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Medical Humanities in Sri Lanka

Implications for Public Health and Medical Administration

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Abstract

As modern healthcare becomes increasingly technological, the field of Medical Humanities (MH) offers a critical framework for maintaining a humanistic core by drawing on disciplines such as literature, philosophy, ethics, and the arts. MH goes beyond the biological lens of disease, emphasising the patient's lived experience and the social, cultural, and emotional aspects of health and illness. It aims to cultivate essential qualities in healthcare professionals, including empathy, critical thinking, ethical sensitivity, and resilience. This narrative review explores the global development of MH, its emerging role in Sri Lanka, and its implications for medical education, clinical practice, and health system leadership. While Sri Lanka has a long history of medical education, the formal integration of MH is still in its nascent stages, with ethics often taught through a rule-based approach. Acknowledging a significant step forward, the University of Colombo has established a dedicated Department of Medical Humanities, signalling a growing awareness of the need for humanistic approaches. The relevance of MH extends beyond clinical practice to include medical administrators and health system managers. For these leaders, MH provides a critical framework for ethical leadership, human-centred policy development, and effective communication. It equips them to make decisions that prioritise patient well-being and health equity in resource-constrained environments. By fostering compassionate environments, MH-informed leadership can reduce staff burnout, improve morale, and ultimately enhance the quality of patient care. Integrating MH is not just an academic enrichment but a strategic imperative to create a more equitable, efficient, and humane healthcare system in Sri Lanka.

Introduction

"We don't read and write poetry because it's cute. We read and write poetry because we are members of the human race. And the human race is filled with passion. And medicine, law, business, engineering, these are noble pursuits and necessary to sustain life. But poetry, beauty, romance, love, these are what we stay alive for." (The film 'Dead Poets Society')

Modern healthcare, increasingly driven by technological advancements and specialised scientific knowledge, often faces the challenge of maintaining its humanistic core. While biomedical science provides essential tools for diagnosis and treatment, the profound human experience of illness, suffering, and healing extends beyond physiological parameters. This recognition has led to the global emergence and growth of Medical Humanities (MH) – an interdisciplinary field that seeks to bridge the gap between scientific medicine and the broader human context of health. By drawing upon disciplines such as literature, philosophy, ethics, history, and the arts, MH offers unique perspectives on medical practice, patient care, and healthcare policy.[1]

In Sri Lanka, a nation with a rich cultural heritage and a public health system deeply embedded in its societal fabric, the relevance of MH is becoming increasingly apparent. As the public health sector navigates complex challenges, from resource allocation to managing chronic diseases and public health emergencies, a human-centred approach is paramount. This report will define Medical Humanities, explore its global development, assess its current standing in Sri Lanka, and critically argue for its indispensable integration into medical education at all levels, with a particular focus on its significance for medical administrators and health system managers.

What is Medical Humanities?

MH is fundamentally an interdisciplinary domain that uses the methods and insights of the humanities (e.g., literature, philosophy, ethics, history, religion) and the arts (e.g., visual arts, theatre, music) to explore the human condition in relation to health, illness, and healthcare.[2] Going beyond viewing disease through the lens of biological dysregulations, it emphasises the real experience of health and illness in the context of social, cultural, ethical and emotional aspects.[1]

Going beyond the norms of a technical discipline, MH places medicine in a moral and cultural approach, adding relational and existential dimensions to care. The great chasm between biomedicine and patient-centred care is bridged, encouraging health care workers to appreciate the complexity of humanity in those whom they serve, their team mates and within themselves. [3] MH is not confined to enrichment or supportive training but lays the foundation and process of reorienting and defining medicine to be taught, practised and led.

Key aspects of MH include:

- Narrative Medicine: This, which is pioneered by Charon, focuses on understanding illness through patients' stories. This results in a core component of diagnosis and management. Aspects of close reading, reflective writing and attentive listening result in narrative competence, which is integral to recognising, interpreting, and acting on scenarios. Furthermore, they foster empathy, better diagnostic accuracy, improved communication and therapeutic alliance.[4]
- Medical Ethics: Ethical reasoning probes into dilemmas centred on consent, confidentiality, distributive and social justice and in certain areas such as abortion, end-of-life care and transplantation. MH emphasises moral sensitivity with case analysis, ethical theory, and structured reflection.[5] MH encourages the cultivation of moral imagination and context-aware judgment, which cannot be seen in didactic classrooms.
- History of Medicine: The study of the evolution of medical knowledge, institutions, and cultural and political contexts, which helps clinicians avoid dogmatism or "presentism".[3]
- Philosophy of Medicine: The philosophical inquiry within MH addresses epistemological concepts such as health, disease, and limits of medical knowledge. Such philosophical discourse enables practitioners to critically engage with their assumptions, evidence paradigms, and clinical decision-making processes.[6]
- Arts in Medicine: Using creative expression (e.g., writing, visual arts) for healing, reflection, and communication.

