

## WHAT WE READ, WHAT WE LEARN NOTES ON A BIBLIOGRAPHY AS A WINDOW INTO THE MEDICAL HUMANITIES

DAVID SALOMONI  
UNIVERSITÀ PER STRANIERI DI SIENA

david.salomoni@unistrasi.it

Citation: Salomoni, David (2026) “What We Read, What We Learn. Notes on a Bibliography as a Window into the Medical Humanities”, in Ardizzoni, Sabrina, Marta Aurora, Claudia Buffagni, Anna Di Toro, Imsuk Jung and Andrea Scibetta (eds) *Advanced Technologies, Methods and Materials for Human Health and Well-Being: A Transcultural and Interdisciplinary Perspective*, *mediAzioni* 50: A215–A253, 10.60923/issn.1974-4382/24471, ISSN 1974-4382.

**Abstract:** As noted by Umberto Eco (2009) in his book *Vertigine della lista*, the list is the origin of culture. Bibliographies, as curated lists, are never neutral; they reflect organizing principles, priorities, and values. This article reflects on a critical, annotated bibliography created to explore the evolving field of Medical Humanities and its application within contemporary healthcare. It considers the bibliography not merely as a record of works, but as a diagnostic tool that reveals thematic trends, disciplinary dialogues, and geographic imbalances in the field. Structured in two parts – one thematic and one geographic – the bibliography used for writing the following piece was created to support the Tuscan Health Ecosystem (THE) project by offering a scholarly foundation rooted in interdisciplinary thought. The first part gathers texts according to four key areas: 1) pedagogy and education; 2) gender, race, religion, and civil rights; 3) contributions from the arts, literature, and philosophy; 4) historical foundations. The second section maps the bibliography on a geographical basis, offering a comparative view of how different cultural and institutional contexts frame the humanities in medicine. Since the process of research, study, and publication is constantly in progress, it bears mentioning that even the bibliography used to map these dynamics will soon be outdated. However, the very flexibility of the list structure of this tool allows for constant updating. Thus, the value of this article lies in the development of interpretive and analytical categories that may be useful for future reflection. Through this reflection, the article asks: What can a bibliography tell us about the field it documents? Where do we find clusters of innovation or silence? And how might a bibliographic approach shape future directions in research, pedagogy, and health policy?

**Keywords:** medical humanities; narrative medicine; bibliography; healthcare; pedagogy.

## 1. *Scholarly trends in the medical humanities*<sup>1</sup>

### 1.1. Pedagogy and higher education: Humanizing the medical curriculum

Education first. There is no sphere of human coexistence that can disregard this simple fact, which could be called anthropological. There is nothing outside education, formal or informal. There is no passage, no construction of knowledge, culture, practices, methods. This applies perhaps to a greater extent precisely to medicine, and to its contaminations with the world of the humanities. The integration of Medical Humanities into medical education emerges from the urgent need to redefine the identity of the physician, shifting away from a purely technical role to one that acknowledges the physician as an ethical, interpretive, and relational subject. The texts in this section converge on a key argument: that clinical competence without reflective and narrative capacity risks reinforcing dehumanizing forms of care.

Among the most cited voices in this domain is Alan Bleakley, whose work consistently challenges the epistemological foundations of traditional medical education. In his 2010 article, Bleakley critiques the reductive clarity prized by evidence-based curricula, proposing instead that educators “align medical education with studies of complexity”, where ambiguity and uncertainty are not enemies to overcome but integral parts of clinical reasoning (Bleakley 2010: 849). The author develops this idea further in his co-authored volume *Medical Education for the Future*, where he underscores that the uncritical view of medical knowledge as purely instrumental must be replaced by an understanding of knowledge as dialogical, socially situated, and interpreted through narrative and metaphor (Bleakley *et al.* 2011: 26).

