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COMMENTARY

Medical humanities: A neglected area in medical education in Bangladesh

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"One day, setting aside all her modesty and hesitation, Amena Bibi said (to her husband), 'Please bring me a little holy water from the Pir Saheb.'" — *Syed Waliullah, Lalsalu*

In *Lalsalu*, Syed Waliullah portrays Amena Bibi, a woman in her thirties living with infertility, pleading for "holy water," hoping for divine intervention. Her childlessness, quietly humiliating in her social context, drives her to seek meaning where medicine has offered none [1].

This scene reveals what clinical medicine often overlooks: the emotional, cultural, and spiritual dimensions of illness and suffering. Amena Bibi's plea is not mere superstition. It reflects a deep psychosocial burden of loneliness, longing, and hope. For medical students, exploring such stories offers invaluable insight into how common people make sense of illness, providing a humanistic lens rarely found in the medical curriculum in Bangladesh. It is what allows a doctor to see the person behind the patient [2].

Restoring the human dimension

Over 50 years ago, Charles Percy Snow asked whether medicine is purely a science, an art, or both, arguing that progress lies in bridging these disciplines [3]. Abraham Flexner, a pioneer of modern medical education, later emphasized that physicians must be trained not only in scientific knowledge but also in the humanistic dimensions of care so that they can treat the person, not merely the disease [4].

Despite biomedical advances, medical education often overlooks empathy, ethics, communication, and cultural sensitivity. In North America, a proportion of medical students enter training with humanities or social science backgrounds, reflecting a more holistic educational philosophy [5]. In contrast, medical training in Bangladesh remains predominantly science-oriented, as admission to medical colleges is restricted to students from science backgrounds [6].

What medical humanities bring

Medical humanities (MH) is an interdisciplinary domain within medical education that integrates the humanities, social sciences, and the arts to enrich understanding of illness, healing, and lived experience in care. It extends training beyond the biomedical model by strengthening reflection, ethical reasoning, narrative competence, empathy, and patient-centred practice [2].

Drawing on disciplines such as ethics, philosophy, history of medicine, literature, anthropology, sociology, psychology, cultural and disability studies, and the visual and performing arts, MH provides a structured academic framework that helps clinicians better engage with suffering, values, culture, and meaning in healthcare [2].

Pedagogically, MH operates through humanities-based learning activities including reflective writing, narrative reading, ethical dialogue, historical inquiry, and engagement with the arts. These approaches cultivate core cognitive and affective capacities such as perspective-taking, tolerance of ambiguity, moral reasoning, and narrative awareness, which translate into improved communication, stronger professional identity, ethically grounded decision-making, and more patient-centred clinical care [2, 7].

Key messages

Medical humanities remain marginal in Bangladesh's medical education, leaving future doctors underprepared for the emotional, cultural, and ethical dimensions of care. Bringing the humanities into training can nurture empathy, strengthen doctor–patient trust, and help physicians engage with patients as people, not merely as clinical cases, within social realities.

Medical education in Bangladesh

The MBBS curriculum in Bangladesh, designed and regulated by the Bangladesh Medical and Dental Council (BMDC) under the Ministry of Health and Family Welfare, remains primarily focused on biomedical knowledge and clinical skills. It progresses systematically from basic sciences to paraclinical subjects, then to clinical rotations, followed by a one-year internship required for licensure [8].

While this structure ensures technical proficiency, it leaves little space for understanding the social and emotional aspects of illness. A modest attempt has been made in the revised 2021 MBBS curriculum to introduce MH, allocating only 19.5 instructional hours across the entire five-year course [8]. These limited inclusions, though symbolic, fall far short of fostering the reflective, empathetic, and ethical capacities essential for modern medical practice.

Why it matters for Bangladesh

In Bangladesh, doctor–patient relationships are often stressed by mistrust, time constraints, and overcrowded healthcare settings. Stigma surrounding illness and spiritual beliefs and cultural traditions further complicates care. These behaviours are not necessarily irrational; they often represent patients' need to be heard, understood, and comforted [9].

Incorporating MH into the medical curriculum can help future physicians understand such behaviours not as barriers, but as insights into patients' lived realities. Understanding why Amena Bibi turned to the Pir Saheb teaches students to communicate with empathy, even while offering evidence-based care. Such a culturally sensitive approach enhances trust, patient satisfaction, and treatment adherence–critical factors for effective healthcare in resource-limited settings.

Global experiences and lessons

MH has become an increasingly recognized component of medical education globally, with growing inclusion in curricula to foster empathy, ethical reasoning, and patient-centered skills in diverse contexts, including North America, Europe, and Australia, and emerging adoption in South Asian settings [10].

Still, South Asian countries face shared challenges: rigid curricula, weak coordination between health and arts faculties, science-only student backgrounds, and language diversity. Notably, in Nepal, students reported that using paintings and storytelling in class helped them connect emotionally and enjoy learning [11]. These experiences show that integrating humanities can be feasible, and context-appropriate when culturally adapted.

A way forward for Bangladesh

Bangladesh can begin with small, deliberate steps. Elective or integrated modules on literature, ethics, philosophy, or reflective writing can help students appreciate the human side of illness. Collaboration between medical colleges and humanities departments could build interdisciplinary courses that place illness within its cultural and social context. Narrative medicine workshops, in which students write about or reflect on patient experiences, can gradually foster empathy and emotional awareness.

In the long term, establishing a Centre for Medical Humanities at institutions such as Bangladesh Medical University could support research, training, and policy innovation in this emerging field.

Conclusion

Medicine is not only about curing disease; it is also about understanding the person who suffers. Waliullah's Amena Bibi reminds us that suffering often carries spiritual longing and social shame that medicine alone cannot resolve. Physicians who understand human complexity are better equipped to care, not just cure. Introducing MH into Bangladesh's medical curriculum is not an academic luxury; it is a moral and professional obligation. It helps future doctors learn to listen before they diagnose, to understand before they advise, and to care before they cure.

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Supplementary file

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