education of the Physician. Project committee members

included high-ranking officials, deans and presidents, from prominent schools

nationally, and even the president of the AAMC itself with little obvious overlap with

IHVM leaders. The identified concerns of the report included topics in common with

the IHVM, such as the fragmentation of professional identity caused by increasing

specialization within medicine, and the need to foster a foundation of personal and

social attributes in addition to acquisition of scientific and technical expertise,

regardless of specialization. It also fully acknowledged the school's role in

supporting the institutional workplace, the medical center, which was fast becoming

a corporate environment requiring a highly specialized workforce. Of note for this

dissertation's analysis, the report explicitly identified the impediments to change

and educational reform as "institutional" and "systemic", and the necessity of

institutional leadership to support and direct change.[659] This position supports the

conclusions of this dissertation's analysis and the positions of medical sociologists

and many educators. Change must come from strong leadership within the

institution and it is the institutional culture that resists such change.[660]

The report, published in November 1984, noted thirty months of work by

nationally represented panel of education leaders including hearings and briefings

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[659] (Colleges 1984) Quotes from the "Introduction", page 3.
[660] See the work of Bloom (1988) and other sociologists presented in chapter Five of this dissertation. The medical educator Hafferty also presents the position of the institution as a problem. (Hafferty 1994)

with outside interest groups.[661] Thus, the AAMC was actively engaged in examining

the adequacy of medical education and pre-medical education during the lifetime of

the IHVM, working alongside IHVM's efforts not intersecting. In late 1983 when

Edmund Pellegrino wrote his final memo to the SHHV closing the IHVM, he stated

that the work was to be picked up by others.[662] No doubt he knew of the AAMC

Project Panel, and that the institution's efforts were moving in a direction that

recognized similar issues, but did not embrace the same curricular response,

particularly the role of humanities. The popular vote had been cast and it was not

for humanities integration as the IHVM had envisioned, but for a remedy cast

consistent with the institution's mold.

The continued work of AAMC following the 1984 report, some of which

included IHVM participants and trainees led to focused attention on ethics training

and later the broader concept of professionalism.[663] As described earlier in this

chapter the professionalism movement was fed by the recognition that while ethics

training had been adopted as a required component of the standard medical

curriculum per LCME accreditation criteria since the mid 1980s, this training had

not resolved some of medicine's most troubling problems related to the

dehumanization of the doctor-patient relationship and the social responsibility of

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[661] (Colleges 1984) The "Introduction" describes the lengthy preparation for the report, the work of the panel, and a list of panel participants is provided. It includes medical and non-medical educational leaders from across the U.S., including presidents of liberal arts universities.
[662] In Pellegrino's words, the old board would "leave the field open for others." December 1, 1983 letter to SHHV President James Knight, M.D. communicating the closure of the IHVM located in the IHVM Archives Folder 13 IHVM Pellegrino Letter to Society closing IHVM 12-83, Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.
[663] These included a conference supported by the DeCampo Foundation in July 1983, which included IHVM activists and trainees. The 1985 publication following the conference proposed a plan for the standard integration of ethics into the medical school curriculum. See (Culver 1985).

the physician. Professionalism became the catch phrase to address behaviors

beyond ethics related to work place behaviors, communications with patients and

their families, and physician societal responsibilities. As covered earlier, IHVM

fellows and those mentored by IHVM leaders saw AAMC guidelines addressing

professionalism as an opportunity to promote the humanities in medical education

– as a way to teach and promote professional identity formation, professional

behaviors, and responsibilities. Professionalism, a term that fit the evolving

corporate culture of twenty-first century medicine, as well as embracing the ideals

of the older medical profession was acceptable and easily adopted into medical

education curriculum. The AAMC reports following the initial 1998 publication of

the *Medical School Learning Objectives Project for Medical Student Education:*

Guidelines for Medical Schools outline criteria for a number of important areas

related to professional behavior in specialty areas, including communication

skills.[664]

The centenary of Abraham Flexner's famous 1910 report created reflection

on the fact that medical education even by 2010 had changed very little regardless

of the many reforms staged throughout the twentieth century.[665] Flexner's early

twentieth century review and report of all North American medical schools in 1909,

an effort solicited by the AAMC and AMA, and contracted through the new Carnegie

Foundation for the Advancement of Teaching, dramatically set the stage for a

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[664] (Colleges 1998b)

[665] The Carnegie Foundation supported a new review of professional training and particularly medicine as described in Cooke (2010). Other publications during the centenary year followed with the same message, medicine needed to improve training to address global health, population diversity, and social responsibility. (Irby 2010, Frenk et al. 2010, Bhutta et al. 2010)

standardization of American medical education moving into the new century.

However, while the medical school curricula had expanded and incorporated new

informational content with the growth of scientific and technical advances over the

years, the structure and learning experience had changed very little for students

even while the enterprise within which medical students trained had changed

tremendously. Thus, on the cusp of the Flexner centenary the Carnegie Foundation

again sponsored a review of medical education as part of a broader professional

education series. They found what others had identified through the 1990s and

2000s - professional identity formation was lacking.[666] The centenary report also

cited the following other shortcomings in medical education: curricular

standardization with flexibility for individualized learning, improved integration of

academic content (scientific, social science, inter-professional and professional

development, and content to build an understanding of the illness experience) with

clinical skills and practice, and preparation for habits of inquiry, life-long learning,

and self-improvement.[667] They noted that "Curriculum, and often teaching and

assessment practices, tends to neglect the fundamentally moral nature of medical

practice and consequently of medical education." Acknowledging the "progress"

made through the addition of ethics training in the curriculum, the authors noted

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[666] (Cooke 2010) Regarding past calls for reform with similar reflections, Christakis' review of reports calling for medical education reform across the twentieth century documented a constant call for affirming core professional values and self-regulation in the medical curricula indicating that these were either missing or threatened elements throughout the century. (Christakis 1995) The need for teaching professional formation and identity elements is also present in the works leading up to the AAMC's 1998 publication of the *Medical School Learning Objectives Project for Medical Student Education: Guidelines for Medical Schools.* (Colleges 1998b) Medical historians seeking the integration of history into the standard medical curiculum also argue the importance of learning history in the understanding and formation of professional identity. See (Jones 2015, Greene 2017).
[667] (Cooke 2010) See Chapter One, "Educating Physicians: Context and Challenges".

that the need to inspire and instill "more compassionate, more altruistic, and more humane" ideals and behaviors, with recognition that "commitment to excellent is a dimension of the moral identity of the physician".[668] These issues sound very similar to those that concerned the SHHV founders' fifty years prior.

