

**ARTSSCI 4CT3 / MEDICAL HUMANITIES INQUIRY  
(2020-21, Fall 2020)**

**Class Time: MONDAYS 2:30-5:20**

**Instructor: Dr. P.K. Rangachari (chari@mcmaster.ca)**

**Office Hours: Mondays 1:30-2:20**

Classes run Virtually (A2L, Teams, perhaps Zoom)-SYNCHRONOUSLY

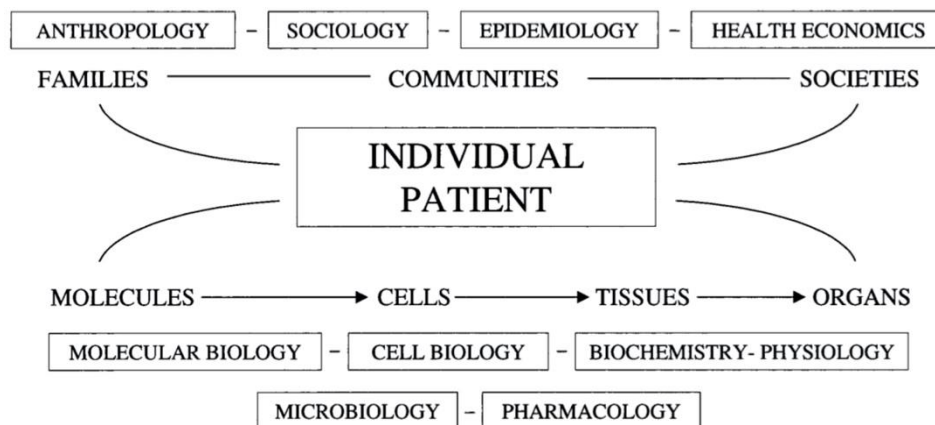
***“Nous ne nous tenons jamais au temps présent...Que chacun examine ses pensées, il les trouvera toutes occupées au passé et l'avenir...Nous ne pensons presque point au présent.”***

**— Blaise Pascal**

***“Tout être vivant est aussi un fossile.”***

**— Jacques Monod**

The patient is a common element in all medical systems (modern medicine, ayurveda, homeopathy, naturopathy, osteopathy etc.). This course will explore the domain of medical humanities from their perspective. I will use that quaint old-fashioned term rather than trendier ones such as clients or customers. I seriously doubt if people enter a hospital or a doctor's office looking for sales or discounts on tests or prescriptions. The patient in any medical encounter occupies two intersecting worlds—the biological world of cells, tissues and organs and the social one of families, communities, societies. Though the disciplines that study the diverse worlds are distinct, this course will be placed in the central Arts & Science tradition of blending these two worlds. I will assume that you are quite familiar with the physical, chemical and biological elements and will also draw upon other courses that you may have taken or will take, particularly Technology and Society.



There will be two parts to this course: (A) a Problem-based Learning Component (PBL) and (B) a Self-Directed Component.

## **PBL COMPONENT:**

**PART 1:** This is based on an adaptation of the general principles of PBL to a larger class setting. The term “problem” is used loosely. Students will be provided incomplete information as prompts. The material will be drawn from a variety of sources, newspaper clippings, advertisements, published papers etc. As with all such courses, there will be both process and content elements

**Process:** The process elements are fairly generic. These are the ways and means by which you will function as both independent and shared learners in demonstrating that you have acquired the content elements mentioned below. You will be expected to search, synthesize, integrate information from a variety of sources, participate effectively in the class- room, present information clearly and assess that provided by others in a critical manner.

**Content:** By the end of this segment, you would have recognized the interplay between diverse social groups in the prevention, treatment and rehabilitation of the tuberculous patient; the problems faced by such patients in diverse settings and the role of different technologies.

Poliomyelitis (Polio) will be the focus of this component. The infected patient provides a suitable subject for a course in medical humanities. Whereas patients with diabetes, hypertension, arthritis or similar conditions are problems largely for themselves and those close to them, the infected patient is a concern for many others who fear that they too can get infected. This raises serious concerns amongst many and reveals the depths of both man’s humanity and inhumanity to their fellow man.

