

EDITORIAL

Medical Humanities, Bioethics, and the (im)possibility of interdisciplinarity. Introduction to the Special Issue on the Medical Humanities in the 21st Century

The eleven articles comprising this special issue provide a reflection on what in the last 60 years or so has come to be known as the medical humanities. As an academic field, the medical humanities originated in the 1960s in the US, mostly thanks to the Society for Health and Human Values. The Society's aim was to reform medical education by giving proper recognition to human values and cultures in a field until then dominated by a mechanistic approach to medicine (Fox 1985). Since then, the questions raised by the medical humanities have become increasingly more salient in academic and societal discussion. They are questions about the different values, histories, and practices around health and medicine that escape the scientific approach. In fact, medicine and healthcare, and even more so our relationship with health, are themselves embedded in those values, histories, and practices that are the domain of the medical humanities. Our value-based, culturally situated, and historically shaped relationships with medicine and healthcare explain why the medical humanities are not merely an ancillary of medicine and healthcare, as they are too often perceived. Instead, the proper place in society, function, and indeed *raison d'être* of medicine and healthcare can only be understood from a perspective that can focus on the complexity of the human being. Thus, the medical humanities are essential to understand why medicine and healthcare as practices and as institutions exist in the form that they do and how they can evolve in new societal, cultural, and technological contexts.

There are a couple of reasons why a bioethics journal is well suited to hosting a reflection on the medical humanities. One reason is, quite simply, that bioethics is itself part of the medical humanities – a claim I will return to below. Another, more interesting reason is that the medical humanities and bioethics share a common history and a common destiny. That is, they struggle to feel at home in the compartmentalized structure of academic institutions. In a way, this is more surprising for bioethics, a predominantly philosophical discipline with its legitimate place in Philosophy Departments. However, bioethics is notoriously subject to the disdain of many philosophers working on more theoretical matters, an attitude unfortunately too often reciprocated by bioethicists dismissing what they perceive as “armchair philosophy”. Partly as a result of this attitude and partly contributing to it, academic bioethics is often carried out outside of Philosophy departments, in dedicated Centres or Institutes, and often by scholars with different types of expertise, such as social sciences, theology, law, and sometimes medicine.

Professorial Chairs, Departments, and journals exist under the headings of Bioethics and of Medical Humanities that somehow challenge the academic homelessness of these two fields. However, the wealth and complexities of disciplines contributing to each field make it difficult to identify specific, let alone shared, methodologies, goals, and expertise that could point to some organic unit. It is fair to say that both bioethics and the medical humanities have an identity problem, albeit for different reasons and to different degrees. Both aspire to a disciplinary identity beyond that of the different disciplines that constitute them. At the same time, however, such disciplines have legitimate claims to retaining their own identity. Thus, the aspiration to

interdisciplinarity risks being replaced by an internal competition for space, visibility, and the very limited funding.

I have mentioned an identity problem, rather than an identity crisis, because crises imply some disruption from the status quo. But this is not a crisis in that sense. The identity problem is an inborn trait of the medical humanities. They have always been characterized by the internal tension that *multidisciplinarity* brings as it struggles to become *interdisciplinarity*, a way more ambitious and rarely achieved goal. This history is testament to the tension, richness, but perhaps also limited potential for truly interdisciplinary collaboration within medical humanities. Yet, it is within this inherent tension that the medical humanities can carve their own precarious or, if you prefer, dynamic identity.

Many articles in this special issue focus on either of the two poles of this tension.

One pole is that of a reflection on the role of specific disciplines in the broader context of medical humanities. For instance, one article argues, somehow provocatively, that theology should be acknowledged as “the queen” of medical humanities, especially when reflecting on the proper care of people with profound disabilities (Camosy 2025). Two articles reflect on what history of medicine and historical perspectives more broadly can – and cannot – contribute to current ethical discussions around vaccination (Bose 2025) and human enhancement (Moeller and Porras 2025), thus substantiating but also problematizing the often-heard claim that (bio)ethics requires learning “lessons from history”. And within philosophy, philosophical anthropology and non-Western philosophical traditions have been adopted to question and reinterpret established ethical paradigms. As for the first approach, one article challenges the static notion of the ‘human’ typically informing narratives in the medical humanities, proposing a notion of medical ‘posthumanities’ that better accounts for the embodied and provisional nature of patients’ experiences and narratives (Fitzgerald and Kats 2025); and another article argues that ethics needs to be based on a proper understanding of human nature and human biology, whose mysterious dimensions are sometimes better captured by creative arts (Foster 2025). As for the second philosophical approach, one article in this issue challenges the standard Western principlist biomedical ethics by offering a Confucian reinterpretation of the concept of autonomy (Tan and Neo 2025).