The Flexner centenary inspired several current century efforts to integrate medical humanities into the undergraduate medical curriculum. These included the previously discussed Project to Rebalance and Integrate Medical Education (PRIME), which described the Flexner's 1910 report to the Carnegie Foundation as its "primary touchstone".[669] Flexner indeed considered the connection to higher education, the university, as part of the gold standard for medical education, actively recommending in his report that medical schools find such greater liberal education allegiances.[670] The *Beyond Flexner Alliance* also formed in response to the perceived need for change in the priorities of health professions education with the acknowledgement that such education was built in a Flexnerian framework. The Alliance grew from a 2012 gathering hosted by the University of Oklahoma School of Community Medicine in Tulsa, Oklahoma. It is an activist organization focused on fighting health inequities through education and curricular change in health professions schools. While not directly focused on medical or health humanities, the content of its meetings and its mission to draw attention to the more social and human aspects of medicine and healthcare through educational interventions aligns with the overarching mission of the humanities in medical and health professions

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[668] (Cooke 2010) Quotes from page 30 under "Professional Formation".
[669] (Doukas 2012) Quote from page 334.
[670] (Flexner 1910)

education. The Alliance continues to meet on an approximately biannual basis in

cities across the country to assure a national participation and representation. In

2018 the meeting was in Atlanta, Georgia, had prominent and engaging speakers

focused on the importance of social content in the curriculum of health professional

schools to build sensitivity and awareness. The 2020 meeting cancelled due to the

coronavirus pandemic, and a 2021 meeting is scheduled for Phoenix Arizona.[671]

In acknowledgement of the need to recognize the more human side of

medicine, the AAMC moved forward with changes that supported the importance of

non-basic science content in pre-medical and medical education. A major effort in

this regard was the revision of the Medical College Admissions Test (MCAT) opened

to applicants in 2015. The new exam was the result of a comprehensive study by

the AAMC conducted with a twenty-one member advisory committee (MR5

committee) that collected information in 2009 from a large number medical schools,

residency programs, and baccalaureate institutions, including students and

residents. The goal was to understand both the current knowledge needs for

medical school and the academic offerings available at the baccalaureate level. The

committee worked across three years to produce a set of recommendations for an

updated exam. The outcome was a new test that included a brand-new section on

behavioral and social sciences and a revised verbal section that emphasized critical

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[671] For a further description of the Alliance's history, see https://beyondflexner.org/about/our-story/, accessed 10/30/2020 . This author attended the 2018 conference in Atlanta, Georgia. Two health professional schools in Atlanta, the Morehouse School of Medicine and the Emory University Nell Hodgson Woodruff School of Nursing hosted the 2018 conference. Also see https://beyondflexner.org/beyond-flexner-2018-community-diversity-and-equity/, accessed August 10, 2020.

analysis and reasoning skills.[672] The reshaping of this landmark admissions test

represents a large step forward in the recognition by a legitimizing agency that

modern physicians need significant background in areas outside of the traditional

sciences in order to become well-trained doctors. Proponents of the new test and

the broadening of medical education to incorporate these new elements point to

data detailing the degree of morbidity that is beyond the scope of simple disease

processes and related directly to socioeconomic and health systems disparities.

There is now significant appreciation within medical education institutions that

twenty-first century doctors need to understand cultural and social diversity in

order to treat a more globalized population of patients with health directly impacted

by social conditions and bureaucratic health systems.[673]

Additional evidence that legitimizing agencies such as the AAMC are

recognizing the importance of non-scientific content in medical education is the

presence of humanistic content at recent sponsored events. In 2019 the annual

meeting of AAMC's Southern Group for Educational Affairs (SGEA) entitled "Re-

imagining Medical Education" included plenary sessions and individual breakouts

with humanistic themes. These included sections that presented historical content,

and breakouts showcasing schools engaged in humanistic training practices at both

the UME and GME levels. From this 2019 meeting a Special Interest Group in

Medical Humanities was formed that includes medical school faculty from

institutions across the southern region of the United States, including Florida,

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[672] Details on the MR5 committee were found in (Medical 2011), also (Dienstag 2011).

[673] (Kaplan 2012) The centenary articles calling for reform in medical education discuss these points as well. See (Frenk et al. 2010, Bhutta et al. 2010)

Georgia, Kentucky, Louisiana, Texas, and Arizona. This group has followed a similar

path to others discussed here where literature, resources, and pedagogical practices

are actively shared, promoting engagement and use of humanities content in

curricula across schools.[674] While the importance of humanism in medicine was

present, it was incorporated in ways that complimented the current educational

structures and practices, selected integration, not disciplinary.

In 2013 the American Medical Association (AMA) initiated an "Accelerating

Change in Medical Education Initiative", which provided grants to pilot novel

educational curricula, practices, and faculty development. Recognizing that the

medical education model had changed little in the past century, the AMA program

challenged medical schools and residency programs to create novel and innovative

training approaches to better meet the needs of twenty-first century health care

systems and patient populations. An initial set of grants was issued to eleven

institutions, which formed the "AMA Accelerating Change in Medical Education

Consortium". A second and third wave of grants were issued in 2017 and 2019,

bringing the number of consortium members to thirty-seven that includes public

and private, osteopathic and allopathic medical schools from across the country.[675]

Projects supported by the AMA initiative include novel training approaches to

improve the quality and safety of patient care across the continuum of medical

education, as well as the creation of new content and pedagogy for an already

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[674] This author was an attendee and presenter at the 2019 SGEA conference. (Horton 2019a) The author is also a member and officer of the SGEA Medical Humanities Special Interest Group.
[675] https://www.ama-assn.org/education/accelerating-change-medical-education/creating-medical-schools-future, and https://www.ama-assn.org/education/accelerating-change-medical-education/member-schools-consortium, accessed 8/15/2020.

overburdened UME curriculum.[676] The end goals seemed remarkably similar to those held by earlier organizations promoting humanistic content: improved patient care, enhancing the human experience of medical care, and training physicians to understand more than the scientific and technical aspects of medicine and healthcare. The goals of the consortium are to create an alliance of schools willing to share innovative ideas, teaching tools, pedagogical methods and curricular content. Six of the thirty-seven schools on the AMA consortium list are schools that were involved with the IHVM, suggesting that these schools continue to be open to and engaged in cutting edge ideas.