Ultimately, MH aims to cultivate qualities such as empathy, critical thinking, ethical sensitivity, self-reflection, and resilience in healthcare professionals, leading to more compassionate, holistic, and effective care.[3]

Intended Outcomes of Humanities in Medical Education

Incorporation of MH into formal medical education intends to achieve a wider aspect of cognitive, emotional, ethical and professional competencies that extend beyond technical prowess in knowledge and skills. The real objective of education is not just to develop the intellectual capacity or improve thought processes, but also to sharpen the character, mould habits, fixate principles and to instil the virtues and morality.[7]

MH enhances the capacity to understand and share the feelings of others. Compassion, as described in Greek, signifies to feel from the gut (Splanchnizomai). Through engagement with the humanities, especially through narratives and literature, learners develop greater attuning to suffering, vulnerability, and the contextual factors that shape patient behaviour. Compassionate thought and behaviour lead to stronger therapeutic relationships, greater patient satisfaction, and improved clinical outcomes.

Exposure to philosophical texts and discourse, case-based discussions, and real-world dilemmas nurtures reflective moral judgment. It instructs practising doctors to reason ethically under conditions of uncertainty and conflict, and to recognise the values, rights, and preferences of diverse stakeholders. Ethical reasoning fosters integrity, trustworthiness, and professionalism.

Clinical work is emotionally taxing, even leading to physician burnout and emotional numbness. MH provides the space and tools for self-reflection, emotional expression, and narrative processing of difficult experiences such as patient death, medical errors, and moral distress. This fosters personal resilience, reduces burnout, and contributes to mental well-being. It also supports the development of a reflective practice habit that sustains lifelong learning and self-care.

Doctors must cultivate and maintain the ability to question assumptions, recognise bias, and evaluate arguments with intellectual rigour. Exposure to diverse worldviews and interpretive paradigms broadens perspective and deepens the clinician's capacity to deal with complexity, ambiguity, and paradox in clinical decision-making.

Understanding how illness is experienced differently across cultures and social groups enhances doctors deliver equitable and respectful care. MH helps students recognise the influence of cultural narratives, structural inequality, and community norms in shaping health behaviours and access to care. Furthermore, it nurtures the habit of self-inquiry and critical self-assessment. By engaging in journaling, close reading, and interdisciplinary dialogue, learners develop metacognitive awareness—enabling them to better understand their own biases, emotional responses, and professional growth.

MH also improves both verbal and non-verbal communication by enhancing listening skills, emotional attuning, and narrative competence. It prepares practitioners to break bad news, navigate disagreement, and build trust—especially in emotionally charged or ethically complex encounters.

Global Perspective of Development and Impact of Medical Humanities

The concept of MH may have been first coined in 1948 by historian George Sarton, yet its intellectual roots extend much further, capturing the longstanding interplay between arts, ethics, and medicine.[8] It emerged as a response to the increasing specialisation and technological focus of medicine, which sometimes risked dehumanising patient care. A pivotal moment in the history of modern medical education was the 1910 Flexner Report, which

asserted that, in addition to scientific tools, physicians required "a different apperceptive and appreciative apparatus" grounded in broader cultural experience to address the deeper human dimensions of care.[9]

The field gained significant momentum in North America and Europe, with dedicated departments, centres, and academic journals being established in universities and medical schools. Formalisation of MH began in earnest in the 1960s, sparked by concerns over the increasing depersonalization of medical training and practice. From the 1960s through the 1980s, medical schools increasingly incorporated the humanities into curricula, prompting the establishment of specialist journals, associations, and academic programs in the 1980s and 1990s. By the 2000s, MH became widespread in undergraduate liberal arts courses too, signalling a broader cultural shift in understanding health education.[10]

