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The humanities in palliative medicine training: perspectives of academic palliative medicine physicians and trainees

Rayan Delbani^{1*}, Christopher J Barnes² and Michel Shamy³

Abstract

Background The humanities can aid in the development of important skills for trainee physicians. Because of the nature of their work, palliative medicine residents are expected to apply humanities-based skills frequently in their clinical work and are also likely to use humanities-based skills to support their own self-care. Our project explored the role of the humanities in palliative medicine residency programs across Canada.

Methods Each priority topic or objective of the current palliative medicine residency training standards in Canada was reviewed to determine whether they relate to the humanities. A cross-sectional survey was subsequently created using Qualtrics, with the target study population being current palliative medicine residents and palliative medicine staff physicians at academic centers in Canada.

Results Multiple humanities objectives exist in Canadian palliative medicine training standards, primarily in the ethical, cultural, and spiritual domains. Eighty-seven people completed the cross-sectional survey, for a 17.4% response rate and 94.6% completion rate. The vast majority (90%) of survey participants felt that the humanities had an important role in medical training at the undergraduate and postgraduate levels, and more than 70% of participants felt that the humanities had an important role in palliative medicine residency training. In some areas, the humanities participants felt that their programs would most benefit from ethics, philosophy, and culture. Over 65% agreed or strongly agreed that their own palliative medicine program would benefit from more humanities content.

Conclusion Canadian palliative medicine training standards require residents to demonstrate humanities-based skills. Most survey participants state that the humanities have an important role in medical training at the undergraduate and postgraduate levels, and that their own palliative medicine residency program would benefit from more humanities content. These results may guide future studies to better understand why and how more humanities content can be added to palliative medicine residency programs to optimize residents' learning experiences and better prepare them for careers in palliative medicine.

Keywords Medical education, The humanities, Palliative medicine, Postgraduate training

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Background

Defined as the branches of learning involving human thought and culture [1], the humanities have an essential role in medical education. They include subjects such as ethics, history, languages, literature, philosophy, arts, and religion. There is growing literature highlighting the benefits of the humanities in medical education training. These benefits include the development of critical thinking skills [2], the broadening of perspectives [2], and the cultivation of empathy and professionalism [3], all of which are essential to medical training. Furthermore, incorporation humanities in medical education can sharpen powers of observation [4, 5]. Training in the humanities can also foster a patient-centered approach to medicine [6], counteract burnout [7], and promote self-care in undergraduate medical trainees [3].

There is a significant body of literature on the incorporation of humanities in palliative care, which helped inform our project. Our unstructured review revealed 76 articles that explored the use of humanities in medical education in palliative care. Of those, 39 discussed using the humanities in palliative training at the undergraduate level, and 16 discussed using the humanities at the postgraduate level. Furthermore, 16 articles discussed the use of the humanities in palliative medicine training without specifying postgraduate or undergraduate levels. Finally, 5 articles discussed the use of humanities in nonpalliative care residency programs.

Due to the nature of their work, palliative medicine residents must apply humanities-based skills frequently and are positioned to benefit from humanities-based skills in their own self-care. In fact,

multiple humanities objectives exist in the current Canadian palliative medicine training standards. However, there are few current peer-reviewed studies addressing the role of the humanities in palliative medicine training.

This study aimed to address the question: *What role do academic palliative care physicians and residents in Canada see for the humanities in palliative medicine training programs?* Specifically, what do they perceive as the benefits of humanities-based skills in palliative medicine training, and what types of humanities-based training are most beneficial?

Methods

To inform our study design, we reviewed existing humanities objectives in the context of Canadian palliative medicine residency training standards. Our sources were the current training standards of the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC), which are the only organizations in Canada that set the standards for postgraduate medical training, including

specialty palliative medicine training. More specifically, we used the CFPC's Priority Topics and Key Features for the Assessment of Competence in Palliative Care (April 2017) [8] and the RCPSC's Objectives of Training in The Subspecialty of Adult Palliative Medicine (July 2016) [9]. Using the preceding definition of the humanities, each priority topic or objective of the CFPC and the RCPSC training standards was individually reviewed to identify whether they relate to the humanities (Additional file 1 and 2).

