

## REVIEW REPORT

**Title:** Medical humanities: A neglected area in medical education in Bangladesh

**Authors:** M Atiqul Haque, Taufique Joarder

**Reviewer H:** Shafinaz Gazi, **ORCID:** 0000-0001-5157-3835, **COI:** None, **AI disclosure:** None

The ongoing evolution of healthcare necessitates a corresponding transformation in training, making this article highly relevant and crucial for contemporary medical education. It likely presents new perspectives and innovative approaches aimed at preparing future clinicians for the complexities of modern practice, including advancements in technology, shifts towards competency-based learning, and a greater focus on social determinants of health and interprofessional collaboration. Therefore, its insights are vital for guiding curriculum development and shaping effective learning strategies worldwide.

The choice to include a quote from the famous work, *Laalsalu*, is a brilliant move. This cultural reference makes the whole piece much more interesting and appealing. With this great start, the article immediately feels serious and thoughtful, setting the perfect mood for the rest of the discussion.

Although the central theme of this article is clear, a few key points need to be clarified for better understanding:

- 1. Comment** Please elaborate on the definition of the Medical Humanities, clarifying its interdisciplinary nature and the academic fields it encompasses. Furthermore, explain in detail its critical importance by addressing how it enhances empathy, professionalism, and the overall quality of patient care in today's medical environment.

**Response:** Thanks for your comments. We updated the definition.

- 2. Comment** Please specify the essential goals and learning objectives that should be clearly integrated into the current MBBS curriculum in Bangladesh, and detail the concrete strategies and methods by which these objectives can be effectively achieved.

**Response:** We specify the key goal of Medical Humanities as producing empathetic and ethically responsible doctors and outline learning objectives as integrating reflection, communication, cultural sensitivity, and patient-centered judgment into the MBBS curriculum in Bangladesh.

- 3. Comment** To clearly present actionable advice, please write a separate, distinct paragraph specifically outlining your detailed suggestions and recommendations for effectively integrating Medical Humanities as a formal component within the MBBS curriculum.

**Response:** Addressing this comment is beyond the scope of the present paper. However, we briefly added key messages to the manuscript.

**Reviewer G:** S M Nazmuz Sakib, **ORCID:** 0000-0001-9310-3014, **COI:** None, **AI disclosure:** None

- 4. Comment** Overall assessment  
The piece makes an important, timely argument: Bangladesh's medical training and service environment would benefit from structured medical/health humanities to strengthen empathy, professionalism, communication, ethical reasoning, and reflective capacity. The opening clinical vignette is effective and the tone is accessible.  
However, the current draft reads more like a short advocacy note than a publishable technical commentary. To persuade academic, regulatory, and institutional stakeholders, it needs (1) more Bangladesh-specific evidence and context, (2) a clearer conceptual framework (what "medical humanities" includes/excludes), and (3) a more concrete implementation and evaluation plan.

**Response:** We thank Reviewer G for the careful reading and for recognising the central argument and the effectiveness of the opening vignette. We have revised the commentary to strengthen conceptual clarity and to make the logic of medical humanities (MH) explicit within the constraints of a 600-word opinion/commentary format.

Several suggestions (e.g., a phased national implementation roadmap with costs, governance, detailed assessment rubrics, and an evaluation framework with multiple outcome tiers) are valuable, but they are closer to the scope of a policy paper, curriculum framework, or commissioned technical review than a short commentary. Because the journal's format limits depth by design, we have focused on what a publishable commentary can credibly deliver: a clear definition and scope of MH, a concise conceptual model, a brief Bangladesh-anchored rationale, and a realistic "way forward" framed as feasible entry points rather than a full national blueprint.

Therefore, we have addressed the reviewer's core concerns that are appropriate to a short commentary: conceptual clarity, explicit scope, a readable model linking MH pedagogy to clinical outcomes, and a Bangladesh-relevant rationale. Suggestions requiring a full technical blueprint were considered but are beyond the remit of this manuscript type and word limit.

(Post-revision comments)

**Responsible editor:** M Mostafa Zaman, **ORCID:** 0000-0002-1736-1342, **COI:** MAH is my colleague and a member of the Editorial Board of the Journal. However, this relationship had no influence on the independent review process and editorial decision.

- 6. Comment** The manuscript has improved substantially. However, the references need a revisit. We do not encourage so many references for an opinion or viewpoint article.
- Response:** Thank you for the positive feedback. We have carefully revised the manuscript and streamlined the reference list, removing several non-essential citations.
- 7. Comment** I believe a careful selection of strictly pertinent references will lead to fewer than 10 references.
- Response:** We have further refined the reference list and reduced it substantially. A total of 11 references have been retained, as we felt that reducing the number further would compromise the conceptual framing and key arguments of the opinion paper.
- 8. Comment** The first four and the seventh references will not be readily available to the readers because these are books without URLs.
- Response:** We have removed all such references except the first one, which is central to the conceptual foundation and serves as the primary entry point of the opinion piece. It's URL is added.
- 9. Comment** Moreover, the list includes articles without DOIs.
- Response:** DOIs have been added wherever available. For older publications where DOIs do not exist, the references have been cited following standard journal conventions.
- 10. Comment** The URL of the last reference took me to the newspaper's current date's publications. The URL should take the readers to the exact page where the feature was published.
- Response:** This reference has been removed to avoid ambiguity and ensure ease of access for readers.
- 11. Comment** Finally, I recommend you to limit the references to 10 against our threshold of 6, make the story as short as possible (may be a little more than 600).
- Response:** We have shortened the manuscript and tightened the narrative while preserving all essential and pertinent content. The revised version is more concise and focused, in line with the reviewer's recommendation.