Globally, MH programmes have evolved to address various challenges. For instance, they are instrumental in training clinicians to navigate cultural complexities in diverse patient populations, fostering cross-cultural competence. They also help address the growing issue of physician burnout by providing avenues for reflection, personal growth, and meaning-making in demanding medical careers.[7] Many medical schools now incorporate MH components into their curricula, ranging from elective courses and workshops to integrated longitudinal programmes, emphasising narrative competence, ethical reasoning, and reflective practice.[8] This global trend underscores a widespread recognition that a complete medical education must extend beyond scientific knowledge to encompass the art of healing and the human dimensions of care.

A hallmark in MH's evolution, Narrative Medicine was initiated by Rita Charon at Columbia University in the year 2000, embedding literary analysis into clinical practice and establishing a Master of Science degree by 2009—the first of its kind.[1] Many U.S. medical schools now offer electives and structured programs in narrative medicine, reflective writing, and arts-based training, fostering skills such as empathy, observation, and reflection.[11,12] The United Kingdom led the health humanities movement, expanding institutional frameworks and creating academic positions have catalysed interdisciplinary education and research in health humanities, formally attempting to sustain empathic development

Many studies have demonstrated positive outcomes of MH in medical training.[13] A study by Mangione et al. showed significant correlation with enhanced empathy, tolerance to ambiguity, wisdom, emotional regulation, along with lower emotional exhaustion and cognitive weariness ($p<0.001$).[14] Emotional exhaustion and depersonalisation as markers of burnout clog the ability to be empathetic and ethical in practice. As the amount of stress increases, the capacity to apprehend humanistic aspects in medicine may deteriorate.[15]

An extensive meta-analysis of MH programs showed a substantial improvement in empathy among medical students and healthcare professionals involving reflective writing or clinical practice.[16] Although direct meta-analytic data are limited, several studies suggest that humanities training catalyses a deeper understanding of cultural nuance and moral complexity. This enhances clinicians' capacity for ethical and culturally attuned decision-making.

Lunen describes that self-reflection and high empathy levels among clinicians correlate positively with a sense of connection and improved communication, especially in emotionally challenging work settings.[17] Additionally, empathy functions as a moderating factor. Higher cognitive empathy is significantly associated with reduced depersonalization and enhanced personal accomplishment, supporting emotional resilience.[18]

Medical Humanities in Sri Lanka: Current Landscape and Future Imperatives

Although medical education traces its beginnings to 1870, making it the pioneer in South Asia for medical education, the formal integration of MH into medical education and public health discourse is still in its nascent stages. Traditional curricula have been centred predominantly on biomedical sciences, with ethics typically taught through 'rule-based' approaches emphasising normative principles with limited integration of social, cultural, and reflective components.[19] While ethics and professionalism are included, these are often delivered via lectures and devoid of the creative, narrative, or historical methods central to MH. However, a significant recent development is the establishment of a dedicated Department of Medical Humanities at the Faculty of Medicine, University of Colombo. This pioneering initiative marks a crucial step towards formalising and expanding the scope of MH within Sri Lankan medical education and research.[20] Although other medical schools have not formally adopted Medical Humanities, they exhibit strong potential through complementary programs. The University of Sri Jayewardenepura integrates personal and professional development along with reflective practices within its modular curriculum.[21] The University of Kelaniya supports disability studies and arts-based initiatives, while the University of Peradeniya upholds values-based education through a WHO-recognised Medical Education Unit. Together, these institutions reflect a growing awareness of the need for humanistic approaches in medical education, laying fertile ground for future MH integration across Sri Lanka. While most universities host Medical Education Units (MEUs) to support curricular innovation, the cross-disciplinary nature of MH remains underdeveloped or sporadic across institutions.[20]

The necessity for MH in Sri Lanka is particularly critical given the unique socio-cultural context of its healthcare system. Health beliefs and decision-

making vary across the varied faith communities. A narrative- and culture-sensitive education strengthens clinicians' ability to navigate these complex interactions empathetically and respectfully. Decades of ethnic conflict, natural disasters, and societal disruptions have contributed to widespread psychological distress. Sri Lanka's rising burden of non-communicable diseases (NCDs) necessitates sustained, empathetic patient engagement. MH approaches—like narrative medicine and arts-based communication—can enhance adherence and foster compassionate care. Additionally, persistent rural-urban disparities in health literacy can be addressed through culturally resonant storytelling and visual arts. Finally, in a system strained by resource limitations and clinician burnout, MH offers reflective practices that support emotional resilience and preserve the human touch in care delivery.[22]

Integrating Medical Humanities into Medical Training

The in-depth incorporation of MH into both undergraduate and postgraduate medical training is critical for cultivating well-rounded, compassionate, and resilient healthcare professionals in Sri Lanka.