I have chosen polio as an exemplar for several reasons. It is a viral disease that caused serious epidemics globally. There is a strong local flavour. Canada was seriously affected in several epidemics and the responses ran the gamut from panic to hope. The situation with the current corona virus outbreak has sensitised us to such issues. It was labelled a “middle-class disease” since it was the well-off, who bore the brunt. Polio victims included a galaxy of celebrities—Franklin Delano Roosevelt Jr, Paul Martin Sr., Itzhak Perlman, Joni Mitchell, Judy Collins, Neil Young amongst others. Toronto’s Connaught Laboratories played a major role in the development of the first polio vaccine. Though it has largely disappeared from North America, the problem still lingers globally.

There will be a 3 -week cycle as described below.

### **WEEK ONE:**

Students will sign in to Teams

A “problem” will be posted either in Avenue or shared in Teams

Each student will consider the issues raised by the problem (individually for 5 to 10 mins)

All students join in through TEAMS

They will share their ideas

Crystallise the pooled ideas and frame learning tasks (done through discussion)  
Self-directed Groups will sign on to tackle specific tasks

### **WEEK TWO (interim week)**

Groups work on their learning tasks (meet in class to facilitate discussions)  
Discussions on Self-Directed Projects in class

### **WEEK THREE**

Individual Groups send post brief summaries in advance  
Summaries are discussed  
Discussions--closure  
New Problem provided (Cycle repeated)

Several problems will be discussed during this term.

Active participation is critical, at each step of the process, students must communicate with each other through TEAMS. This component will be assessed by all students writing a Problem Summary (see later). Given the nature of the process, considerable flexibility will be built in, so certain components may be truncated, others extended.

### **PROBLEM SUMMARIES:**

There will be 2 parts

- (a) Brief summaries (5 marks each): At the end of each problem, you will submit a clear brief (500-800 words) report of their learning from that problems . This should be submitted a week later.
- (b) A final Synoptic Report (10 marks) at the end where you consider the learning from all 3 problems, see the common threads and comment on issues that were of particular interest.

**SELF -DIRECTED LEARNING OPTIONS (75 MARKS):** The field of medical humanities is vast. The self-directed component gives you an opportunity to explore aspects that are of particular interest. You will demonstrate the extent of your learning through diverse assessments shown below.

**MULTIPLE OPTIONS** are given below. Each is valued at 25 marks. Select **ANY 3** of them.

**NOTE:** Several options (\*) are also suitable for Groups. IF you choose to do these as groups, every member will get the same mark and it is your responsibility to ensure that contributions are equitable

**PATIENT ENCOUNTERS \*(25 MARKS):** You will adopt the persona of a patient with a chronic illness. Such patients face multiple problems that lead them to interact with a wide range of individuals with expertise in diverse domains. These interactions provide fertile field for exploration. You can opt to be a patient (any age, gender) with any such ailment (some examples include rheumatoid arthritis, diabetes, hypertension, cystic fibrosis, Parkinsonism, IBD, IBS, etc.). You will describe your journey through the health-care system in any country in the world.

There will be two parts to this exercise—(a) A description of the encounter—this can take multiple formats—a conversation, a narrative, a series of letters, a diary, an audio-recording and (b) a clear succinct description of the clinical condition itself, explaining the signs and symptom as experienced by the patient (yourself).

**INVISIBLE MAJORITY PROJECT \*(25 marks):** The health of patients in any society is significantly affected by many individuals who are “invisible” and not hailed as heroes or frontline workers; yet their cumulative contributions may be significantly larger.

You can select ANY member of society who you think fits this category and frame a first-person narrative that explores health care from their perspective. Some possible examples - municipal garbage collectors, lawyers, journalists, pharmacists, sales-representatives, city councillors, police officers, farmers, waste managers, manufacturers of devices, ambulance drivers, lab technicians, etc. It is important to emphasize that the invisibility of the persons mentioned above is only in relation to health care, since several could be powerful members of society. They are different from the class commonly referred to as “subaltern”, a term coined by Antonio Gramsci.