Both the AAMC and AMA use similar terms to describe the current efforts they wish to promote to partner with the medical schools and centers in the training of future physicians, the medical workforce for this century. These words include "reimagining", "transformation", "reform", "groundbreaking", "systems", and "innovation".[677] Such terms are consistent with the language of business, technology, and the corporate culture in which twenty-first century medicine resides. The use of humanities language remains an outsider to this culture unless couched under the guise of acceptable terms, such as professionalism and ethics. Bioethics, born within biomedicine for its purposes, and professionalism are

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[676] November 2015 meeting with Nathan Spell III, M.D. provided information on Emory University School of Medicine's award focused on developing a standardized quality of care and patient safety training curriculum for students, residents, faculty, and interprofessional personnel. July 2016 meeting with Pennsylvania State College of Medicine's Terry Wolpaw, M.D., M.H.P.E. provided background on the Penn State College of Medicine's (at Hershey) novel health systems curricula supported by an initial pilot grant from the AMA.

[677] See https://www.ama-assn.org/education/accelerating-change-medical-education/creating-medical-schools-future, accessed 8/15/2020. Also note the title of the AAMC SGEA 2019 conference "Re-imagining Medical Education".

pragmatic enterprises that engage selected humanities elements for practical purposes suitable to the ends of medicine. The AAMC and AMA, the legitimating agencies of medical education and practice, are moving forward to innovate and adapt medical education for this new century in ways that match the culture in which it is exists. While the AAMC's engagement and even endorsement of humanistic topics in medical education is evident, there is no recommendation to standardize humanities curricular content, teach humanities by disciplinary fields, or use traditional humanities pedagogical methods by those qualified in the disciplines to do so. Greene and Jones make an excellent case for medical history to be a required element of the standard medical curricula, yet other humanities disciplines have not followed suit, and the realities of these arguments for history are yet to be seen.[678]

What has the IHVM taught us about humanities in medical education?

The IHVM was an organization that existed independent and outside of accrediting bodies for undergraduate and graduate medical education, yet it sought to impact both in a significant way. It was developed to raise awareness of the importance of humanism in medical education at a time when the power of medicine was expanding; needing to be checked, and patients were empowered by civil rights movements to take charge of their own care and treatment. The

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[678] Greene and Jones make the case in their 2017 publication. (Greene 2017) This position is heavily supported by members of the Clio Project. A July 13, 2020 email correspondence to this group from Jeremy Greene noted his participation in an AAMC committee planning a new project to establish the role of arts and humanities in medical education. https://www.aamc.org/what-we-do/mission-areas/medical-education/humanities, accessed 11/5/2020.

members and leaders of the IHVM and its parent organization believed that

humanist scholars and humanities fundamentals were integral to creating more

humanistic physicians, adequately prepared for the challenges, situations, and

decisions faced by practitioners of modern medical practice. While the dedicated,

highly accomplished actors within the IHVM achieved much, the ultimate goal of

standardized humanities curriculum supported universally by American medical

schools and their legitimating organizations were unattainable. The predictive

model presented in Chapter One functions to predict the challenges of attaining such

universal curricular goals. As this dissertation study shows, both the operational

theories presented in Chapter Five upon which the model is founded, and the model

itself have strong predictive value in regard to medical curricular changes. The

model predicts that large curricular change requires the alignment of support from

the major influencers of the American medical education enterprise, which include

the public who utilize medical services, professional associations, legitimizing

boards, and other bodies that influence the greater institution of medicine in

powerful ways, such as funding sources and employers. In 1910 when Abraham

Flexner proposed major changes in medical education, such support was in

alignment and dramatic changes occurred. As shown in this dissertation study,

particularly in Chapters Four and Five, such alignment of support for humanities

was lacking in 1980 during the lifetime of the IHVM and continues to be lacking in

2020.

In the aftermath of the IHVM's closure these legitimating organizations,

particularly the AAMC and ACGME, have continued to struggle with the same issues

of balancing the human elements of the profession's education with the growing

amounts of science and technology that support it. The public, profession, and

institutions of medicine continue to value science more universally over humanities,

yet as the interest in humanities through publications, movements, and

organizations show, the demand to humanize medicine and balance the curriculum

with social and human elements remain ever present. As discussed earlier in this

chapter there continues to be a significant group of concerned medical educators

that believe finding this balance is essential to the life and integrity of the

profession, and the care of the populations it serves. Also, doggedly present for

medical education as a whole is the struggle of what and how to integrate

humanistic materials so as to adequately educate and prepare modern physicians.

This struggle has only increased with the constantly escalating advances in scientific

knowledge and technology, the expanding corporatization and specialization of

medical practice, and global diversification of the populations to be served. While

the IHVM proposed teaching broad humanities discipline specific content as a

solution, the strongly institutionalized agents of medical education that make

decisions on curriculum have turned to selected elements of the humanities and

social sciences that can be utilized in pragmatic and applied ways. In doing so they

have created curricular segments that fit within the corporate institutional culture

in which the profession now exists, using defining terms that are valued by this

environment, such as 'professionalism', 'quality control' and 'health systems'. To

refer back to earlier reflections on the acceptance of ethics within medical

education, these terms also represent concepts that medicine can readily

understand and interpret for direct use in practice.