Undergraduate Training: At the undergraduate level, early exposure to MH can shape foundational attitudes. Courses focusing on narrative medicine can teach future doctors to listen attentively to patient stories, recognising illness as a lived experience rather than just a biological pathology. Ethical reasoning modules, grounded in philosophical inquiry, can equip students to navigate complex moral dilemmas encountered in clinical practice and public health. Exposure to literature and arts can foster empathy, critical thinking, and a broader understanding of human suffering and resilience, preparing them for the emotional demands of the profession (Shapiro et al., 2009).

Postgraduate Training: For postgraduate trainees, MH can offer advanced tools for professional development and coping with the realities of specialised practice. Narrative reflection can help residents process difficult cases, prevent burnout, and maintain a sense of purpose. Advanced ethics discussions can prepare them for leadership roles involving complex decisions about resource allocation, end-of-life care, and public health policy. MH can also enhance teaching skills, enabling future consultants to effectively mentor junior colleagues in the humanistic aspects of medicine.

Significance for Medical Administrators and Health System Managers

The relevance of MH is not confined to clinicians nor to students at both the bedside and the classroom. It is profoundly essential to the training of medical administrators and health system managers. These professionals are at the crossroads of governance, policy, resources, and patient care delivery and most importantly, public trust. As custodians of population health, making decisions that impact the wider community requires an ethical approach, equity and compassion in the health care system. MH provide a critical framework to support and add a human touch in strengthening leadership, cultural competence and advocacy.

A robust foundation in ethical theory and moral reasoning, empowering decision-makers to act with integrity and accountability, is a key requisite in leadership. MH cultivates such an ambience, enabling administrators to make decisions that prioritise patient well-being and health equity, especially in resource-constrained environments where rationing of services due to resource gaps is needed in the interest of stakeholder conflicts. Understanding ethical frameworks helps navigate conflicts of interest and ensure accountability. Principles of justice, beneficence, respect and compassion facilitate transparency and vigilance as well. Ethical leadership is an essential component for the cultivation of a trustworthy, health care system that prioritises equity and dignity for all.[23]

A deep comprehension of the human condition influenced by culture, distress, resilience, and vulnerability is required for the development of policies that are both efficient and dignified. Appreciation of MH opens vistas on how socioeconomic, psychological, and spiritual dimensions of health influence public health behaviours and system responsiveness.[24] As an example, incorporating narratives from patient experiences and community voices ensures that policies reflect lived realities, not just epidemiological statistics. This is essential in designing programs for the vulnerable and marginalised, such as older adults, persons with disabilities, or communities recovering from conflict, where **technocratic approaches alone are insufficient**.[25]

MH can significantly augment the communication competencies of healthcare administrators, who regularly engage with a wide spectrum of stakeholders, including clinicians, patients, policymakers, journalists and the general public. Fostering narrative understanding and perspective-taking improves clarity in expression and upgrades emotional intelligence in dialogue. Such skills are vital for exploration of complex negotiations, resolving intersectoral conflicts, and conveying nuanced public health information in a manner that is both transparent and compassionate. By integrating reflective and arts-based methodologies, MH equips leaders with the capacity to **listen actively, speak sensitively, and lead decisively** in ethically and emotionally charged environments.

Leaders moulded on MH are placed at a vantage point to cultivate compassionate healthcare environments with efficiency. Compassionate environments are spaces where empathy, dignity, and human connection are central to institutional culture and ethos. MH equips administrators with the

reflective capacity and emotional intelligence needed to address the moral and emotional burdens faced by healthcare workers and patients.[26] Promotion of psychological safety, transparency, and staff recognition through MH-informed leadership helps reduce burnout, improve morale, and foster workplace trust. Institutional forums such as Schwartz Centre Rounds exemplify MH-informed strategies by offering structured spaces for interdisciplinary emotional reflection.[27] In such situations, compassion becomes a leadership value extending beyond mere clinical virtue.