This redefinition of knowledge aligns with Rita Charon’s foundational work in Narrative Medicine, which has become a cornerstone of humanistic pedagogy in clinical education. In her widely cited work, Charon argues that narrative competence is “the ability to acknowledge, absorb, interpret, and act on the stories and plights of others” (Charon 2006: VII). This competence, she insists, is not ornamental but clinical: it directly enhances diagnostic accuracy, communication, and ethical judgment. Eric Cassell also reinforces this view in *The Place of the Humanities in Medicine*, insisting that suffering cannot be understood without engaging with a patient’s story, since the nature of suffering and the goals of medicine are inherently linked through narrative understanding (Cassell 1984: 32). The implication here is not simply that narrative improves empathy, but that it modifies the very structure of clinical attention. In other words, we are not in a field of empirical study according to the more traditional experimental model, but we are at the very heart of the deepest and most important human experience: suffering.

<sup>1</sup> The references section covers only the works directly cited within the text and does not represent the entire body of literature analyzed by the article itself, which is made available as an appendix at the end of the article.

Trends and shared sensitivity as shown by recent publications, at least during the last decade, also include empirical studies that map the decline of empathy across medical training. Neumann offers a systematic review showing how empathy tends to deteriorate particularly during clinical years, a trend they link to institutional pressures and hidden curricula (Neumann *et al.* 2011). As they claim, this empathy decline appears to be more than a hypothesis. It is a documented trajectory with serious implications for patient care (*ibid.*: 997).

Attempts to counter this erosion of humanistic sensibility include a variety of simulation-based and arts-based educational practices. For example, Bardes, Gillers, and Herman (2001) describe an observational program at the Metropolitan Museum of Art aimed at developing students' visual diagnostic skills, arguing that "art trains the eye to slow down", thereby fostering a more careful and attentive clinical gaze (Bardes *et al.* 2001: 1159). Similarly, Boudreau, Cassell, and Fuks (2008) propose a curriculum that emphasizes clinical observation as a cultivated skill, echoing the classical notion that medicine begins not in intervention, but in seeing and listening well.

However, not all voices in the bibliography are celebratory. Chiavaroli and Ellwood (2012) provide a necessary internal critique, warning against the "perils of curricular integration" in which the humanities are reduced to decorative add-ons or affective supplements rather than being embedded as epistemologically central. They ask pointedly: "Are the medical humanities truly shaping the educational experience, or are they simply being used to soften the edges of an unchanged biomedical model?" (*ibid.*: 247).

The section also includes works that focus on the institutional and systemic obstacles to sustained reform. In *Educating Physicians*, Cooke, Irby, and O'Brien (2010) advocate for structural changes that go beyond course offerings, calling for a "profound redesign of the learning environment" that enables reflective, collaborative, and socially responsible medical practice (Cooke *et al.* 2010: 29).

Taken together, these texts sketch a detailed picture of a field in motion, one that moves from advocacy to design, from theory to evidence, and from anecdotal intuition to institutional critique. They call for a pedagogical transformation in which the humanities are not seen as a supplement to clinical knowledge but as constitutive of what it means to know, to listen, and ultimately, to heal.

## **1.2. Margins and centers: Gender, race, religion, and civil rights**

The second thematic cluster of the bibliography brings into sharp focus the entanglements of health, identity, and power. It collects a vast array of studies on gender, sexuality, race, religion, and civil rights, revealing the Medical Humanities not merely as a pedagogical project, but as a site of social critique and political intervention.

A central thread in these works is the recognition that health is not equally distributed. Marginalized groups, including LGBTQ+ individuals, racial minorities, and religious outsiders, often encounter health systems structured around normative assumptions, leading to disparities in access, diagnosis, and care. As Beagan and Goldberg (2012) observe, queer patients often find

themselves negotiating spaces where “discomfort, judgment, and silence” subtly shape their medical encounters (*ibid.*: 149).

The bibliography reveals a particularly robust engagement with LGBTQ+ health, especially in North American contexts. In their study of general practitioners, Beagan (2015) reports that many physicians “acknowledged gaps in their training” and expressed a desire for more structured guidance on providing culturally competent care to LGBTQ+ patients (*ibid.*: 16). These findings underscore a broader institutional problem: medical education has historically silenced or pathologized non-normative identities, often relegating difference to marginal case studies or elective modules.

This silence has been challenged by a growing body of scholarship that seeks not only to include but to critically interrogate the frameworks used to teach about marginalized identities. DasGupta (2016), for instance, advocates for a pedagogy that is not merely inclusive but crippling, queering, and un-homing – a radical departure from assimilationist models that seek to integrate marginal subjects into unchanged structures. She argues that the politics of pedagogy in health humanities must not only include marginalized voices but challenge the very epistemologies that created their marginality in the first place (*ibid.*: 61).