Lessons from Affiliated Schools

Several schools closely involved with the IHVM were visited during the

exploratory phase of this dissertation project: State University of New York at Stony

Brook whose medical school's founding dean was Edmund Pellegrino; Pennsylvania

State College of Medicine at Hershey, founding dean George Harrell; University of

Texas Medical Branch, where Chester Burns worked tirelessly to found the Institute

for Medical Humanities; Kansas University Medical Center, where George Wolf was

dean. Harrell and Wolf were both early, active advocates in the formation of the

SHHV. Pellegrino took over as leader and chief during the formation of the IHVM,

and Burns was an engaged leader within the SHHV and IHVM. The schools they

represented share one distinct similarity; they are all state institutions, which is

important because their role is directly connected to political and government

action and their purpose is to serve the public interest of their home state. The

differences, however, between the schools and their connection to the humanities

are much more interesting and telling for the purposes of this study. Differences in

history, leadership, and organizational structure can be used to understand the

evolution of humanities' presence in individual school curriculum and culture. The

continued integration of medical humanities in each of these schools can provide

interesting clues as to what works, why and how.   The following provides a brief

review of those four schools and what they tell us about the successes and

challenges of medical humanities in medical education.

Kenneth Ludmerer stated that new "community-based" medical schools were

more willing to experiment with novel curricular ideas; this was likely reflected in

the advent of the new medical schools in Stony Brook, New York, and Hershey,

Pennsylvania.[679] Both were part of the new investment federal and state

governments were making in the future healthcare in local communities.[680]

Edmund Pellegrino moved from the University of Kentucky to become the founding

dean of the medical school at Stony Brook. There he built a medical school based on

his belief that medicine was being challenged in ways that required the input of

humanists, social scientists and insights gained from a liberal arts education. [681] At

the time of this author's 2016 visit humanities was being taught as a part of the

formal curriculum through all years by humanists in the Center for Medical

Humanities, Compassionate Care and Bioethics housed in the Department of Family,

Population and Preventive Medicine, although it did not have connections that

crossed the University campus to academic departments. Publishing medical

humanists, like John Coulehan and Peter Williams, were part of the further

development of medical humanities at Stony Brook after Pellegrino left from the

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[679] (Ludmerer 1999) Quote from page 212. The topic of states building more medical schools to
serve their public can be found on pages 209-215.

[680] For background on Stony Brook see (Andelman 1971) This article describes the investment of the
state and Pellegrino's vision. Also see Stony Brook Libraries website. (Libraries 2013) For
background on Hershey, including George Harrell, see (Lang 2010).

[681] Pellegrino's *Curriculum Vitae* revised just prior to his death in June 2013 notes his movement
from University of Kentucky, Lexington where he was Chair of the Department of Medicine, to his
next position Vice President for Health Sciences at the new SUNY Stony Brook Health Sciences.
Pellegino's belief in the humanities is expressed in his 1971 IHVM Welcome Address: (Pellegrino
1971) Also see previous footnote references regarding Pellegrino and his vision.

1970s into the 2000s. They influenced the building of the current Center with

Coulehan as its first director. In its current form under the leadership of the next

director, Stephen Post, the Center sits within a medical school department, yet is

organizationally independent of the school, reporting directly to the University

president. It has grown academically to offer a formal master degree in bioethics

that emphasizes its inclusion of medical humanities. Yet, there was a sense that its

emphasis had moved with new leadership toward applied topics, an approach seen

in other medical education institutions. Leaders in the medical humanities like

Coulehan and Williams had retired, and many of their younger humanities successor

faculty had left. The 'humanities', as the founders had envisioned it, was being

replaced by topics, such as empathy, compassion care, and professionalism.[682]

The Hershey experience was different from Stony Brook in two distinct ways

that may have influenced the school's trajectory related to the humanities:

organizational structure and school leadership. George Harrell, the founding dean

of the Penn State medical college, was a fervent advocate for medical education and

the humanities, and one of the medical education leaders that helped to build the

SHHV. In this respect he was much like Pellegrino, he passionately believed in his

mission. Interviews with faculty at Hershey familiar with the history of the medical

center told that Harrell, unable to create an integrated teaching program with

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[682] This reflection on the current state of the medical humanities a Stony Brook is derived from meetings and interviews with current and retired faculty: John Coulehan, Peter Williams, Michael Vetrano, Stephen Post in June 2016. Center website: https://www.stonybrook.edu/bioethics/. Description of the master program can be found at https://www.stonybrook.edu/commcms/bioethics/masters/, both accessed 8/21/20. A July 1, 2016 meeting with Daniel Fox, who served in a leadership role under Pellegrino at Stony Brook and was a humanities faculty also provided background on Pellegrino and his leadership mission at Stony Brook.

medical humanities in his previous medical school (Gainesville, Florida), pursued

this dream at the new medical school being developed under his direction at

Hershey. At Hershey his innovative ideas were accepted and early on he established

the first formal department of humanities within a medical school in the U.S.. [683] The

most active members of the IHVM board were humanities faculty from Hershey.

These included E. A. Vastyan, BD, Chair of the Medical College's Department of

Humanities, K. Danner Clouser, Ph.D., and Joanne Trautmann, Ph.D.. [684] The early

leadership and faculty at Hershey, including medical humanities faculty, were

consistent across the growth of the school and department. Harrell was named the

Vice President for Health Affairs at the medical center in the year before his 1973

retirement.

At the time of this author's 2016 visit the Department of Humanities at Penn

State College of Medicine remained productive and stable, a source of pride within

the medical center. The department was chaired by a humanist scholar and had a

spectrum of junior to senior humanist scholar faculty in a variety of foundational

disciplines, including literature, social sciences and philosophy. These scholars

taught an integrated humanities curriculum through the four years of medical

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[683] Interviews with knowledgeable senior faculty in the Department of Humanities were conducted in July 2016. Harrell's history before and with the Penn State College of Medicine can be found in two books written about the history of the medical center by a former faculty, Max C. Lang. (Lang 2010, 2015) The 2010 book describes Harrell's life and career, along with others. The 2015 book progresses into the growth of the medical center, providing a brief description of the development of the Department of Humanities.

