

address inequities with the view that disabled people deserve equal rights and access. The “cultural model of disability” focuses on how the reality of disability is understood within a cultural context as an experience that can be positive but also lead to discrimination and physical and psychological pain.

These models are the subject of much debate and revision, as are other approaches not included here; there is no single way to understand and address the effects of excluding people from society based on a label of disability. What is central is understanding and including disabled people as the experts in their own past and present. In this

sense, critical disability studies aim to reinterpret what it means to be considered disabled, bringing people who live this experience to the process as the primary agents of change in word and deed. A major part of this work is therefore to ensure that this field is by, not just about, disabled people.

My grandfather spent most of his last two years on a psychiatric ward of a veteran’s hospital before dying in 1974 at the age of 81. Right around the time Francis Udall died, activists in various parts of the world were organizing to advocate that people with various forms of disability — sensory, mental or physical — be thought of as engaged citizens rather than

as neglected outcasts. Although the definition of an inclusive society tends to recalibrate over time, critical disability studies aims to relegate injustices toward disabled people to the past.

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See Appendix 1 (available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.141236/-DC1) for further reading on disability studies.

BOOKS

A robust future

Medicine, Health and the Arts:

Approaches to the medical humanities
Victoria Bates, Alan Bleakley, Sam Goodman, editors
Routledge; 2014

The term “medical humanities” was first coined in 1947. Sixty-seven years later, this wonderful new collection of essays, that is part of the “Routledge Advances in the Medical Humanities” book series, shows how the discipline has progressed and points the way to a robust future. Alan Bleakley, one of the editors, goes so far as to say that medical humanities can democratize medicine by challenging the ingrained hierarchies that lead to poor team work and ineffective patient consultation.

Whether or not this is true, all 14 commissioned essays call for a broader and more inclusive definition of the medical humanities and more reciprocity and exchange among the players. This would entail a sustained, interdisciplinary inquiry into the aspects of practice, education and research that are expressly concerned with the human side of medicine, including the interpretation of experiences of illness, disability and medical intervention. The arts for health movement, which puts the voices

of patients first, has generally been excluded from academic teaching of the humanities. The contributors to this book argue that including the voices of patients and caregivers, as well as engaging artists and humanities scholars as equal partners, are essential to the next iteration of the field. Considerable political will and action are required to integrate the medical humanities into the biomedical model, rather than treating it as an add-on or an extra bit of “flavouring” within the medical enterprise.

This essay collection gives ample examples of what medical humanities offers. Each of the five sections — an overview of the medical humanities in Britain and beyond, visual arts, performance, music, and literature and writing — emphasize that by engaging with art, we contemplate beauty and accept complexity; we are therefore better able to tolerate uneasiness, anxiety and uncertainty. Surely this is what is required of healers in the modern world.

Medicine, Health and the Arts also explores the challenges of research in the medical humanities field. The preference for quantitative research by biomedicine and granting agencies means that the qualitative techniques used to explore the impact of arts on health have been underused and disrespected. To keep up with the times, the new “critical

medical humanities” will have to bridge quantitative and qualitative research methods, challenge granting agencies and find new ways to ask questions.

I have but one critique of this book. Some of the authors suggest that the close reading of literary texts has become instrumentalized in medical education and does not actually lead to increased empathy in learners. Yet, research, particularly in the neurosciences, has shown that reading does increase empathy, not only for doctors, but also for anyone who fully engages with a literary text (work in this area was done in Toronto by cognitive psychologist Keith Oatley). Some of the established critiques and pet peeves of scholars within the medical humanities field will need to be revisited in the light of such emerging scholarship.

Medicine, Health and the Arts is an enjoyable read and will allow those already working in the field to expand their vision of what the medical humanities can be. For those new to the discipline, this text will stimulate joyful collaborations and new possibilities.

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