Similarly, Jewell and Petty (2024) in their review of LGBTQ+ health education in U.S. medical schools highlight the inconsistency of implementation and the persistence of content that “centers heterosexual and cisgender experiences as normative” (*ibid.*: 3). Their study calls for a shift from additive to transformative approaches, a move echoed by Tervalon and Murray-García (1998), who introduced the now widely cited concept of cultural humility. Unlike cultural competence, which implies mastery of the Other, cultural humility demands lifelong learning, reflexivity, and power analysis.

The bibliography also includes research on intersectionality, demonstrating that experiences of marginalization in medicine are rarely singular. Balsam *et al.* (2011) offer a particularly compelling example with their development of the LGBT People of Color Microaggressions Scale, which captures how “multiple minority stressors” interact in complex ways to shape health outcomes (*ibid.*: 165). This intersectional perspective marks an important evolution in the field: rather than adding more identities to the curriculum, it reframes the discussion around structures of exclusion.

Narrative medicine, in this context, is not simply a method of care – it is an ethical imperative and a tool of resistance. Rivera Colón (2016) reflects on the use of personal and community stories in medical education as a way to counteract institutional alienation, describing how students and educators alike are “urged into vulnerable, embodied, and political engagement through narrative” (*ibid.*: 241). These interventions reposition storytelling not as a therapeutic afterthought, but as a form of activist knowledge.

Crucially, the bibliography also includes internal critiques of the Medical Humanities themselves. Murphy (2014) argues that despite gestures toward inclusivity, medical education continues to reproduce heteronormativity through hidden curricula, role models, and institutional expectations. Robertson (2016) similarly warns of the “irrelevance narrative”, in which queer visibility in medical training is often seen as peripheral rather than foundational. In sum, the

texts collected under this theme compel us to confront the ethical, curricular, and structural responsibilities of medical institutions. They show that humanizing medicine cannot be accomplished solely by invoking empathy or expanding case studies. Rather, it requires a radical rethinking of who belongs in medicine, what kinds of knowledge are valued, and how educational spaces can be reshaped to reflect and serve a more just and pluralistic society.

### **1.3. Humanities across disciplines: Visual arts, philosophy, literature, museums**

This third thematic cluster of the bibliography brings into view the interdisciplinary richness of the Medical Humanities. Here, the focus shifts from social critique and pedagogical reform to the epistemological and aesthetic reconfiguration of medical practice itself. The central question posed by these works is not simply how to humanize medicine, but what kinds of knowledge, perception, and imagination the humanities make possible within clinical life.

One of the most visible and methodologically developed strands in this body of literature is the use of visual arts and museum-based observation in medical education. Drawing from aesthetic theory and cognitive psychology, these studies propose that art can train medical students in clinical attentiveness, pattern recognition, and interpretive restraint. In a study on observation training at an art museum, Bardes, Gillers and Herman (2001) write that “the act of looking at art can train students to observe without premature closure”, enhancing diagnostic acumen by teaching them to remain in a state of open attentiveness (Bardes *et al.* 2001: 1159). This pedagogical approach is reinforced by Naghshineh *et al.* (2008), whose empirical research demonstrated that students trained in art observation significantly improved in their ability to detect visual details in clinical images and patient assessments.

These practices are not just technical. They draw students into reflective, aesthetic, and ethical domains of perception. As Klugman, Peel and Beckmann-Mendez (2011) observe, such programs foster “visual thinking strategies” that promote collaboration, narrative construction, and plural interpretation, all of which are essential to patient-centered care (Klugman *et al.* 2011: 1268).

Beyond visual analysis, many texts in the bibliography explore the humanities as a space for theoretical critique and ontological inquiry. Alan Bleakley, again a central figure, argues for an “aesthetic medicine” rooted in the ability to tolerate ambiguity, engage with metaphor, and reimagine the body as more than a site of mechanical dysfunction. In one of his more literary collaborations, he draws on Homeric literature to argue that lyricism, anger, and narrative arc belong in the clinic – that medicine, like poetry, is a performance of relational truth (Bleakley and Marshall 2012: 50–51).