[684] Vastyan, an Episocopal chaplain, was recruited by Harrell to lead the department. He was also active in the development of the SHHV, and was consistently on the IHVM Board during the IHVM's entire lifetime. Clouser was also consistently an active participant and leader within the IHVM. A philosopher teaching in a medical school Clouser delivered early IHVM talks describing his teaching methods and philosophy. See (Clouser 1971) Trautmann was a literary scholar. She was also very active in the IHVM and chaired the Dialogues Between the Disciplines group in Literature, editing the publication associated with this group's work. See (Trautmann 1982)

school. The department held major federal grants and housed an endowed center,

The Doctors Kienle Center for Humanistic Medicine. Through The Center medical

students participated in humanistic activities including drama and writing for a

literary publication, *Wild Onions.* The Center also provided scholarships for medical

students involved in humanistic activities. At least one faculty member was engaged

at a leadership level in the national humanities efforts described earlier in this

chapter. Faculty members interviewed were excited about the accomplishments of

the department and, most importantly, the future. While there were the typical

groans about the challenges of competing for curricular time, there was success in

publications and grants, ongoing curricular innovations, and a culture based in a

tradition that supported the humanities through established organizational

structures that made it easier to uphold. There was the belief that students came to

Hershey because of the humanities curriculum and a culture that supported it.[685] Of

the four schools visited and their humanities units, the Hershey Department of

Humanities felt the most vibrant, positivistic, and forward thinking.

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[685] Interviews with faculty were conducted in 2016. These included telephone interviews with Michael Green, M.S., M.D. (June 21) who is credited with the development of a graphic novel that he uses in his teaching, and Rebecca Volpe, Ph.D., (July 29, 2016) who receives credit for the evolving integrated curriculum. Volpe is also an active member in the Academy for Professionalism in Healthcare – a progeny organization of the IHVM discussed earlier in this chapter. Interviews conducted in person with J.O. Ballard, M.D., (July 8, 2016) a senior, clinical faculty who been on faculty since 1976 and joined the Department of Humanities in 1999 as Interim Chair (see his *Curriculum Vitae*, https://sites.psu.edu/humanities/files/2016/08/Ballard-CV-xjpaxc.pdf, accessed 8/22/20). He provided historical as well as current contexts and information. A telephone interview on June 15 and in-person meeting October 4, 2016 with Daniel Wolpaw, M.D., current director of The Doctors Kienle Center, who provided access to his many saved documents, flyers, photos of The Center and its establishment, and a October 4, 2016 interview with then Department Chair, Daniel Shapiro, Ph.D. who spoke of the success of grants and publications in the department. Both Daniel Wolpaw in June and a July 8, 2016 interview with Terry Wolpaw, M.A., M.D., M.H.P.E, Vice Dean for Educational Affairs discussed the new AMA grant that helped them pilot an innovative health systems curriculum that integrated with their humanities curriculum.

The latter two visited schools were well-established institutions at the time of the IHVM each with individual leadership and faculty interests in medical humanities, University of Texas Medical Branch and University of Kansas Medical Center. The University of Texas Medical Branch (UTMB) was established in 1891 as the "first university medical school" servicing the largest, most prominent city in Texas, Galveston.[686] Interest and teaching of the medical humanities were present within the first decade of the UTMB's existence, and continued into the twentieth century in the areas of history, ethics, and jurisprudence. By the early 1970's Chester Burns and H. Tristram Engelhardt were faculty at the UTMB. Both were medical doctors with Ph.D. degrees in humanities disciplines, Burns with a doctorate in history and Engelhardt in philosophy. Burns and Engelhardt were intellectual forces, and their presence to UTMB provides evidence that the administrative leadership continued to value the medical humanities. E. A. Vastyan was also at UTMB as a chaplain until he was recruited by George Harrell to become the founding chair of the Department of Humanities at the Penn State College of Medicine in Hershey, offering further evidence of the value UTMB held for humanists and the humanities. Burns and Engelhardt together created a teaching environment that included both school and community programming. Engelhardt was responsible for the award of a National Endowment for the Humanities (NEH) grant to support a seminar series for local practitioners entitled *Patient as Person*.[687]

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[686] Included in the Introduction of Chester Burns' centennial history of the University of Texas Medical Branch in Galveston, quote from page 1. (Burns 2003)

[687] (Bott 1974) This article and other historical information about the UTMB Medical Humanities can be found in the Institute for Medical Humanities archives in the Truman G. Blocker, Jr. History of Medicine Collections at the Moody Medical Library, UTMB, Galveston, Texas.

Burns was instrumental in creating the UTMB Institute for the Medical Humanities

(IMH), chairing a Medical Humanities Committee from 1971-72 to assess the nature

of unsolved problems and unmet needs of patients and health professionals and

determine if the humanities could provide the answers. The Institute opened in

1973 and disciplinary faculty taught a spectrum of humanities courses across the

health professional schools at UTMB. By 1988 there were ten full-time faculty in the

IMH in areas including religion, philosophy, history, literature and jurisprudence. In

the same year the Texas Board of Regents also approved a graduate program in the

medical humanities through the IMH, the first graduate program issuing a degree in

'medical humanities' in the U.S.[688] UTMB was a groundbreaking school with deep

roots in and dedication to the medical humanities.

The work of the IHVM had a strong influence on the development of UTMB's

Institute for the Medical Humanities (IMH) into the twenty-first century. Vastyan,

Burns, and Engelhardt, all actively involved in IHVM's leadership and activities,

played significant roles in the creation of the IMH; Engelhardt and Pellegrino were

also close professional colleagues through the decades.[689] Burns was instrumental

in hosting the third IHVM conference in Galveston in 1973, drawing a large Texas

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[688] (Burns 2003) A history of "The Institutes" can be found on pages 232-236. More information on the development of the Institute for the Medical Humanities at UTMB is located in the Institute for the Medical Humanities archives, including the Medical Humanities Committee "MHC" Final Report, in the Thomas G. Blocker Collection of the Moody Medical Library, UTMB, Galveston, Texas. The final report, page 6, includes evidence of collaboration between Vastyan and Burns, Vastyan providing information on the activities happening at Hershey.