Compassionate environments have far-reaching effects on patient care. Clinicians who feel supported and respected are more likely to deliver empathetic, patient-centred care, which in turn improves therapeutic relationships, adherence, and outcomes. Compassionate organisational cultures also enhance team cohesion, reduce conflict, and uphold ethical standards in high-pressure settings. A recent systematic review affirms that organisations emphasising compassion reinforce staff well-being, trust, and collective commitment—factors that strengthen overall health system performance and resilience.[28] In Sri Lanka's pluralistic and resource-constrained healthcare system, embedding compassion at the leadership level helps create resilient institutions that are not only efficient but also equitable and humane.

Constraining medical decisions purely to mechanistic interpretations of efficiency or protocols risks overlooking the complexity and emotional resonance of human suffering; MH urges us to see ethical dilemmas not merely as technical problems, but as deeply embedded within diverse lived experiences.[29] Emerging frameworks like Accountability for Reasonableness further illustrate how transparent, inclusive, and deliberative processes—core to MH thinking—can promote trust, legitimacy, and fairness in allocating healthcare resources.[30] Mainstream approaches such as utilitarian ethics and cost–utility analysis prioritise efficiency but may inadvertently sideline the needs of vulnerable populations or those with chronic disabilities. MH challenges such one-dimensional views by foregrounding vulnerability, narrative, and relational ethics—ensuring that resource decisions are informed by empathy, social context, and moral reflection.[31]

A humanistic perspective through a foundation on MH in medical education is especially critical in a constrained healthcare landscape, as in Sri Lanka. Limited resources, systemic disparities, and deep sociocultural diversity complicate equitable health policy-making. Conventional models focused solely on efficiency or epidemiological data may overlook the varied lived experiences of vulnerable groups—such as rural populations, older adults, persons with disabilities, or communities recovering from conflict. MH, however, provides a pragmatic and value-driven framework, enabling administrators to move beyond technocratic decision-making to embrace fairness, empathy, and context-sensitive governance. Implementing MH-informed strategies—such as case-based ethical reflection, community narrative inclusion, and participatory dialogues—allows administrators to uncover realities invisible to quantitative data.[32,33] In Sri Lanka's post-pandemic, ageing, and pluralistic system, MH strengthens the ethical underpinnings of resource distribution—ensuring it reflects both societal needs and moral integrity.

Challenges

Integrating MH into established medical curricula is often resisted by institutions entrenched in conventional biomedical pedagogies. Faculties, educationists and administrators may perceive MH as a resource-intensive, resource-draining "soft" add-on rather than an integral educational pillar. This is due to the intangible nature of its outcome, complemented by the absence of short-term results. Furthermore, medical programs that are already saturated with scientific content struggle to allocate time for MH components without overwhelming students and staff or compromising Accreditation Council standards. A U.S. survey showed that while many institutions offer MH events, only 3% require humanities instruction, and immersive MH experiences remain rare, highlighting systemic reluctance to restructure curricula substantively.

Successful implementation of MH relies greatly on faculty trained in both clinical practice and humanistic disciplines. However, many educators lack experience and enthusiasm in teaching humanities-based content or implementing reflective, arts-based methodologies. Efforts to bridge this gap often require significant investment in professional development and a change of attitudes. In developing countries, such as Brazil, faculty development initiatives have been hindered by workload and limited funding, despite demonstrated benefits to educational practice.[34] On top of faculty capacity, true MH integration requires collaboration across disciplines—medicine, philosophy, literature, arts, ethics—and such interdisciplinary ventures often face barriers including disciplinary siloing, publication pressures, and tenure misalignment.[35]

Given that MH origins trace back to Western academic traditions, its concepts and pedagogical applications must be thoughtfully adapted to Sri Lanka's diverse cultural context. Cultural norms, values, and teaching–learning styles differ substantially. A scoping review of international faculty development programs found that, despite acknowledgement of cultural influences, systematic study of how cultural norms affect educational implementation remains limited.[36] Additionally, digital or humanities interventions risk excluding marginalised groups if they are not culturally aligned—highlighting the importance of local adaptation to ensure relevance and inclusivity.[37]

