

## HEALTH HUMANITIES & BIOETHICS

Monday, 1/3 and 1/10  
Thursday, 1/27 and 2/3/22  
3:00 – 4:50 p.m.

### SELECTIVES PHASE 1

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**Title:** **The Global Refugee Crisis: What Role Medicine?**

**Instructor:** Michael L. Brennan, DNP, FNP, Medical Coordinator for Annunciation House, El Paso, TX

**Description:** We will be engaging with the political, economic, climatic, social, and cultural aspects of forced migration, with a particular focus on the medical needs of refugees. An analysis of common "push factors" of violence and poverty in various regions of the world will be coupled with an exploration of the prevalent diseases and ailments found in refugee populations. Humanitarian medical responses will be highlighted.

This selective will prioritize the stories beyond the statistics, the narratives behind the numbers. We will learn more about the work of Doctors Without Borders, the work of Annunciation House on the US-Mexican border, and the local health care options for refugees. We will read and discuss the short narrative *A Long Walk to Water* about the life of Salva Dut, a Sudanese refugee resettled in Rochester, as well as several essays from *Displaced: Refugee Writers on Refugee Lives*.

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**Title:** **"Sundowning": Viewing post-operative delirium through the lens of Medical Humanities and Ethics**

**Instructor:** Jacquelyn Howitt, MD <s Medical Humanities

**Description:** The concepts and tools offered by the medical humanities are useful for understanding and addressing delirium in the hospital setting. Such elements as narrative, music, art, and history will help us explore delirium. We will use narrative reflections of patients and family members to gain an understanding of how the experience of delirium felt to them, and we will use sound simulations to focus on the influence of physical environment upon patient disorientation. We will also look at the therapeutic potential of sound modification, narrative, and art in optimizing delirium prevention and treatment.

Our discussions will be aimed at using the humanities and Bioethics to help counter "de-humanization" when caring for a patient with delirium, especially when faced with decisions about restraints, sedatives, and anti-psychotic medications. Throughout, students will have the opportunity to reflect upon and discuss ways to use the humanities to approach the deleterious impact that delirium can have on patients, families, and clinicians.

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**Title:** **Reel Mind: Documentaries and Recovery from Mental Illness**

**Instructor:** Laurence B. Guttmacher, M.D., Professor Emeritus of Clinical Psychiatry and Medical Humanities and Bioethics; Sonia Hadchiti, film-maker and Director, Reel Mind Film Series

**Description:** During each session we will view a film previously shown as part of the Reel Mind Film Series (reelmindfilmfest.com). The films will typically last for half the class, then will be followed by

discussion of their impact on the audience. All of the films are documentaries. All deal with mental illness and recovery.

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**Title:** **Echoes of Silence, Moments of Meaning: Medical Ethics as Literary Analysis of Patient Stories**

**Instructor:** Rabbi Shalom Schlagman, MD, MA, Fellow in Hospice and Palliative Medicine

**Description:** As a system of applied ethics, the Four Principles model for medical ethics fails to truly honor patient voices when it opposes 'Respect for Autonomy' with the principles of 'Non-maleficence' and 'Beneficence.' By utilizing these terms for the principles, this ethic aesthetically enshrines the supremacy of the physician's determination of the moral good: the physician names her own view of the best outcomes "beneficence," creating the illusion that these views of the good share universal acceptance. The patient's views, on the other hand, through the constructed opposition of "autonomy" to "beneficent," can only be understood as inferior at best and illegitimate at worst. Thus, while the physician must condescend to 'respect' the patient's autonomy (i.e. must allow the patient to make these inferior choices), this form of 'respect' maintains the hierarchy of values. This cursory "respect" does not entail engagement in uncovering the layers of meaning behind patient's explanation of their wishes and values.

In this course we will abandon such preconceptions of physician ethical authority. One can imagine a different ethic which envisions the conflict as one between equally legitimate views of "best outcome" – a view which eschews any universality to beneficence—and asks physicians and patients to partner in a process of mediation of values. As one model for mediation, this course will teach the skills of literary criticism. We will approach a different piece of literature each week, written by an important 20<sup>th</sup> or 21<sup>st</sup> century literary figure who reflects through verse on an autobiographical moment of illness.

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**Title:** **Pain: The Medicine, Culture, and Politics of Suffering**

**Instructor:** John Markman, MD, Professor, Neurosurgery, Neurology and Medical Humanities & Bioethics

**Description:** Is pain subjective? How should chronic pain with no known biological cause be addressed? What role should the government play in regulating pain compensation and drug therapy? Has the development of opioids like OxyContin led to an overmedicated - and ultimately, addicted - society?

