

*MBC**h**B 311: MEDICAL HUMANITIES*

2020



The practice of medicine is an art, based on science¹

Dr William Osler (July 12, 1849 – December 29, 1919)

¹ Taken from: <http://www.oslersociety.org/index.php/by-osler>

Cover page:

Image taken by Arthur Lambillotte.

<https://unsplash.com/search/photos/human-skull>

The picture is of a human plastinated body.

Water²

Amulya Iyer

The professors,
they teach us
the types of diuretics,
their effects on the tubules--
convoluted or not.
They tell us to check
for pitting edema,
and grade it to see
how bad it has gotten.

But who teaches
the student
to kneel by the woman,
her legs swollen,
her heart failing in her chest--
to slip off old shoes,
roll down damp socks,
and touch her feet
as if asking
to be blessed?

² Poem taken from Pulse (<https://pulsevoices.org/>). "This poem is inspired by a patient I met while working at a clinic in Cobleskill; she reminded me of my grandmother. It is also inspired by Dr. Alan Kozak, a mentor who encourages all of his students to reflect deeply on the emotions of medicine."

Introduction

“The humanities bring the student in to contact with the master minds who gave us these things... the philosophies, the models of our literature, the ideals of democratic freedom, the fine and technical arts, the fundamentals of science, the basis of our law.”

Dr William Osler³.

A central goal in medical education is to produce good doctors. Clearly doctors need to understand how the body works. This will involve scientific knowledge, diagnostic and technical skills, a biomedical understanding of illness and disease, effective therapeutics and strategies, and surgical skills - all of which are a fundamental and necessary part of medical education. Technical competence is expected.

Yet within medicine there are also important questions and ideas concerning how health professionals understand wider perspectives and meanings around health, illness, disease, normality and abnormality, human needs and interests, healing, suffering, birth, living and dying, and death. Many of these ideas and issues are also central in the humanities disciplines. Harnessing the insights and perspectives from a number of humanities disciplines - as these bear on clinical medicine - illuminates our understanding of medicine's nature and goals. It is this focus that offers medical students a profoundly valuable perspective on what it is to be human - both from the patient's viewpoint and their own - in the search for competent and appropriate responses in professional health care.

In recent years there has often been public criticism of, and frustration towards, the medical profession - some commentators have suggested that there has been an erosion of public regard for doctors within society at large. In part, some of this dissatisfaction and frustration is directed towards poor communication with patients and failure to understand the complex and often diverse needs of patients. Dr Valerie Grant wrote: *“Doctors need humanistic skills. Perhaps more than at any time in the past, we need doctors who are able to respond sensitively and helpfully to their patient's emotional needs”*⁴.

Furthermore, individuals can access medical information on the web (sometimes of questionable value), and they are encouraged to 'shop around' for medical advice. Combined with a rejection of medical paternalism and a strong emphasis on respecting patient autonomy and choice, patients expect far more from the medical profession, and more specifically their doctors, than they ever have.

How doctors meet '*patients as persons*' is as important as the biomedical approach: at the heart of this is recognition that patients are far more than simply biological entities.

³ Taken from: <http://www.oslersociety.org/index.php/by-osler>

⁴ Grant VJ. Making room for medical humanities. *Journal of Medical Ethics: Medical Humanities* 2002; 28:45-48

Aims of the Medical Humanities

“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has⁵.”

The Medical Humanities programme aims to provide medical students with the opportunity to study medical issues from the point of view of a humanities discipline. To that end we offer you a choice from a variety of different humanities specialities. This not only provides you with an alternative perspective on medicine, it also provides the opportunity to understand how different disciplines tackle the issue of scholarship. Whereas excellence in science is dependent on rigorous research methodology, in the humanities the criterion for excellence is in the critical analysis and development of ideas. Thus the study of issues relevant to medicine, but embedded in the context of the Humanities, can present an additional and important context, not only for the practice of medicine, but also for thinking about the nature of medical problems.

Studying a course within the Medical Humanities programme will enrich and broaden your insights into what it is to be human and the different meanings around illness, disease, and injury. It will also nurture and develop the ways in which you communicate with others, analyse and interpret information, think about the different ways in which diverse communities and cultures understand the human condition, recognise different values and moral codes, and encourage a lateral approach to thinking about the medical endeavour.