[689] Personal communications with those close to Pellegrino. Engelhardt is co-editor of *A Pellegrino Reader*, a compilation of Pellegrino's intellectual work on the philosophy of medicine. (Engelhardt 2008)

and midwestern attendance.[690] The UTMB also recruited IHVM trainees to lead its

Institute and train its students. Three IHVM fellows spent time as directors of the

IMH. Ronald Carson, Ph.D., a theologian and early IHVM trainee was recruited to be

the second director of UTMB's Institute where Chester Burns remained in senior

leadership and on faculty.[691] Howard Brody, M.D., Ph.D., another IHVM Fellow and

the only one to receive two consecutive fellowships to complete his Ph.D. in

Philosophy, was named director of the IMH following Ronald Carson. William

Winslade, J.D., Ph.D., also a recipient of an early IHVM training fellowship, was

recruited to the UTMB faculty by Ron Carson in 1984, became interim director after

Carson's retirement, and remains teaching faculty there today. [692] IHVM trainees

interested in learning about medical humanities teaching programs for medical

schools often looked to Penn State Hershey and UTMB as model schools. Kathryn

Montgomery Hunter, Ph.D. spent part of her IHVM fellowship period at UTMB and

recommended that they hire a literature scholar; Anne Hudson Jones was brought

onto the faculty shortly thereafter.[693] Sally Gadow, an IHVM fellow with an R.N. and

a Ph.D. in Philosophy, also spent time as full-time faculty at the IMH.[694]

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[690] Notes on Chester Burns' preparation for the *Institute on Health and Human Values Southwest Regional Institute* can be found in the archives at Thomas G. Blocker Collection of the Moody Medical Library, UTMB, Galveston, Texas. His significant role was also made evident through Lorraine Hunt's remarks in the conference proceedings, page 2, expressing her personal gratitude. (1973)

[691] Carson was interviewed as an IHVM fellow for this study on April 8, 2017 and his leadership of the IMH was discussed. He was director of the IMH for close to 25 years. Carson's leadership is also presented in Burns' history of UTMB, pages 235-236. (Burns 2003)

[692] Personal communications with Anne Hudson Jones in 2016 provided background on the history of IMH and its leadership.

[693] Personal communications with Anne Hudson Jones in 2016. Also communicated during the IHVM fellow interview with Kathryn Montgomery on September 18, 2019.

[694] Found in Chester Burns' history page 236. (Burns 2003) Also mentioned by Ronald Carson in his 2017 interview.

The Institute for the Medical Humanities at UTMB remains open and active, and faculty offer instruction for all health professions schools and graduate programs, including Ph.D. and MD-PhD options in the medical humanities. Anne Hudson Jones directs the graduate program in medical humanities, and William Winslade remains actively engaged in teaching and curriculum development for the medical school.[695] Humanist directors continue leading the Institute; in 2020 a new permanent director was named who is a feminist scholar with a doctorate in Philosophy. However, the organizational structure within the university has changed creating a diminished presence. Initially the Institute's director reported directly to the UTMB president and school of medicine dean. After 1983 the Institute began reporting through the vice president of academic affairs.[696] Currently the Institute sits within the administrative structure of the UTMB Health Department of Preventive Medicine and Population Health, burying it further under additional organizational layers.[697] Pedagogy has also changed, and course content has become more marginalized. Winslade was involved in the 1990s curriculum revisions, yet he expressed dissatisfaction with how humanities teaching have evolved. He reflects, "I don't follow the set pedagogy" and "I do my own thing." He expressed the marginalization of the courses and material in the same way that others like Hafferty have written about, which tends to diminish its perceived

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[695] Personal communications with Anne Hudson Jones in 2016. Winslade provided information on his involvement in the medical school and teaching during his IHVM fellow interview with on April 7, 2017.

[696] See the August 4, 2020 announcement of Lisa Campo-Engelstein, Ph.D. as the new IMH Director. https://www.utmb.edu/imh/home/2020/08/04/lisa-campo-engelstein-phd-appointed-director-of-the-institute-for-the-medical-humanities, accessed 8/28/2020. Previous reporting history detailed in Burns (2003), page 232.

[697] IMH website https://www.utmb.edu/imh/about/about-the-institute, accessed 8/28/2020.

relevance.[698] In addition to curricular stresses, UTMB's very existence as an institution was seriously threatened in 2008 following devastation wrought by Hurricane Ike. The University did reopen with trepidation by state officials. At the time of this author's 2017 visit the offices of the IMH, previously centrally located in the grand historic Big Red Building were relocated to old primary care buildings off campus following significant hurricane damage to Big Red. These primary care clinical buildings were themselves marginalized and in need of repair. This location did not help create or sustain excitement for the IMH mission.[699]

The final school visited was the medical school of the University of Kansas with its Department of History and Philosophy of Medicine. Like UTMB the school has a rich history beginning in the late 1880s. In 1950s and 60s the school expanded its enrollment primarily to produce doctors for the rural region.[700] George A. Wolf, M.D., a contemporary of George Harrell was, like Harrell, a leader in the committees leading to the establishment of the SHHV. Wolf served as dean of the School of Medicine at Kansas City while he was also serving on the IHVM Board.[701] The University of Kansas School of Medicine has a longstanding Department of History and Philosophy of Medicine with a remarkable collection of well-archived materials about the activities and events of the school, including the period of the IHVM. Archived materials include correspondence regarding the famous 1950s

[698] Winslade expressed these feelings, and the quoted statement, during his IHVM fellow interview with on April 7, 2017. Marginalization of humanities and ethics content, and the problems thereof, have been expressed by Hafferty (1994) and Winslade during his 2017 interview.
[699] Described by Anne Hudson Jones during the 2016 meeting. The April 7, 2017 interview with William Winslade took place at the Primary Care location, which is as described.
[700] A History of the School of Medicine can be found at http://www.kumc.edu/school-of-medicine/about-the-school/history.html, accessed 8/28/2020.
[701] George Wolf's name is found in the archives leading to the formation of the SHHV and in the reports of the IHVM as a member of the Board for several years.

Chicago study, conducted at the University of Kansas School of Medicine, leading to

the seminal sociological text on the culture of students in medical school, *Boys in*

White, which noted the cynicism that develops in medical school. Correspondence

was found related to Edmund Pellegrino, including letters of invitation for seminars

and responses. Pellegrino made at least one visit to KUMC. However, little direct

evidence of a substantial impact by the IHVM was found. George Wolf's presence at

KUMC was short, and the department did not have a historical culture or mission to

integrate humanities into the standard medical school curriculum. While the school

had humanities offerings taught by dedicated humanist faculty within the

department and a presence of serious scholars, it had no history or stated

dedication to the concept of a standard integration of such content into the general

curriculum. The Department's history was built on scholarship and continues to

provide an outstanding resource to interested faculty and students, but it appeared

not to have a mission to create a pervasive, integrated program for the general

population of students and trainees.[702]

The evolution of humanities in these schools both informs and supports the

predictive model presented in this dissertation. The highlights of these schools tell

us that high-level leadership, culture, and tradition matter a great deal in creating

and sustaining change, as does organizational structure and related external

validating forces, such as support from oversight agencies, grants and philanthropy.