Pain is a universal yet intensely personal experience, and questions like this have sparked fierce ideological debates. Pain is also the leading reason to seek medical care. This seminar will be grounded in weekly video testimonials of patients suffering from pain conditions. But the discussion will also address the political - and inevitably, legal - debates over whose pain is "real," how much pain they are in, and how much relief they deserve. The course will trace the story of pain throughout human history, giving special emphasis to the medical developments and shifting perspectives during the last 70 years in America. Through its exploration of the cultural milieu and illness experiences this seminar will offer a unique introduction to the modern approach to the clinical assessment and management of pain.

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**Title:** **From Looking to Seeing: Drawing as a Critical Tool to Build Observational Skills**

**Instructor:** Susan Dodge-Peters Daiss, MA, MDiv, Senior Associate, Medical Humanities & Bioethics and Memorial Art Gallery; Dejan Pejovic, Artist, Creative Workshop of the Memorial Art Gallery

**Description:** Observation is a vital skill in the practice of medicine, a skill that transitions the observer from the initial act of looking at a subject to perceiving what they see. The disciplined practice of drawing can be a critical tool in facilitating this transition. As the 19<sup>th</sup> century naturalist Louis Agassiz expressed, “A pencil is one of the best eyes.”

This four-session drawing class has been designed to increase students’ observational skills. In the process of learning to render three-dimensional forms on a two-dimensional plane, students will strengthen eye-hand coordination; will learn to differentiate between salient forms and incidental details; and will learn to identify and correct visual assumptions that can lead to errors. In this class as students draw from professional nude models, they will increase their comfort in the presence of a diversity of body types as they observe the human body in action in a variety of poses in motion and at rest.

Students receive individual attention from the instructor to improve their observational/drawing skills as well as participate in group critiques, learning to thoughtfully analyze and constructively express their assessments of each other’s work.

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**Title:** **Connecting to Rochester to Address Social Determinants of Health**

**Instructor:** Theresa Green, PhD, MBA Assistant Professor Public Health Sciences, Center for Community Health & Prevention, SON; Director of Community Health Education and Policy, Center for

**Description:** In this course we will explore practical ways that medical students, and health providers in general, can address social determinants that impact their patients’ lives. This will include learning about Rochester resources and initiatives such as RMAPI, RASE Commission, Monroe County Department of Public Health, and many others. Students will learn how to effectively connect with resources through things like 2-1-1, social workers and Medical-legal partnerships as well as learning directly from specific agencies. We will also discuss advocacy and policy change to address underlying problems impacting health disparities

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**Title:** **Children, Grief, and Belief: A humanities-based framing of childhood illness**

**Instructor:** Jessica C. Shand MD, Associate Professor of Pediatrics and Medical Humanities & Bioethics.

**Description:** This course will explore values and attitudes about childhood illness and mortality from Hippocrates, through the 17<sup>th</sup> century memento mori tradition, and into the present. Selected traditions and motifs in visual, literary, and musical representations of children- presented in Sessions 1 and 2- will be used to frame historical, clinical, and theological approaches to childhood illness and suffering in Session 3. The course will conclude in Session 4 with a panel discussion with health professionals, including a pediatric chaplain, pediatric bereavement specialist, and expert on social determinants of child health to integrate and apply these approaches into holistic clinical practice.

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**Title:** Management of “The Other:” Case Examples in the Power of Stigma

**Instructor:** Natalie Whaley, MD, MPH; Assistant Professor OB/GYN

**Description:** Stigma is a powerful social phenomenon that involves naming “the other” by marking a particular circumstance or quality that is shameful and assigning labels to individuals or groups of people. The health outcomes of individuals or groups stigmatized by their differences, have suffered as a result. These include people with leprosy, disabilities, obesity, substance use disorders, mental illness, sexually transmitted infections, HIV, pregnant women, the LGBTQ population, and incarcerated people. Through historical and contemporary examples of stigma, this seminar will explore how stigma operates and help physicians-in-training to consider the effects of stigma on their own clinical decision-making and ability to relate with patients to create compassionate, non-judgmental therapeutic alliances.

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**Title:** Introduction to Graphic Medicine

**Instructor:** Kriota Willberg MFA-IA, LMT, cartoonist, artist-in-residence in The Master Scholars Program in Humanistic Medicine at NYU Grossman School of Medicine

**Description:** This course explores the genre of comics/graphic novels called graphic medicine: visual storytelling that intersects with topics in health, medicine, and the experience of illness. Reading comics and in-class writing and drawing exercises will consist of comic-making techniques that build critical thinking, creative expression, nonverbal communication, and problem-solving skills. Topics will include iconography and the visual communication of medical stories; the patient-doctor relationship; cultural and clinical biases of the patient’s physical appearance; and the consequences of providing care. Come to class ready to draw! No previous experience with drawing or writing comics is required.

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