Goals of the Medical Humanities

- To foster reflection and deliberation among medical students on the human condition (loss, love, dying, suffering, grief, life and death)
- To gain insights into the experiences of illness, disease and injury
- To encourage effective communication within science and medicine
- To develop critical thinking to deepen and enhance the work of doctors, and to stimulate creativity
- To encourage the doctor to incorporate his or her work into a wider relationship with other areas of knowledge
- To promote and encourage scholarly work at the interface of medicine and the humanities
- To foster resilience, promote reflection and facilitate lifelong learning.

“Science can only ascertain what is, but not what should be, and outside of its domain value judgments of all kinds remain necessary.”

Albert Einstein (1879-1955)⁶

⁵ Dr William Osler (July 12, 1849 – December 29, 1919) <http://www.oslersociety.org/index.php/by-osler>

⁶ Taken from: <http://quotationsbook.com/quote/35158/>

MBChB 311: Medical Humanities in 2020

Next year all 3rd year medical students will be given the opportunity to study ONE of 15 courses in Medical Humanities. Teaching will be in small groups (approximately 18-20 per class).

Timetable: 11 courses will be taught in the first semester on Thursday morning (10-1pm) and four will be taught in the second semester on Thursday afternoon (2-5pm). Courses are taught over 12 three-hour sessions.

Venue: Venues and class groups will be announced on Canvas once the courses have been allocated and rooms confirmed (in February 2020).

Assessment: All classes have 100% in-course assessment. You are expected to attend every session (an attendance and participation roll is kept by lecturers).

The Selection Process for 2020

The MedHum courses are small with no class having more than 20 students. In a smaller group, you will get more attention from the teaching staff, who are able to assist you to learn more effectively. It also gives you a chance to interact with your fellow classmates and get to know each other.

A brief overview of each course is available on the following pages. A Google form has been set up for you to indicate your course preferences. A link to the form will be announced on Canvas and it will open on **Tuesday 22nd October at midday**. You will have to open the link using your UoA student email address (abcd001@aucklanduni.ac.nz). Once you are in the form, you can choose the four courses that you are most interested in. Please note that the courses you select are **not** in any order of preference.

The Google form will be open for two weeks, closing on **Tuesday 5th November**. Please complete the form **before** the deadline. If you do not select any courses, you may be placed in a course that has space. You will be notified about which course you will be studying in February 2020.

Please note that the courses confirmed below have not indicated the semester in which they will be offered. The only exception to this is the Research Option course which runs in semester one and has organisational requirements over the next 2-3 months. Dr Kubke will introduce the course in the introductory lecture.

If you have a valid reason why you are unable to study - in either semester - due to timetabling demands, please contact A/P Phillipa Malpas as soon as possible (p.malpas@auckland.ac.nz).

Courses offered in 2020

1. Anthropology: Lecturers - Dr Tanisha Jowsey, Dr Yan Chen, and Ms Pauline Cooper-Ioelu “Medical Anthropology”

This course can be summed up in four words: culture, movies, engaged learning.

Why is it important that healthcare environments are **culturally safe**? Is there such a thing as medical culture and how can we recognise it? What is the role of power in patient-doctor relationships and what bearing can this have on patient safety? The answers to these questions are all informed by **culture**, which is the subject of this course. What is culture and how does it influence our ideas, practices and beliefs? Some of the key terms students explore in this course include culture, ethnicity, agency, structure, stereotypes, stigma and power. We will focus our learning around two cultures: **Maori culture and Deaf culture**. We will also explore other cultures such as the hidden and exposed culture of people with hoarding disorder, food culture, and medical and hospital cultures. This exploration will be progressed using some of the latest films from Hollywood.

In this course, students will learn **how to identify** and **critically appraise** messages in literature and films anthropologically. Students will also learn some basic Maori language and sign language that can help them communicate in clinical settings with people from Maori and Deaf cultures. By the end of the course, students will have a rich understanding of what it means to be a culturally-competent health care practitioner. Students should expect to be active participants in the learning and be willing to have fun.