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[702] A breadth of communications and flyers were found in the KUMC Department of History and Philosophy of Medicine archives, including correspondence with Edmund Pellegrino, and a knowledge of humanities programming for faculty, including humanistic workshops alternative to the IHVM. The days spent in this archive and the materials collected were done with the dedicated support and work of the Department's Head Archivist, Alex Welborn, MLIS.

The medical schools at Hershey and at Stony Brook were both built in the same generation with similar intentions – to meet the needs of their communities; both began with leadership that believed in the value of the humanities in reaching that goal of service. Hershey provides the best example of what works in remaining true to the humanities. It maintained a solid humanities footprint through a combination of factors that include the formal structure of a department with faculty actively engaged in scholarship with publication metrics, a continued belief from leadership in the importance of the humanities, external validation of that belief through the award of professional association and federal grants and philanthropic donations, a sustained institutional culture that supports the humanities, and novel curriculum development that uniquely weaves and portrays the humanities in themes valued by accrediting organizations, such as professionalism and health systems.[703] While Stony Brook created the structure of a Center and sustained a humanities curriculum, the Center and its content is not central to the curriculum, and the leadership of the institution following Pellegrino did not sustain the same level of interest in humanities and its integration outside of ethics and special topics. Hershey was able to create a sustained humanities department, scholarship and curriculum within a medical education enterprise as a result of sustained interest by the leadership, validation through accepted measures of success (publications, grants, and philanthropy), and creative weaving of disciplinary humanities with the

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[703] Penn State College of Medicine, Department of Humanities faculty Michael Green, M.D., M.S. stated in personal communications by telephone on June 21, 2016 that humanities was part of the cornerstones of the school since its inception. Terry Wolpaw, M.D., M.P.H.E., Vice Dean for Educational Affairs described in a July 2016 interview Hershey's AMA grant that supported the development of a novel curriculum integrating the humanities into a health systems curriculum.

language and themes of value to the culture of medical education's governing

boards, professional organizations and corporate interests.

While UTMB and KUMC had long-standing relationships with the humanities,

their goals were distinctly different. The University of Kansas Medical School was a

school with a structural investment in scholarship, lesser so in teaching and

integrating humanities in to the general medical curriculum. The medical college

had a formal Department of History and Philosophy of Medicine, a strong humanist

faculty and dedication to maintaining historical archives. It continues as a school

that respects the offerings of the humanities, humanities scholarship, and provides

the opportunities for such scholarship to those who choose it. Alternatively, UTMB

had the culture, structure and dedicated interest in teaching the medical humanities

across the professions and integration. However, the perceived importance of that

Institute for Medical Humanities had been diminished in part by fluctuation of

leadership, but also by larger institutional uncertainty. Following the tremendous

physical damage incurred through natural disaster in 2008, the school itself was in

danger of not receiving Texas State support to reopen.[704] Nonetheless, the historic

University did weather this storm of uncertainty, and reopened to the struggles of

redevelopment. The IHM now has a newly named humanist director, which

suggests renewed institutional support by the leadership and the renewed

possibility of a bright future for the humanities at UTMB. It is worth noting that

Hershey, Stony Brook, and UTMB's humanities programs were featured in the 2003

Academic Medicine Medical Humanities themed edition. All gave credit to their

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[704] Personal communications at UTMB.

historical foundations in the humanities as the core of their sustained strength in these areas.[705]

Tracing the evolution of these schools displays the strength of the predictive model. Penn State Hershey provides a perfect example of the power of organizational structure, leadership, professional beliefs, and validation from important external sources such as accreditation organizations, professional associations, and funding agencies. The leadership and faculty at Penn State College of Medicine have sustained their investment in the humanities by validating its use through academic metrics of success and the novel integration of the humanities into current themes that are accepted and valued by the medical profession and accrediting organizations. The College's investment in developing novel curricula valued by the greater medical enterprise, thus attracting further validation through publications and grants, is key to its success in maintaining a strong humanities institutional presence within the corporate medical enterprise.

Concluding Thoughts

The Penn State College of Medicine shows that disciplinary medical humanities can be maintained and taught within the undergraduate medical curriculum in a way that is validated by the greater medical institution. As others have suggested and done, the use of language that 'fits' the corporate medical environment, such as professionalism and health systems allows easier incorporation of disciplinary humanities into the four-year curriculum. Some argue

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[705] (Hawkins 2003, Coulehan 2003, Jones 2003)

that this parsing of humanities content within the curriculum dilutes the benefits of

the individual disciplinary so much so that they loose their value and purpose.[706]

Medical historians present a strong argument for the essentialness of history to the

doctor's toolbox – much like any one of the biomedical sciences. Their arguments

and resources should resonate with those in charge of medical education as doctors

use the tools of history daily in practice and an understanding of the history of the

profession is key to professional identity development, an area which sociologists

have identified as continuously in need of attention.[707] There is evidence that the

AAMC is paying attention to these lines of argument and that they are – yet again -

putting effort into understanding what the humanities can provide medical

education.[708] The continued use of mimetic processes for curriculum development

in medical schools suggests that the profession lacks an understanding of how to

develop the ideal doctor, or even what that ideal represents within a profession

whose culture has become fragmented by necessity into specialty and subspecialty

areas.[709] Bringing clarity to the goals of undergraduate medical education and an

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[706] (Greene 2017)

[707] The Clio Project and its efforts are discussed earlier in this chapter. The argument for medical history can be found in Jones (2015), (Greene 2017). Presentation of data on the continuous call for medical school curriculum reform around professional identify, self-regulation and the profession's social mission can be found in Christakis (1995).

[708] Personal communication with physician scholar Jeremy Greene, M.D., Ph.D. in August 2020 stating that he is involved with the AAMC in a planning committee on the "Foundational Role of Arts and Humanities in Medical Education project". As described earlier in this chapter the AAMC SGEA 2019 conference had focused content on humanistic concepts.