This approach echoes the work of David Braude, who in *Intuition in Medicine* (2012), offers a philosophical defense of clinical reasoning that foregrounds the intuitive, imaginative, and non-linear aspects of diagnosis. For Braude, intuition is not irrational; it is a form of experiential knowledge that resists reduction to evidence-based logic. As he puts it, clinical reasoning involves tacit knowledge

and aesthetic sensibility. The physician must perceive, interpret, and synthesize signs not unlike a reader of literature or a critic of art (Braude 2012: 87).

This positioning of the humanities as epistemologically central is further elaborated by Charon and colleagues in *The Principles and Practice of Narrative Medicine*. Here, close reading, reflective writing, and philosophical dialogue are not peripheral techniques but methods that enable deeper patient understanding and professional formation. Charon defines narrative competence as “a learned skill in interpreting the meanings of stories”, and insists that such competence allows clinicians to “recognize the plight of another, to honor it, and to bear witness” (Charon 2006: vii–viii).

Importantly, the humanities are also shown to provide a space for emotional processing and moral engagement. Kumagai and Wear (2014) advocate for a shift from traditional professionalism to “critical consciousness”, wherein aesthetic and literary tools are used to surface unconscious bias, ethical complexity, and institutional complicity. They argue that the humanities in medical education must move beyond cultivating empathy to fostering critical reflection on the structures that produce suffering (*ibid.*: 975).

Several texts also point to the importance of historical literacy in shaping contemporary medical identity. Marshall and Bleakley (2013) propose reading ancient texts like the *Iliad* alongside modern patient narratives as a way of re-humanizing the clinical imagination. Similarly, Hooker and Noonan (2011) explore how dominant Western cultural narratives – from classical tragedy to romantic heroism – continue to shape representations of illness, healing, and physicianhood.

Across these diverse contributions, the humanities are consistently framed not as decorative elements or supplements to scientific medicine, but as methods of inquiry, forms of knowledge, and vehicles for transformation. They offer tools for seeing differently, speaking differently, and being differently in clinical life. If, as the previous section argued, medicine must be made more just, this section affirms that it must also be made more thoughtful, interpretive, and beautiful.

#### **1.4. History of medical humanities: Foundations and futures**

Though smaller in volume than the other clusters, the historical section of the bibliography performs a vital role: it anchors the Medical Humanities within the longue durée of Western medical knowledge, providing conceptual continuity and critical distance from contemporary trends. These texts reveal that the desire to “humanize medicine” is not new – it is part of an ongoing struggle to redefine what counts as medical knowledge, and who gets to define it.

At the center of this historical framework is Abraham Flexner’s 1910 report, which dramatically reshaped medical education in the United States and Canada. Flexner’s advocacy for scientific rigor and university-based training professionalized medicine but also entrenched a biomedical model that sidelined the humanistic and social aspects of care. As Ludmerer (1999) explains, Flexner’s influence reached far beyond curricular structure: “His legacy defined the moral center of medicine as technical proficiency and scientific achievement” (*ibid.*: 48).

More recent evaluations have questioned this legacy. In his *article Putting the Flexner Report in Context*, Barr (2011) acknowledges Flexner's contributions while emphasizing how his reforms unintentionally contributed to the marginalization of diversity, the consolidation of elite institutions, and the narrowing of medicine's social mission. "Flexner's vision was never meant to be final", Barr argues, "but rather a platform for continuous renewal" (Barr 2011: 18). In this light, the Medical Humanities can be read as part of a long-delayed corrective effort to reintegrate neglected forms of knowledge into clinical education.

The genealogical critique of medicine reaches its most philosophically ambitious form in Michel Foucault's *The Birth of the Clinic*. In this landmark work, Foucault reframes the rise of modern clinical practice not as the straightforward triumph of science, but as the emergence of a new "regime of visibility" in which bodies were rendered legible only through institutionalized observation. The patient's narrative of symptoms, in Foucault's perspective, was displaced by the physician's gaze; truth was no longer spoken but seen and recorded (Foucault 1989: XII). This shift, Foucault suggests, had profound consequences: it transformed illness from an experience into a spectacle, and patients from speaking subjects into objects of clinical scrutiny. In doing so, it helped consolidate the very epistemic structure that the Medical Humanities now seeks to complicate.