2. Art History: Lecturer – Dr Elisha Masemann “Art and the Human Condition”

This course introduces some of the key strategies artists have employed in their practices to draw attention to the human condition across physical, emotional, psychological, spiritual, and socio-political areas. The course is divided into two major thematic sections and provides a broad survey of art history from the Renaissance to the present. The first half examines key works from the Renaissance to the late nineteenth century examining how artists conveyed aspects of the human condition in painting and sculpture. We discuss Renaissance portraits as a means to display certain qualities of the sitter, and how certain themes were painted in ways to evoke in the viewer a sense of loss, love or suffering. In the second half of the course our focus shifts to twentieth and twenty-first century art that conceptualises the human condition in different ways. We discuss some of the diverse perspectives and practices of performance and conceptual artists that embody, express and document states of vulnerability, suffering, distress or isolation. Through our discussions students have opportunities to contemplate how structures and ideologies of power organise societies and to evaluate the effects of these on the people within them, as well as those positioned at the margins of mainstream society. The effects of top-down order, consumerism, surveillance and digital technology, neoliberalism, urban and corporate development, and mass migration are central themes considered in terms of how the human condition has been communicated in art.

3. Art History: Lecturer – Dr Jane Ruck-Doyle

“Exposure through documentation: real people revealed through art and photographic practices”

Documenting – or making a record of – aspects of an identifiable person, whether through medical note-taking or diagnostic investigation, or through using textures of colour and line to create an artwork, or by taking a photo on a phone and uploading it to social media, involves certain responsibilities in terms of respect, dignity, privacy, and consent. The information collected, conveyed or communicated, whether intentionally or inadvertently, may be empowering and give visibility to what might otherwise go unacknowledged, or conversely may be disempowering, exposing, stigmatising or even potentially traumatising. Images may provoke thought, evoke a sense of empathy, or encourage voyeurism.

This course will closely examine and discuss a range of portraits made from the mid-1800s (when photography was first invented in Europe) through to contemporary art practices currently existing across the globe, including Aotearoa New Zealand. A particular focus will be the complexity of human identity and its multiple manifestations which shift depending on context. Representations of aspects of human existence through art have the capacity to draw attention to particular experiences and situations, and to disrupt widely-held assumptions, thereby revealing the limitations of labels, stereotypes and categories.

Through having practiced both medicine and academic art history, the parallels between these disciplines, particularly in terms of reflecting human experience and various long-standing power relationships and hierarchies, are very apparent to me. It is fascinating to explore the ways in which viewpoints have been greatly expanded internationally in recent decades to highlight the complexities of human interactions in personal, social and political terms.

This course will include sharing of skills and strategies for looking closely and for considering the vulnerabilities of being scrutinised. As much as possible within the time-frame of the class each week, we will look at real artworks displayed in a variety of settings around the inner city which reflect the ideas being discussed.

4. Classics: Lecturers - Mr Joseph Main and Mr Aaron Rhodes-Schroder

“Magicians, Philosophers, Doctors and the Gods: Medical Belief and Practice in the Ancient World”

It is commonly accepted that modern medical knowledge and practice owes a great deal to innovations and developments realised in the ancient world. Indeed, the very inception of medicine as a discipline is often associated with the ancient Greek context, and the developments of significant individuals such as Hippocrates and Aristotle. This series of seminars explores the myths and realities behind these perspectives. Ancient medical advancements will be shown to reflect a wider dialogue around medicine, both within and across the Egyptian, Greek, and Roman cultures.

Each successive culture established their own approach to medical practice, within their own contexts, which have in some sense informed modern thinking.

This course will cover a comprehensive range of topics from across Egypt, Greece, and Rome. The course begins with a brief overview of the ancient context, and the role of medicine within it. We will then consider more specific aspects of medicine, including diagnostics, approaches to surgery and operative procedure, apparatus used, and pharmacology, in the ancient context. Other issues examined include treatment of the deceased, gynaecological practices, among others, in addition to the doctrines of influential philosophers, medical schools and practitioners. Finally, the role of medicine within contemporary religious, philosophical, ethical and scientific perspectives will allow students to understand the wider context of medicine in the ancient world.

5. Disability Studies: Lecturer – Ms Neera Jain

“Knowing disability, differently”

How prepared do you feel to provide accessible, affirming medical care to disabled people?