**BOOK REVIEWS (25 MARKS):** A large number of books (both fiction/non-fiction) deal with diverse illnesses which describe patient encounters. You can learn much from reading and reviewing such books. The review must clearly state the bibliographic information, comment on the subject matter and style of writing and include a personal assessment of the book, and its relevance to the course and overall significance.

**OP-EDS (25 marks):** You will write an opinion piece on ANY contentious issue in either medical education or patient care. The contentious issue must be clearly stated, and the conflicting views discussed. You must clearly take a specific position on this issue and justify your point of view. This piece must be adequately referenced.

**OBJECT LESSONS: DOWNDATING\* (25 marks):**

Updating is one of the more pervasive (and to my mind, faintly annoying) words that has recently crept into our lives. There is always a fervid sense of urgency attached to that injunction implying that failure to take prompt action leaves us behind. There is an underlying assumption that what will result is clearly superior. I want to provide you an opportunity to think about some of those tacit assumptions by considering concrete objects commonly in many health care systems. These include a wide range (pills, ointments, needles, wheelchairs, stethoscopes, probes, hospital beds etc). These objects do not exist in a vacuum.

They are constructed, marketed, assessed, sold, used. Diverse social groups look at these objects differently (“gazes”). These can be broadly grouped as makers, pushers, watchers and users. The makers are those who design, develop, manufacture, market and distribute the objects. The pushers (not used in a pejorative sense) include multiple components of the health care system that promote, foster and encourage their use (e.g. includes physicians, pharmacists, nurses, hospitals), the watchers are members of society that assess their value and safety and include not only standard regulatory

agencies but critics, journalists etc. Finally, all members of the public are potential users—even those who could belong professionally to any of the other groups. Think of this as an extension of your 3BO3 course, with a health care twist.

Your task is to select **any** concrete object (some examples given above) The objects that exist today have all been “updated” in some form or the other. I want you to consider their antecedents (the driving forces that led to their creation, initial reception etc.) and their consequences both intended and unintended from the perspectives of any of the groups mentioned above. The information can be presented in many formats—a report, an essay, a marketing brochure, a sales-pitch. You could be extremely creative and make an object yourself.

**ASSESSMENTS:** All submissions will be graded as follows: Content (15), Clarity (5), Corroboration (5). Corroboration requires the provision of annotated references. For book reviews, detailed bibliographic information must be provided.

**EVALUATION SECTION:**

ITEM	% FINAL GRADE	COMMENTS
PBL SUMMARIES (3 summaries in total and a Synoptic Report)	25 (Each summary is worth 5 and the Synoptic Report is worth 10)	Individual Summary 1 due: Oct 5 Summary 2 due: Oct 26 Summary 3 due: Nov 16 Synoptic report due: Nov 23
SELF-DIRECTED PROJECTS (3 projects in total)	75 (Each project is worth 25)	Individual/Group All projects due Dec 7

**REQUIRED READINGS:** There is **NO** prescribed textbook for this course or required readings, though a number of books, articles will be mentioned in context. One of the significant elements of an inquiry course is the fostering of skills to search, synthesise and integrate information from diverse sources. Students are expected to scour the literature to find the best possible references for their projects. This will form part of their assessment.

A few select references that describe the process used in similar courses are given below:

Levitt, S., McKeage, A., & Rangachari, P. K. (2013). Drugs, Devices, and Desires: A Problem-based Learning Course in the History of Medicine. *Interdisciplinary Journal of Problem-Based Learning*, 7(1).

Available at: <https://doi.org/10.7771/1541-5015.1324> Note: Levitt was an Arts Sci student.

**Rangachari PK.** Steps to pluripotent learning: provocative teaching. *Adv Physiol Educ* 35: 323–329, 2011; doi:10.1152/advan.00065.2011.