Evaluating MH initiatives presents methodological challenges. Outcomes such as empathy, ethical sensitivity, and narrative competence are inherently

qualitative and difficult to measure using traditional metrics. Yet recent studies show MH-based curricula can powerfully influence student identity formation, reflective capacity, and ethical reasoning.[38,39] In Sri Lanka, establishing an evaluation framework is key to demonstrating MH's value to stakeholders and ensuring sustainability. Globally, frameworks like the InspirE5 curriculum—used for health professions education—offer structures to adapt, standardise, and assess MH interventions across diverse cultural settings.[40]

Beyond Tomorrow: Introduction of MH to Medical Administration

MH must not be considered simply as a supplemental or elective for health professionals but as a vital strategic competency for healthcare leadership. Health humanities programs also prepare future professionals. Integrated curricula in Health Administration are much of the need. Narrative-based policy study, ethics-informed resource allocation scenarios, and arts-based communication exercises in postgraduate courses and continuing education programs for medical administrators can build moral reflection and narrative competence. Such programs have demonstrated improvements in empathy and communication skills in clinical and administrative contexts.[41,42] MH must be reconsidered and reframed as a strategic competency for ethical leadership, human-centred governance, and systems thinking by integrating it into MD in Medical Administration and public health leadership tracks, aligning it with national policy priorities on equity and quality of care. The next phase of embedding MH in health administration curricula can be done by several modes. Narrative-based health policy modules could facilitate teaching future leaders to engage with patient and community stories. Ethics and justice in resource allocation, blended with philosophical inquiry and practical case-based simulations, can generate insight. Furthermore, arts and communication workshops can be introduced to enhance empathy and stakeholder engagement skills. Training administrators to reflect on the moral dimensions of healthcare decisions—staffing, infrastructure, pandemic response, disaster triage—can cultivate more compassionate and accountable institutions.

Institutions could introduce MH-focused policy labs or fellowship programs that unite administrators, clinicians, and humanities scholars to collaboratively explore real-world challenges in clinical governance. These simulations would not only generate ethically informed policy outputs but also cultivate reflective leadership.[43]

Acquisition of institutional traction requires evidence of impact, especially on leadership behaviours and organisational culture, as essential elements. MH must demonstrate measurable impact. This includes research initiatives evaluating the effect of MH on leadership empathy, communication, and resilience. Furthermore, outcomes from MH-informed health campaigns or stakeholder consultations, as well as equity-sensitive resource allocation frameworks developed using MH principles, are suitable options.[42,43] Collaborations with academic institutions such as the Postgraduate Institute of Medicine and units such as the Education, Training and Research unit of the Ministry of Health can help establish MH as an evidence-based leadership tool in Sri Lanka. Tailoring evaluation tools to assess outcomes such as ethical decision-making, stakeholder engagement quality, and administrative resilience can demonstrate MH's value in managerial domains.

Long-term integration requires recognition at institutional and policy-making levels. These include MH competencies in accreditation standards such as the World Federation of Medical Education (WFME) and the Sri Lanka Medical Council (SLMC).[44] Continuous Professional Development (CPD) and leadership training guidelines aligning with national goals like Universal Health Coverage (UHC) can institutionalise MH as a core leadership competency. This may, in turn, align with broader global movements such as the Sustainable Development Goals (SDGs) to recognise the foundational role of the humanities in healthcare transformation.[45]

Conclusion

MH offers an indispensable framework for enriching medical education and practice, fostering a healthcare system that is not only scientifically advanced but also deeply humanistic. Its integration into both undergraduate and postgraduate medical training in Sri Lanka is a critical step towards cultivating empathetic, ethically astute, and resilient clinicians. Furthermore, for medical administrators and health system managers, MH provides essential tools for ethical leadership, human-centred policy development, effective communication, and the creation of compassionate healthcare environments. MH, within accreditation standards, postgraduate training in administration, and continuous professional development, will ensure sustainable cultural change. Future research should evaluate its impact on leadership behaviours, patient outcomes, and institutional resilience. Embracing MH is not merely an academic enrichment; it is a strategic imperative for advancing the Sri Lankan public health sector into an important new frontier. This is not only in efficiency, but in humanity—creating a model of care that is scientifically sound, ethically grounded, and culturally resonant.

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