On the other pole of that tension, we find articles reflecting on the role and importance of the medical humanities as an organic unit. One article, for instance, reports on the activities of a working group in the UK specifically dedicated to developing a network and methodologies for medical humanities teaching in British medical schools (Bellis et al 2025). Another article reflects on the role of the medical humanities in the formation of physicians handling end-of-life situations (Symons and Rhee 2025). Finally, two articles discuss the essential role of medical humanities for responsible use and integration of artificial intelligence in healthcare (Paglialonga and Simonetti 2025) and healthcare narratives (Schwartz and Lanphier 2025).

I should say (or perhaps, as the editor of this special issue, I shouldn’t) that I am not sure the articles here included make the notion of ‘medical humanities’ clearer. In fact, I am not sure that type of clarity that would allow to precisely identify the nature of the medical humanities is achievable. Linger questions about what we are

doing when we engage in medical humanities can point to the irreducible complexities of the human, of its relationship with medicine and healthcare, and therefore, inevitably, of the academic specialisms that explore these different dimensions. Perhaps we should adopt the message of one of the articles included in this collection, which, using the tools of literary studies and particularly the concept of critique and a “hermeneutic of humility”, asks us to embrace uncertainty and humility as the core and distinguishing values of the medical humanities (Robin 2025).

As someone working in philosophy and philosophical bioethics, let me conclude this editorial by saying something more about the relationship between medical humanities and bioethics/medical ethics I mentioned above. It is regrettable, but perhaps not surprising, that (bio)ethics and medical ethics too often tend to isolate themselves from the dialogue with the other disciplines in the medical humanities.

It is regrettable because the type of conceptual analysis and exploration of ethical values that good philosophical (bio)ethics can bring to the table of the medical humanities can be very valuable. For instance, it could help shed light on some of the ethical and political values and conceptual ambiguities that often characterize talk of medicine, health, and healthcare.

However, at the same time, the relatively minor role played by bioethics is not surprising and should probably serve as an opportunity for self-reflection within our field. No doubt, part of the reason for the isolation of bioethics and medical ethics has to do with the fact that, in the context of medical education where the medical humanities claim their legitimate space, medical ethics is often a self-standing, well-structured part of the curriculum. It has its own methodology for teaching and assessing ethics competence and it is centred on the application of well codified principles and norms to medical practice (Giubilini et al 2016). In this sense, it is often closer to the approach of, and taught in conjunction with, medical law. However, part of the reason for the isolation of bioethics from the rest of the medical humanities has to do with a general attitude of philosophers and bioethicists, especially those with a more analytic inclination in the Anglo-American tradition. Their methodologies and style of writing often reflect an attempt to imitate those of the hard sciences, rather than the rest of the humanities. This approach is incentivised and rewarded by academic administrators and funders, increasingly more often influencing research agendas through their emphasis on quantification of impact and outputs, and by rewarding ways of structuring humanities-based projects on the model of scientific ones.

Many like to think of this surrogate of the scientific style and methods as favouring rigour and rationality within philosophy and bioethics. But, I suggest, this should rather be seen as an abdication of the proper authority and nature of philosophy. We risk losing sight of the humanistic nature of ethics and philosophy and, within these, of bioethics and medical ethics. Thus, even if true interdisciplinarity remains a distant and perhaps unattainable goal, a dialogue with the rest of the medical humanities can remind us of where ethics, philosophy, and philosophical bioethics come from and what their proper subject is. That is, human values and human approaches to medicine, science, and health that are beyond the grasp of the scientific method and of medical expertise. The hope is that this special issue will help bioethics readership (re)connect with these dimensions of our discipline.

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