We then created a cross-sectional survey using Qualtrics, an online survey tool, to assess the role of the humanities in palliative medicine training. The target study population was palliative medicine residents and practicing palliative medicine physicians across Canada. Recruitment for the survey was performed via email after receiving research ethics approval from the Ottawa Health Science Network Research Ethics Board and the Bruyère Continuing Care Research Ethics Board. Palliative medicine residents and academic palliative medicine physicians were contacted through their residency program administrators. In addition, members of the Canadian Society Palliative Care Physicians (CSPCP), who previously consented to receiving research surveys, were contacted through the CSPCP. Responses were excluded if the respondent did not self-identify as a palliative medicine resident or practicing a palliative medicine physician in Canada. The survey included 18 questions relating to the use of the humanities in medical training and in palliative medicine residency programs. (Additional file 3). For the survey, we defined the humanities as branches of learning involving human thought and culture that include subjects such as ethics, history, languages, literature, philosophy, arts, and religion. Participation in the study was voluntary. We performed a descriptive analysis of the survey responses.

Results

Eighty-seven people completed the cross-sectional survey, for a 17.4% response rate and 94.6% completion rate. All participants met the inclusion criteria and were included in the study. Participants included both palliative medicine residents and independent physicians, including residents or fellowship program directors (Table 1). Participants also included members of all Canadian universities that have a palliative medicine residency program (Table 1).

Approximately 70% of participants felt that the humanities had an important role in medical training, no matter the level of training, with palliative medicine residency training being the stage of training having the highest level of agreement (Table 2). When asked in which areas participants had exposure during their palliative residency programs, ethics/philosophy was most mentioned

Table 1 Characteristics of survey participants

		Percent- age of partici- pants (n)
Canadian University	University of Ottawa	19.54 (17)
	Other or non-specified	12.64 (11)
	University of Toronto	11.49 (10)
	McMaster University	9.19 (8)
	University of British Columbia	6.89 (6)
	Queen’s University	5.75 (5)
	University of Calgary	5.75 (5)
	Dalhousie University	4.60 (4)
	McGill University	4.60 (4)
	University of Alberta	4.60 (4)
	Western University	4.60 (4)
	Université Laval	3.45 (3)
	University of Manitoba	3.45 (3)
	Université de Montréal	2.30 (2)
	Université de Sherbrooke	1.15 (1)
Role	Staff physician	80.46 (70)
	Residency or Fellowship Training program director	10.34 (9)
	Trainee	9.20 (8)

Table 2 Comparison of survey participants’ agreement relating to the importance of the role of the humanities in medical education

		Yes (n)	Maybe (n)	No (n)	Not answered (n)
Questions relating to the importance of the humanities in medical education.	Should the humanities have an important role in undergraduate medical education?	80.46% (70)	14.94% (13)	1.15% (1)	3.45% (3)
	Should the humanities have an important role in postgraduate medical education (residency and fellowship)?	70.11% (61)	22.99% (20)	6.90% (6)	0%
	Should the humanities have an important role in palliative medicine residency training?	83.91% (73)	3.45% (3)	12.64% (11)	0%

(32.97%), followed by religion (23.63%) and culture (2.53%). Arts/literature (15.93%) and history (4.95%) were the least common. The most common form of teaching was informal discussion, as cited by 54 participants (35.53%). Thirty-eight (25%) participants had exposure via formal teaching sessions or clinical practice. Five participants (3.29%) were exposed to the humanities through

online modules. Seventeen participants (11.18%) referenced other forms of exposure, which included narrative writing, wellness, grief and bereavement, and music therapy.

Over 90% of participants agreed or strongly agreed that skills in the humanities are beneficial for helping them care for and communicate with their patients (Table 3). Approximately 54% of participants agreed or strongly agreed that skills in the humanities are beneficial for helping them discuss end-of-life planning and goals of care with their patients, whereas almost 36% disagreed or strongly disagreed (Table 3).

Sixty-five percent of participants agreed or strongly agreed that their palliative medicine program would benefit from more humanities (Table 4). Moreover, over 84% of trainees and staff physicians agreed or strongly agreed that their palliative medicine program would benefit from more humanities whereas roughly 67% of training program directors agreed to the same (Table 5). With respect to which areas of the humanities participants believed their program would benefit most, ethics/philosophy (22.64%) and culture (22.26%) were the most popular responses.

Formal teaching sessions and clinical exposure were identified as the types of exposure to the humanities that participants believed would be most beneficial to their palliative medicine residency program (Table 6). Finally, over 50% of all participants, regardless of their role, agreed or strongly agreed that their own palliative medicine program would benefit from the humanities (Table 7).

Discussion

Our review of the Canadian palliative medicine training standards revealed that palliative medicine trainees in Canada are expected to develop humanities-based skills during their training. In accordance with these expectations, most survey participants (83.91%) agreed the humanities have an important role in palliative medicine residency programs. When examined based on role, over 84% of trainees and staff physicians agreed the humanities have an important role in palliative medicine residency programs, whereas roughly 67% of program directors agreed. Despite this high level of agreement, when asked about the role of the humanities within their own program, level of agreement decreases to between 50 and 62% depending on role, with staff physicians being the most agreeable.