In the last census, 24% of New Zealanders identified as disabled. Healthcare access and outcomes for disabled people are worse than their same-aged peers, and this cannot be attributed solely to their impairments. Disabled New Zealanders often report discrimination, inequality, and lack of dignity in health services.

How we “know” disability influences how we act towards disabled people. Knowing disability is, however, often framed by taken-for-granted notions of disability as individual deficits, in need of cure—ideas that saturate our social worlds.

In this course we will consider the lived experiences of disabled people, explore constructions of normalcy that marginalize them, and critically analyze healthcare and other social environments that contribute to inequities. Together we will engage in critical thinking through self-reflection, activities, and interactive discussions using videos, blogs, news articles, scholarly writing, and first-person narratives. Disabled advocates will visit us to share the issues that matter to their communities.

We will also consider how intersectional factors, such as ethnicity, sexuality, and gender, influence experiences of disability. In this process, we will identify barriers to medical care for disabled patients and barriers to medical practice for disabled medical professionals. Through our shared explorations, we will identify ways of working differently to promote more inclusive medical practice. The goal is to resource medical students to think differently about disability and work in more inclusive ways with disabled people.

6. **Narrative Metaphor and Medicine: Lecturers – Associate Professor Mike Hanne and Ms Elisabeth Kumar.**

“Unexamined metaphors, Uncharted stories”

Human beings make meaning of our experiences using stories and metaphors. This course follows several strands of the use of narrative and metaphor in medicine. Patients tell the story of their symptoms and use metaphors to describe their experiences— a “dark cloud hanging over me”, “a grinding pain”—and doctors, too, tell stories of prognosis and treatment, and give explanations in the form of metaphors: “the kidneys are a waste-disposal and recycling system”. We explore the need for doctors to attend closely to the narratives and metaphors their patients use and to think carefully about the narratives and metaphors they employ in response. It may be helpful to see serious illness as disrupting the patient’s “self-narrative”, and doctors as co-authoring with the patient the story of treatment. Several commentators have expressed concern about the dominance of military metaphors in reference to disease and medical treatment: we speak of bacteria “invading” the organism, of “bombarding” a tumour with radiation, of someone “battling” cancer. What other metaphors might be more productive for both patients and professionals? In other cultures, different metaphors prevail: traditional Chinese medicine employs metaphors of flow, blockage, and balance. How may doctors communicate with patients who come from a different medical culture?

In this course, we read from a rich variety of creative writing—poetry, which makes particular use of metaphor, and stories, both factual and fictional—in which doctors and patients describe their different experiences of illness and medicine. We bring “narrative medicine” and metaphor studies together, reviewing key scholarly work with a focus on the practice of communication with patients and colleagues. With the support of visiting writers (both doctors and patients), students also have the opportunity to write creatively themselves.

In a poem entitled "The Heart Attack", New Zealand doctor-poet Glenn Colquhoun reflects on the need to communicate clearly with patients about their condition: 'The heart is not stabbed by bayonets, or chainsaws or carefully sharpened kitchen knives... the heart stops simply like a blocked toilet.' (From his collection: *Playing God*, Wellington, 2002).

Overall, students explore the ways in which understanding narrative and metaphor can enrich the study and future practice of medicine.

7. **Education: Lecturers – Associate Professor Marcus Henning, Drs Andrea Thompson and Keerthi Kumar.**

“The student teacher”

Teaching is something that most clinicians are engaged in either formally or informally. Your potential students could be patients, medical students, other health practitioners, health interest groups and/or members of the wider community. In this course we will review key aspects of teaching theory and practice that will inform and enable you to teach more effectively.

The sessions will begin with an introduction to the basic teaching models employed by educationalists at all levels of education. You will then practice these models of teaching amongst yourselves and be peer assessed. Next you will be given an opportunity to teach a health related theme to a group of school aged children.

8. **Education: Lecturers – Associate Professor Marcus Henning, Drs Andrea Thompson, Keerthi Kumar, and Yan Chen.**

“The art and science of Mindfulness”

Mindfulness practice encompasses “paying attention to what is presently occurring, with kindness and curiosity” (Mental Health Foundation of New Zealand, 2016). One of the major modern day influencers within the mindfulness movement, Kabat-Zinn, emphasises the element of systematic and non-judgmental attention to the present moment. Mindfulness engenders a cultivation of awareness, which in turn promotes the process of identifying and observing feeling and thought states.