[709] Crompton argues using the works of Durkheim, Becker, Hughes, Freidson, and other prominent sociologists that a profession is an altruistic theoretical construct, something akin to a folktale, that is symbolic rather than reality. (Crompton 1990) Fragmentation within the profession was a concern for the founders of the SHHV. George A. Wolf, a founder, comments in the "Minutes of Committee on Medical Education and Theology March 17-18, 1967" on the anxiety that specialization of medicine is having a fracturing affect on the "field of medicine", and concern about the impact on medical education and internships. Memo found in IHVM Archives of the Presbyterian Historical Society, Philadelphia, Pennsylvania. Ludmerer discusses this cultural fragmentation in two of his books: *Time to Heal* about medical education in twentieth century and *Let Me Heal* on the formation of graduate

understanding of what is essential content is a primary issue for undergraduate medical education curriculum development.

In considering the role of medical humanities in medical education the intended goal must be to in the service of the responsibilities of the profession, not the scholar. It is essential that doctors be trained in content and methods that provide them the best training to serve their patients. Convincing epistemological arguments have recently been made for the value of humanities education in the training of doctors, as a way of instructing on how to reason, "know and think" through both predictable and unpredictable circumstances.[710] Applied humanities methods such as Narrative Medicine and applied history approaches are useful to medicine because they are directly applicable to necessary clinical skills and beneficial to the humane care of patients.[711] Ethics training as integrated in many medical schools, unstandardized, without context, temporally marginalized in the curriculum without adequate role modeling has proven insufficient to address all the needs of a balanced medical professional education.[712] Broader humanities content focused on communicating applied concepts, methods and skills has been

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medical education. (Ludmerer 1999, 2015). Chapter Three of this dissertation also discusses concerns around the fragmentation of the profession.

[710] A recent argument for the epistemological value of the humanities to doctors can be found in Chiavaroli (2017). Quote from page 13.

[711] Howard Kushner has written about the applied uses of history in medicine. (Kushner 2008, 2013) Charon advocates for the applied use of literary tools, a use she calls Narrative Medicine. (Charon 2001, 2006)

[712] (Hafferty 1994, Lakhan 2009, Lehmann 2004, DuBois 2002)

shown to be possible and accepted by the larger corporate system of health care.[713]

Identification and acceptance of critical content and standardization is yet to occur.

Continuing issues for the humanities in medical education are the lack of

assessment methods and metrics, and the cross-purposes of the corporate

management systems that are intimately integrated with clinical education.

Ousager and Johannessen in their literature review of the published works on

humanities in undergraduate medical education note the paucity of studies offering

measurement of its effectiveness. They also note that few content areas of the

medical curriculum are supported by empirical evidence of their

"indispensability".[714] There is, in fact, controversy over the appropriateness of even

trying to measure the impact of the humanities in medical education through

common measures, stating that the reductionistic approaches of scientific methods

miss the essence and value of what the humanities provides.[715] Both the scientific

and corporate cultures that make-up medicine today view evidence based practices

as essential to proving worth, and humanities proponents need to continue to

grapple with methods of measurement that are convincing of its worth to the

leaders of medicine's scientific corporate environment.

From the administrative systems and management perspective, Eliot

Freidson expressed concern in his final text on professionalism that the possibility

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[713] Penn State College of Medicine is an example of success with a cutting edge curriculum. Professionalism training in medical schools is becoming standard, and often incorporates humanities content; however, like medical ethics, content is highly inconsistent across schools.
[714] (Ousager 2010) Quote on page 988.
[715] Greene and Jones argue, as do others that scientific fields do not have to prove their worth, but are accepted as essential. Again, this displays the power of belonging to the culture. (Greene 2017) Others state that the reductionism of current measurement methods are false measures of the effectiveness of humanities education. (Wear 2008, Kumagai 2014)

of professionalism in medicine has and is eroding as a result of the modern organization of healthcare in which medical education is an integral part. For Freidson professionalism is a method of conducting and controlling the practice of professional knowledge and skills; he discusses professionalism in terms of organizational structure and division of labor. Freidson believes professionals must be able to use their individual judgment and discretion to address individual cases and circumstances in order to do their work effectively and well. The current organizational complexity of modern medical practice, which includes a division of labor across multiple non-medical personnel and organizations that control key aspects of the profession's work, such as private and public insurance companies and complex financial systems, endangers the ability of doctors to perform their service to their patients well. Freidson worries that under current systems, which are focused on management and production, not individuality and collegiality, the autonomy of the professional's work is impeded, impacting both education and patient care. Additionally, he sees increased suspicion, consumerism, and autonomy of patients as serious threats to the profession and the professional's ability to accomplish their duty to patients and society. Freidson promotes the development of another organizational model, a "third logic" that allows physicians the autonomy to use their skills that include discretionary decision-making and free sharing of ideas.[716]

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[716] (Freidson 2001) "The Third Logic" is in the title of his last book and refers to a third management logic, 'Professionalism'. He describes this in the "Introduction", page 3. The threats on medical professionalism are covered in Chapter Eight, "The Assault on Professionalism", pages 179-193.

The challenges of integrating the medical humanities into undergraduate and graduate medical education continue, but firm proponents and believers in the essentialness humanities to medicine and its education fervently continue. Isolated schools teaching a broad spectrum of humanities in applied forms across the years of undergraduate medical training exist and prove that it can be accomplished. Those who have done it successfully have strong, supportive leadership and have adapted content, language, and methodological approaches to conform to the larger organization and culture of medicine, offering evidence in support of the predictive model presented in this dissertation. Standard acceptance of the humanities in medical education across schools, as the model predicts, requires the active support of multiple parties: society (which is to be served), the profession and its associations, and the internal and external agencies that provide governance, funding, and organizational structure to the practice and services of the profession. All of these entities require data through accepted assessments. Until medicine and its educational leadership are convinced to 'believe' through data and assessment, and standardization of requirements in place, the instruction of humanities in medical education will remain tenuous and isolated, relegated to individual schools where the present leadership who 'believe' are in place to support and protect its place in the curriculum.

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