Several works in the bibliography address these issues from within the profession itself. Pellegrino (1984), for instance, argued decades ago for a "post-evangelical era" of the humanities in medicine – one in which the goal is not merely to convert but to embed humanistic values into the profession's foundations. He insisted that medicine is "at heart a moral enterprise" and warned that any education lacking in philosophical and historical depth would fail to produce truly ethical clinicians (Pellegrino 1984: 254).

A similar concern animates the work of Eric Cassell, who in *The Place of the Humanities in Medicine* emphasized the importance of historical knowledge not as a cultural ornament but as an epistemic necessity. For Cassell, understanding the intellectual past of medicine helps reveal the norms and exclusions built into present practices (Cassell 1984: 18).

The bibliography also includes institutional histories that illustrate the shifting values and ideological tensions in medical training. Becker *et al.*'s (1961) ethnography *Boys in White* offers a detailed portrait of medical student culture in mid-20th-century America, showing how professional identity is formed not only by coursework but by peer dynamics, institutional rituals, and implicit codes of behavior. Their findings still resonate today in discussions about the "hidden curriculum" in medicine.

Finally, the historical dimension of this bibliography offers an important resource for regional innovation, especially in light of projects like the Tuscan Health Ecosystem (THE). As Warner (2011) suggests in his review of 20th-century U.S. biomedicine, history can serve as a "humanizing force" when it is used not only to document the past but to imagine different futures. "The value of medical history", he writes, "is not simply in critique, but in helping professionals see their world as contingent and open to reform" (*ibid.*: 95).

This is precisely the value of historical reflection in Medical Humanities today: not to nostalgically recover a lost golden age of care, but to trace the shifting boundaries of legitimacy, power, and knowledge – and, in doing so, to make space for transformation.

## **2. *Geographic perspectives***

### **2.1. National variants: How geography shapes medical humanities**

While the first part of the annotated bibliography explores thematic intersections between medicine and the humanities, the second part turns to geography as a method of insight. Organizing literature by region or country enables a comparative understanding of how cultural, institutional, and linguistic contexts shape the development and interpretation of Medical Humanities worldwide. This second section does not merely describe where contributions come from, but seeks to analyze how and why different regions emphasize certain topics, neglect others, or articulate unique approaches to the integration of humanities in healthcare.

#### **2.1.1. *North America: Innovation, activism, and curriculum reform***

The United States and Canada are the most represented regions in the bibliography, both in volume and thematic diversity. The literature reveals a dense network of academic programs, research centers, and curricular experiments in Medical Humanities. These institutions are marked by a strong focus on narrative medicine, visual studies, and LGBTQ+ health, as well as a tradition of critical pedagogy.

One defining feature is the institutionalization of narrative medicine, particularly at Columbia University, where Charon and her collaborators developed a model rooted in literary theory, phenomenology, and ethics. As Charon writes:

Narrative medicine gives clinicians permission to imagine, to be moved, and to let stories of illness become a shared site of meaning-making. (Charon 2006: ix). Canadian scholarship contributes a similarly innovative spirit, often focused on interprofessional education and social determinants of health. In describing humanities curricula in Canadian medical schools, Kidd and Connor (2008) note a shift toward reflective and experiential learning, including writing workshops, theater-based exercises, and engagement with community health issues. These programs are grounded in the belief that the humanities can “teach physicians not just to see their patients more clearly, but to see themselves anew” (*ibid.*: 48).

At the same time, North American texts are deeply aware of systemic exclusions. Scholars such as DasGupta, Beagan, and Murphy highlight the persistence of heteronormativity, racism, and ableism within both medical practice and medical education. The aim is no longer merely inclusion, but

transformation, a pedagogy that critically reflects on the very categories of normalcy and legitimacy.

### *2.1.2. Europe: Historical reflexivity and ethical emphasis*

European contributions, particularly from the UK, Italy, and Greece, foreground the historical and philosophical dimensions of the Medical Humanities. British scholars like Greenhalgh and Hurwitz (1999) and Kirklin (2005) stress the centrality of narrative not just for empathy, but for understanding the ontological complexity of health and illness. In the UK, programs often combine literary studies, ethics, and patient engagement, resulting in a model that integrates clinical practice with moral and reflective reasoning.