Further analysis looking at participants identified institution revealed that 88.2% of participants from the same institution as the study investigators, the University of Ottawa, agreed that their own program would benefit from further humanities content. Comparatively, 60% of participants who were from different institutions from

Table 3 Analysis of participants' level of agreement relating to the benefit of humanities skills in palliative care practice

		Strongly Agree (n)	Agree (n)	Neither agree nor disagree (n)	Disagree (n)	Strongly Disagree (n)	Not answered (n)
Questions relating to the use of the humanities skills in palliative care practice.	How much do you agree with the following statement: I believe skills from the humanities are beneficial in helping me care for my patients in palliative medicine?	63.22% (55)	29.89% (26)	2.30% (2)	0%	4.60% (4)	0%
	How much do you agree with the following statement: I believe skills from the humanities are beneficial in helping me communicate with my palliative care patients?	63.95% (55)	27.91% (24)	4.65% (4)	1.16% (1)	2.33% (2)	1.16% (1)
	How much do you agree with the following statement: I believe skills from the humanities are beneficial in helping me discuss end of life planning and goals of care with my palliative care patients?	52.87% (46)	2.30% (2)	8.05% (7)	2.30% (2)	34.48% (30)	0%

Table 4 Analysis of participants' level of agreement relating to the benefit of the humanities in their own palliative medicine residency programs

		Strongly Agree (n)	Agree (n)	Neither agree nor disagree (n)	Disagree (n)	Strongly Disagree (n)	Not answered (n)
Question relating to the benefit of the humanities in their own palliative medicine residency programs.	How much do you agree with the following statement: I believe my palliative medicine residency program would benefit from more humanities content?	27.59% (24)	37.93% (33)	25.29% (22)	4.60% (4)	2.30% (2)	2.30% (2)

Table 5 Analysis of participants' level of agreement of survey question 6 based on their role

	Yes (n)	Maybe (n)	No (n)	Not answered (n)
Role				
Trainee	85.71% (6)	14.28% (1)	0%	0%
Staff Physician	84.28% (59)	12.86% (9)	2.86% (2)	0%
Training Program Director	66.67% (6)	33.33% (3)	0%	0%

Table 6 Comparison of types of exposures to the humanities participants believed would be most beneficial to their palliative residency program*

		Percentage of participants (n)
Types of teaching exposures	Formal teaching sessions	24.88% (50)
	Clinical exposure	23.38% (47)
	Online modules	16.92% (34)
	Informal discussion with staff	22.39% (45)
	Other	12.44% (25)

Participants were given the option to select all exposures that applied

the study investigators agreed to the same. Both groups generated over 50% agreement suggesting an alignment within all Canadian institutions that further humanities would be beneficial in palliative medicine training

program across the country. That said, it is important to recognize that participants from the same institution as the research investigators did have higher levels of agreement, which may also suggest a potential partial bias towards the beliefs of this specific institution.

Furthermore, most survey participants believed that the humanities have an important role in medical training, both at the undergraduate (95% of participants) and postgraduate levels (93% of participants). However, there is little literature discussing the use of the humanities in medical training, particularly at the postgraduate level. Consequently, although this finding promotes the need for additional training in the humanities at both levels, it may be particularly important at the postgraduate level.

Moreover, participants felt that humanities skills were more beneficial in some areas of palliative care than others. Specifically, more than 90% of participants strongly agreed or agreed that skills in the humanities are beneficial for helping provide care and communicating with patients, whereas only 54% of participants strongly agreed or agreed that skills in the humanities are beneficial for discussing end-of-life planning and goals of care. In addition, 34% of participants strongly disagreed that the humanities content would benefit them in end-of-life planning and goals of care. With current literature suggesting that end of life planning and goals of care can

Table 7 Analysis of participants' level of agreement of survey question 15 based on their role

		Strongly Agree (n)	Agree (n)	Neither agree nor disagree (n)	Disagree (n)	Strongly Disagree (n)	Not answered (n)
Role	Trainee	0%	50% (4)	37.50% (3)	12.50% (1)	0%	0%
	Staff Physician	29.09% (16)	32.72% (18)	27.27% (15)	3.64% (2)	3.64% (2)	3.64% (2)
	Training Program Director	22.22% (2)	33.33% (3)	33.33% (3)	11.11% (1)	0%	0%

at least be partially affected by ones religious and cultural beliefs [10–13], both of which are branches of the humanities, this was unexpected. This may suggest that further education on the humanities and their role in palliative medicine training would be beneficial for palliative care trainees and physicians. Moving forward, it could also prove meaningful to explore more in-depth this variance which may be better studied through interviews.