**Rangachari PK, Rangachari U.** Matters of taste: bridging molecular physiology and the humanities. *Adv Physiol Educ* 39: 288–294, 2015; doi:10.1152/advan.00092.2015.

For the Patient Encounters project, students should consult standard textbooks (a large number are available through our library system) for information about the specific clinical condition they choose to explore. In addition, many organisations that deal with specific conditions (CF, Crohn’s and Colitis, Arthritis, Multiple Sclerosis etc) have excellent websites that provide useful information for patients.

GIVEN BELOW is a tentative schedule. The essence of PBL is **flexibility**—so the sessions can be altered to suit any contingencies that arise.

DATE	TOPIC
SEPT 14	INTRODUCTION to Course
SEPT 21	PBL
SEPT 28	PBL
OCT 5	Summary Problem 1 submitted PBL
OCT 12	BREAK
OCT 19	PBL
OCT 26	PBL Summary Problem 2 submitted
NOV 2	PBL
NOV 9	PBL
NOV 16	PBL WRAP UP; Summary Problem 3 submitted)
NOV 23	SYNOPTIC REPORT submitted PROJECT DISCUSSION
NOV 30	PROJECT DISCUSSION
DEC 7	WRAP UP(All reports submitted)

%	Letter	%	Letter	%	Letter	%	Letter	%	Letter
90-100	A+	77-79	B+	67-69	C+	57-59	D+	0-49	F
85-89	A	73-76	B	63-66	C	53-56	D		
80-84	A-	70-72	B-	60-62	C-	50-52	D-		

### DEADLINES:

I am personally opposed to deadlines as I believe they stand in the way of real learning. However, the Registrar's Office and the calendar constrain us. If you fail to meet the deadlines (see above), I will simply dock 4 marks off the final grade.

### EMAIL COMMUNICATION:

All emails sent to the professor must originate from either from your official McMaster University email accounts.

### REFERENCING STYLE:

All written work will be marked on grammar, spelling, clarity of writing and organization, as well as content and analysis. More details about the marking scheme are posted on the course website. All written work must be properly referenced. Use the Vancouver style for all referencing in this course.

### LOSING MARKS:

There is a popular notion that students start with a 100% and lose marks. I do not subscribe to that notion. You start with zero and start accumulating them. I will give you comments, but a mark given will not be changed, unless there is a calculating error. If you feel strongly that the mark you have received is not appropriate, you must follow the Student Appeal Procedures.

## SENATE-APPROVED ADVISORY STATEMENTS

### ACADEMIC INTEGRITY

You are expected to exhibit honesty and use ethical behaviour in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity. **It is your responsibility to understand what constitutes academic dishonesty.**

Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behaviour can result in serious consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: "Grade of F assigned for academic dishonesty"), and/or suspension or expulsion from the university. For information on the various types of academic dishonesty please refer to the [Academic Integrity Policy](https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/), located at <https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/>.

The following illustrates only three forms of academic dishonesty:

- plagiarism, e.g. the submission of work that is not one's own or for which other credit has been obtained.
- improper collaboration in group work.
- copying or using unauthorized aids in tests and examinations.

### **AUTHENTICITY / PLAGIARISM DETECTION**

**Some courses may** use a web-based service (Turnitin.com) to reveal authenticity and ownership of student submitted work. For courses using such software, students will be expected to submit their work electronically either directly to Turnitin.com or via an online learning platform (e.g. A2L, etc.) using plagiarism detection (a service supported by Turnitin.com) so it can be checked for academic dishonesty.

Students who do not wish their work to be submitted through the plagiarism detection software must inform the Instructor before the assignment is due. No penalty will be assigned to a student who does not submit work to the plagiarism detection software.

**All submitted work is subject to normal verification that standards of academic integrity have been upheld** (e.g., online search, other software, etc.). For more details about McMaster's use of Turnitin.com please go to [www.mcmaster.ca/academicintegrity](http://www.mcmaster.ca/academicintegrity).