Mindfulness practice allows for self-development through ‘self-endorsed behavioural regulation’, which promotes wellbeing. The practice of mindfulness has been shown to increase the sensation of calmness, improve cognitive awareness, heighten immune functioning, increase information processing speed, reduce stress and promote healthy relationships. Furthermore, there is burgeoning empirical evidence on the practice of mindfulness and its impact on alleviating symptoms associated with anxiety, stress, depression, psychophysiological disorders, and other psychopathological conditions.

In this short course you will be introduced to the concept of mindfulness, methods of researching mindfulness, and ways to practice mindfulness. The approach we will be taking will entail significantly more depth and breadth than that taken in the current medical programme. Hence, this course will interest those students who want to investigate the mindfulness paradigm in more detail.

The conceptual aspects of mindfulness focus on historical, religious and modern understandings. The methods used to study mindfulness encompass both qualitative and quantitative paradigms.

As a part of the course you will be expected to keep a diary that may include physiological data, thoughts and feelings as you progress through the course, and this data will form the basis of your major assignment. Finally, the practice of mindfulness will be embedded in all sessions and include application to mindful movement strategies, such as learning the rudiments of Taiji and Yoga.

We recognize that the skills learnt in this course will inevitably create valuable resources for you as you embark on your future professional careers.

9. **English, Writing, and Drama Studies: Lecturer – Dr Ania Grant**
“Medicine on page, stage and screen”

Humans live surrounded by and engrossed in stories. Stories we tell, read and watch both reflect and shape our conceptions of the world and our place within it. Medical conditions and medical practices have been frequent and prominent subjects of some of the most compelling stories. In this course we examine a range of very popular and critically acclaimed narratives in various genres and media: novels, short stories, drama, films, comics, and various television formats (sitcom, serial drama, reality TV). Students will also have an opportunity to analyse some of their favourite medical stories. Throughout the course we will be pondering how the stories we tell about health, illness, doctors and patients prompt questions about human nature and morality, individuality and sociality.

Stories pose ethical questions and offer lessons in empathy and compassion. Through stories we process perennial questions of wellness, suffering, care, loss, and grief. Stories sometimes confirm, sometimes challenge our conceptions of illness and disability, of medical professionalism, responsibility and fallibility. They celebrate the power of the human spirit but they also remind us about the fragility of human lives. While we examine *what* different narratives tell us about health, illness and medicine, we also scrutinize *how* they are constructed. How they attract and keep our attention, how they use pattern and variation, tradition and innovation, creativity and adaptation. We appreciate the inventiveness of authors but also emphasise the creative input of audiences. We consider the importance of storytelling in human evolution and in human cognition.

Rita Charon argues that “along with scientific ability, physicians need the ability to listen to the narratives of the patient, grasp and honor their meaning, and be moved to act on the patient’s behalf” (Narrative Medicine, 2001, p. 1897).

The main aim of this course is to develop and practice this “narrative competence”.

10. **Gender Studies: Lecturers – Mx George Parker and Ms Nicola Paton.**
“Sexuality, gender, and sex diversity: Queering healthcare”

How might you respond to a 14-year old girl who intends to go through life as a man? What can you say to parents of a baby whose genitals are not clearly male or female? What health issues disproportionality affect sexual minority groups, and why? How do you treat a transgender patient when gender dysphoria is a psychological disorder? And what’s up with pronouns?

This course considers the medical needs, health and wellbeing of people who do not fit dominant definitions of ‘normal’ bodies, identities or desires. It aims to prepare medical students for working respectfully and sensitively with LGBTIQ* people, to promote and resource practice that it is inclusive of the full diversity of sexed bodies, gender identities, and sexualities, and to develop critical thinking about the norms that operate within healthcare and the effects they have.

We examine processes of marginalization, issues of intersectionality and the dynamics and effects of health inequities. ‘Queering healthcare’ uses a psycho-social approach and varied learning processes.

We unpack the norms, assumptions and history at work, engage in critical thinking about our healthcare system and hear directly from LGBTIQ* advocates and medical consultants about today's practice issues. Discussion, experiential learning and self-reflection help to create engaged learning environment. All welcome.