Despite being important groups to understand when discussing palliative medicine education training programs, trainees and resident program directors accounted for the minority of participants, Nonetheless, 8 of the 14 palliative residency training programs in Canada were represented within the pool of participating program directors in this study, accounting for an over 50% representation. Contrary to this, only 8 trainees completed the survey from an estimated 60 palliative medicine residents at the time (based on active resident members of the Canadian Society Palliative Care Physician at that time), accounting for only roughly 13% of palliative medicine trainees. Perhaps the very low trainee participation may have been due to a non-response bias from trainees who could have felt they have less experience and/or knowledge to inform changes in this area of medical education. Time constraints, which are especially common among trainees with busy schedules commonly out of their control, may have also been a factor. Further research with a design focused on trainees and their level of experience may help better understand their important perspective. It could also prove meaningful to complete further studies through the form of interviews for more in-depth exploring of trainees' perspectives and thoughts.

Finally, participants felt that their palliative medicine residency programs would most benefit from further humanities training in ethics, philosophy, and culture. This overlap with our review of the Canadian palliative medicine training standards which identified primarily ethical, cultural, and spiritual domains as the areas where palliative medicine trainees are most expected to develop humanities-based skills. This raises the question of whether learners are being provided sufficient training to meet the Canadian palliative medicine training standards and to properly hone their humanities skills in these domains. To inform curriculum design, the survey

revealed that the most common form of teaching by which participants were exposed to the humanities during their palliative medicine training was informal discussion. Perhaps more formal methods of teaching, such as scheduled teaching sessions or online modules, may be more helpful for learners in obtaining the expected humanities-based skills during their training.

Limitations

Although every Canadian university with a palliative medicine residency program in Canada was represented by survey participants [14], there was a disproportionately higher representation from the University of Ottawa. This could be because the study researchers were from the University of Ottawa; thus, participants had further motivation to participate in the study to support their colleagues. Furthermore, data collection was limited with only an approximately 17% response rate. Although, initial recruitment invitations and invitation reminders were asked to be sent out for completion of the survey, these were done via indirect means through the CSPCP office and resident program administrators. This was done to maintain participant anonymity (i.e. without the need for participants to share their emails with recruiters). In the future, we may benefit from further reminders to be sent out or a shorter survey to minimize time requirements. Additionally, an incentive for survey completion could also be considered (e.g. a gift card honorarium).

Volunteer bias is another probable limitation of our study [15]. Specifically, the survey could have attracted participants with an interest in the field of humanities or in medical education and, consequently, could have skewed the results toward participants who would champion humanities content in palliative medicine residency programs. To help mitigate this bias, we included methods to help increase overall volunteer participation [16, 17]. These methods included ensuring the anonymity and confidentiality of participants and keeping the survey brief and straightforward [16, 17].

Conclusion and future directions

Most survey participants felt that the humanities had an important role in medical training at the undergraduate and postgraduate levels and that their own palliative

medicine program would benefit from more content from the humanities, promoting the need for more training in the humanities. Future studies should seek to better understand why and how more humanities content can be added to medical training, specifically in palliative medicine residency programs, to optimize the learning experience and practices of palliative medicine. Further studies on a national level would likely benefit from broad institutional authorship. This study also provides preliminary data suggesting that new humanities curricula in palliative medicine utilize formal teaching modalities and focus on the domains of ethics, philosophy, and culture.

Abbreviations

CFPC College of family physicians of Canada
RCPSC Royal college of physicians and surgeons of Canada

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12909-024-06295-0>.

Supplementary Material 1

Supplementary Material 2

Supplementary Material 3

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Author contributions

All authors contributed to the conception and design of the study. RD collected, analyzed, and interpreted the cross-sectional survey data. MS and CB substantially contributed to the interpretation of the data. RD was a major contributor in writing the manuscript. All authors read and approved the final manuscript.

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Data availability

The datasets used and/or analyzed during the current study are available upon reasonable request. Requests can be made to Dr Michel Shamy (mshamy@toh.ca).

Declarations

Ethics approval and consent to participate

Informed consent was obtained from all subjects and/or their legal guardian(s).
Ethics approval was obtained from the Bruyère Continuing Care Research Ethics Board.
Ethics approval was obtained from the Ottawa Health Science Network Research Ethics Board- 20210067-01 H.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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