### **COURSES WITH AN ONLINE ELEMENT**

**Some courses may** use online elements (e.g. e-mail, Avenue to Learn (A2L), LearnLink, web pages, capa, Moodle, ThinkingCap, etc.). Students should be aware that, when they access the electronic components of a course using these elements, private information such as first and last names, user names for the McMaster e-mail accounts, and program affiliation may become apparent to all other students in the same course. The available information is dependent on the technology used. Continuation in a course that uses online elements will be deemed consent to this disclosure. If you have any questions or concerns about such disclosure please discuss this with the course instructor.

### **ONLINE PROCTORING**

**Some courses may** use online proctoring software for tests and exams. This software may require students to turn on their video camera, present identification, monitor and record their computer activities, and/or lock/restrict their browser or other applications/software during tests or exams. This software may be required to be installed before the test/exam begins.

### **CONDUCT EXPECTATIONS**

As a McMaster student, you have the right to experience, and the responsibility to demonstrate, respectful and dignified interactions within all of our living, learning and working communities. These expectations are described in the [Code of Student Rights & Responsibilities](#) (the "Code"). All students share the responsibility of maintaining a positive environment for the academic and personal growth of all McMaster community members, **whether in person or online.**



It is essential that students be mindful of their interactions online, as the Code remains in effect in virtual learning environments. The Code applies to any interactions that adversely affect, disrupt, or interfere with reasonable participation in University activities. Student disruptions or behaviours that interfere with university functions on online platforms (e.g. use of Avenue 2 Learn, WebEx or Zoom for delivery), will be taken very seriously and will be investigated. Outcomes may include restriction or removal of the involved students' access to these platforms.

### **ACADEMIC ACCOMMODATION OF STUDENTS WITH DISABILITIES**

Students with disabilities who require academic accommodation must contact [Student Accessibility Services](#) (SAS) at 905-525-9140 ext. 28652 or [sas@mcmaster.ca](mailto:sas@mcmaster.ca) to make arrangements with a Program Coordinator. For further information, consult McMaster University's [Academic Accommodation of Students with Disabilities](#) policy.

### **REQUESTS FOR RELIEF FOR MISSED ACADEMIC TERM WORK**

McMaster Student Absence Form (MSAF): In the event of an absence for medical or other reasons, students should review and follow the Academic Regulation in the Undergraduate Calendar "Requests for Relief for Missed Academic Term Work".

### **ACADEMIC ACCOMMODATION FOR RELIGIOUS, INDIGENOUS OR SPIRITUAL OBSERVANCES (RISO)**

Students requiring academic accommodation based on religious, indigenous or spiritual observances should follow the procedures set out in the [RISO](#) policy. Students should submit their request to their Faculty Office **normally within 10 working days** of the beginning of term in which they anticipate a need for accommodation or to the Registrar's Office prior to their examinations. Students should also contact their instructors as soon as possible to make alternative arrangements for classes, assignments, and tests.

### **COPYRIGHT AND RECORDING**

Students are advised that lectures, demonstrations, performances, and any other course material provided by an instructor include copyright protected works. The Copyright Act and copyright law protect every original literary, dramatic, musical and artistic work, **including lectures** by University instructors.

The recording of lectures, tutorials, or other methods of instruction may occur during a course. Recording may be done by either the instructor for the purpose of authorized distribution, or by a student for the purpose of personal study. Students should be aware that their voice and/or image may be recorded by others during the class. Please speak with the instructor if this is a concern for you.

### **EXTREME CIRCUMSTANCES**

The University reserves the right to change the dates and deadlines for any or all courses in extreme circumstances (e.g., severe weather, labour disruptions, etc.). Changes will be communicated through regular McMaster communication channels, such as McMaster Daily News, A2L and/or McMaster email.

## **NOTES FOR ALL ARTS & SCIENCE COURSES**

1. Some of the statements above refer to a “Faculty Office”; please note that the Arts & Science Program Office serves in this capacity.
2. It is the responsibility of students to check their McMaster email regularly. Announcements will be made in class, via A2L, and/or via the course email distribution list <d-as4CT3@mcmaster.ca>.