11. History of Science: Lecturer – Dr Tatjana Buklijas

“Eugenics to epigenetics: Putting heredity and development into historical and social perspective”

The twentieth century has been described as “the century of the gene”. For more than a hundred years, genes (from the 1950s understood as sections of DNA) were seen as the key determinants of our biology. They were used to make sense of differences between human groups, to explain human evolution, and to decide who should reproduce and who should not. But more recently, the ways in which our environment may influence the expression of the genes, erasing the boundary between “nature” and “nurture”, has gained much prominence and publicity. How and why have we come to this point?

In this course we will explore how, in the nineteenth century, heredity came to be understood as a fixed quality and explained in genetic terms. We will discuss what it meant for the understanding of health, disease, human diversity and evolution.

We will talk about improving human “stock” through eugenics and genetics; about evolution and degeneration; about classifying humans into races and fighting against the very idea of the race; about creating and erasing differences between sexes; about the histories of pregnancy, childbirth, motherhood and positioning the rights of the fetus against the rights of the mother; about liberalizing abortion and developing technologies that allowed creating life in vitro; and about how developmental and evolutionary thinking might change clinical medicine.

While the focus of this course is on conceptual issues in science, these cannot be understood without a reference to society, politics and culture of the relevant era: eugenics as products of the new industrial society of Victorian Britain, and epigenetic inheritance of our post-modern concerns with the relationship of humans with their environment. To understand the interplay of many factors that shaped thinking in and about science, we will explore a variety of sources and listen to many voices: from those coming from science and medicine, to literary fiction, film, TV, visual arts and many others.

12. History: Lecturer – Dr Jess Parr

“In Sickness and in Health: A history of medicine”

Medical practice is not solely a product of scientific fact. Rather, along with scientific developments, medical practice is influenced by social factors, including the economics, politics, and cultural beliefs around health. This course will examine the rise of Western medicine since the nineteenth century and its impact. It will consider how health professionals, legislators, and the general public have responded to health problems and what this reveals about the society in which they existed.

By (re)tracing several key trends in health and medicine across the United States, Britain, and New Zealand, we will explore topics such as biomedicine, public health, the pharmaceutical industry and mental health care. The course aims to engage students in learning through critical analysis and discussion. Through a combination of lectures, seminar-type discussions, and documentary films the course will challenge you to apply new concepts to your understanding of medicine and consider how past events have influenced current practice.

13. **Health Psychology: Lecturer – Dr Karolina Stasiak**

“Can technology make you healthy? Bytes, BITs, bots and beyond”

Did you know that there are over 350,000 health apps available to download and about 200 new apps are added each day? Have you used any? Would you refer any of your patients to use a health app, a ‘serious’ game or a virtual reality system?

eHealth refers to the use of digital technologies to improve wellbeing, health, and healthcare. But is it yet another snake oil, a mere step in the evolution of healthcare or are we at a brink of a true revolution?

In this course we will reflect on the overall impact of eHealth on delivery of care, patient experience and health outcomes.

We will explore the ways technologies are being used, current and emerging trends, and examine both local and international eHealth practice and research. You will learn about the design, application, implementation and evaluation of eHealth approaches. For example, we will tackle some of the following issues:

- Why so few people complete digital interventions in the ‘real world’
- Examining the ‘quantified Self’ – impact of collecting health data on the individual and the wider society
- Will you ‘prescribe’ BITs (behaviour intervention technologies) in your own practice?
- Points, badges, streaks! Can you gamify behaviour change or is it a gimmick?
- Just a friendly robot? The impact of robotics on healthcare and patient experience (and will you lose your job to a robot?)

As part of the course, you will get to use and evaluate different digital health tools. You will also have a go at designing a digital intervention yourself. Sessions will include guest lecturers.

14. **Law: Lecturer – Professor Ron Paterson**

“Law and medicine”

What is the appropriate role of law in relation to medicine? How effectively does the law ensure that patients have access to safe, high quality care; good information in making health care decisions; protection from incompetent or predatory practitioners; and availability of effective complaint, review and inquiry mechanisms? When should a doctor face criminal charges for deliberate, reckless or negligent care that results in harm to a patient?

In what circumstances can a patient be treated without consent? If a doctor fails to warn a patient about potential harm from treatment, can the patient sue for damages for negligence? Is a doctor permitted and even required to breach confidentiality to prevent serious harm by a patient? Are doctors required to notify relevant authorities about an incompetent colleague? Are patients entitled to obtain their surgeon's or hospital's complication rate or complaint history? Do patients have a legal right to be treated when on a "waiting list" for surgery? What are the legal requirements for a doctor to maintain competence?

The aim of this course is to introduce you to the important role the law plays in the practice of medicine and the delivery of health care. We will examine legal concepts of informed consent, duty of care and negligence, confidentiality and the application of different types of law: tort law, Accident Compensation law, criminal law, statute law and codes (including the Code of Health and Disability Services Consumers' Rights and the Health Information Privacy Code). We will discuss interesting and topical cases (decisions of the courts, tribunals, the Health and Disability Commissioner, the Ombudsmen and Coroners).

Throughout the course, we will question whether the law is effective in protecting patients and in promoting the delivery of safe, high quality health care.

15. Research: Lecturer – Dr Fabiana Kubke

“Research Option”

Alongside the Medical Humanities options is the opportunity for a few students to gain insights into medical research.

During the Research Option (RO) students 'shadow' a research project in collaboration with a supervisor and members of the research team, and participate in classroom activities during which they explore the different facets of research and how research impacts medical practice, industry and policy.

Assessment takes the form of a series of written and oral student work which is described in more detail in the current year's Research Options page

(<https://wiki.auckland.ac.nz/display/SMSedu/Research+Option+2020>)

Advantages for Students of taking a Research Option

- Opportunity to engage with research issues in an area of special interest
- Regular one-to-one meetings with a researcher who is an expert on the topic
- Gain knowledge of research skills – e.g. searching, writing to international experts, applying for funding, applying for ethical approvals, seeking advice from statisticians, learning new techniques and skills in the laboratory, etc
- Get to know other members of the research team and the parts they play – e.g. data entry people, technical assistants, graduate students

Students will 'shadow' a research project, attend discussion sessions and do a student presentation on their research option experience. Students and supervisors are encouraged to negotiate whether there is an opportunity for more hands-on involvement in the research project by the student. However, assessment will not be based on the research outcomes per se. You can find all the information you need in the Research Option Wiki Page

If you are interested in the Research Option you should:

1. In the first instance, please contact the supervisors directly about the projects that are available for you to shadow, and get their verbal agreement that they are able to supervise you (you should do that NOW). Supervisors will make the final selection of students for their projects.
2. Once you have verbal confirmation, email Fabiana Kubke (f.kubke@auckland.ac.nz). IMPORTANT – you **MUST** use your @aucklanduni.ac.nz account – emails originating from another domain will be automatically destroyed by a very obedient bot. In your email to Fabiana Kubke **you MUST include**:
 - a. Your full name (as per your student ID)
 - b. Your student ID number
 - c. Your potential supervisor(s) name(s) and email address(es)
3. Fabiana Kubke will then contact the supervisors to discuss their obligations (but feel free to point them to the wiki)

4. Select the Research Option as your first option in the MBCHB311 site. You will not be assigned to the RO until your supervision arrangements have been approved. The course is limited to 20 students.

DEADLINES:

- **JANUARY 15, 2020:** I must have final confirmation from your supervisors that they agree to supervise you for the Research Option
- **JANUARY 31, 2020:** I must have confirmation from students and supervisors that they have read and understood the Research Option Course Guidelines
- **FEBRUARY 15, 2020:** Supervisors must provide the Research Option coordinator (Fabiana Kubke) with the learning objectives and assessment rubrics – these should be agreed between students and supervisors (supervisors can negotiate an extension if needed)

If you have any questions about the Research Options, please contact:

Dr M Fabiana Kubke

Building 502 Room 401C

Ph: Direct dial: 09 923 6002

If you have any questions about the **selection process** into the Medical Humanities programme please contact:

Françoise Godet

Email: f.godet@auckland.ac.nz

Tel: 09 923 6391

If you have any questions about the Medical Humanities programme please contact:

A/P Phillipa Malpas

Email: p.malpas@auckland.ac.nz

Tel: 09 923 3775

“The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation.”

Dr William Osler ⁷.

⁷ Taken from: <http://www.oslersociety.org/index.php/by-osler>