Italian contributions, including the review by Fieschi *et al.* (2013), emphasize the humanistic heritage of Italian medicine while critiquing its limited institutional uptake. They observe that “although there is strong rhetorical support for the humanities in medical education, actual implementation often remains fragmented and underfunded” (*ibid.*: 56). Nonetheless, the connection to broader cultural discourses – including art, philosophy, and ethics – gives Italian Medical Humanities a distinctly interdisciplinary and culturally embedded character.

In Greece, efforts to introduce Medical Humanities into the undergraduate curriculum are described as both necessary and fraught. Batistatou *et al.* (2010) frame their intervention as a corrective to a curriculum dominated by technical rationality, noting that students “expressed strong interest in literature, ethics, and philosophy as resources for making sense of the human condition in clinical contexts” (*ibid.*: 242).

### *2.1.3. Global South and emerging contexts: Structural challenges and conceptual openings*

A smaller but significant portion of the bibliography includes works from or about countries such as Argentina and Nepal, offering perspectives from beyond the North Atlantic axis. These contributions often focus less on institutionalized programs and more on pedagogical experiments, local adaptations, and critiques of epistemic colonialism.

In Argentina, Acuña (2000; 2003) documents the challenges and breakthroughs of implementing humanities courses at the Universidad Nacional de La Plata. She describes a vibrant experiment in which literature, film, and patient narratives are used to foster empathy and social critique.

In Nepal, Shankar (2010) advocates for sowing the seeds of Medical Humanities in resource-constrained environments. His work emphasizes low-cost, culturally embedded strategies, such as storytelling circles and reflective essays rooted in local traditions. These initiatives reveal how the Medical Humanities, far from being a luxury of wealthy institutions, can become a tool for contextual, community-based, and socially engaged education. What these perspectives share is an insistence on making do with what is available – and

reimagining the humanities not as imported academic content, but as locally meaningful practices of ethical engagement, reflection, and healing.

#### *2.1.4. Geographic silences and future directions*

The geographic distribution of the bibliography also reveals significant absences. Entire regions – including Sub-Saharan Africa, East Asia, and Eastern Europe – are scarcely represented. Whether due to language barriers, limited infrastructure, or bibliographic bias, these silences challenge the field to expand its horizon of inclusion and confront its own geopolitical imbalances.

As Cook (2010) suggests in a comparative reflection on the UK and US, the Medical Humanities must remain self-critical, aware of its entanglement with cultural privilege and institutional power. He warns against universalizing frameworks that ignore local epistemologies and regional health realities (*ibid.*:4).

The geographic analysis of the bibliography shows that the Medical Humanities is not a unified field, but a dispersed and context-sensitive constellation of practices. In North America, it is characterized by institutional density and critical theory; in Europe, by philosophical reflection and cultural heritage; in the Global South, by adaptation and epistemic resilience. These variations should not be seen as deviations from a norm, but as productive pluralities – signs that the humanistic reimagining of medicine is being written, read, and practiced in multiple languages, systems, and lifeworlds.

## **2.2. Conclusion: Bibliography as method, mirror, and map**

To conclude, let's return to the opening statement by Umberto Eco. As observed by the philosopher, lists and bibliographies are more than inventories; they are epistemological tools, capable of shaping how we understand the world. This article has treated the annotated bibliography not merely as a collection of references, but as an analytical object in its own right – one that maps the evolving contours of the Medical Humanities, reveals tensions within the field, and reflects the broader cultural and institutional landscapes in which medical knowledge is produced.

The thematic analysis demonstrated that the Medical Humanities is both an academic discipline and a site of critique. The first section, on pedagogy and curriculum, revealed a shift from viewing the humanities as soft skills toward integrating them as foundational epistemologies in clinical training. In the second section, focused on gender, race, religion, and civil rights, the humanities became a space of resistance and ethical intervention, confronting the exclusions and inequities embedded in biomedical systems. The third section showed the power of aesthetic, literary, and philosophical practices in cultivating clinical imagination and reflection, while the fourth section grounded these efforts in the long history of medical reform and critique, from Flexner to Foucault.

The geographic analysis further illuminated the field's asymmetries and pluralities. It showed that while the Anglophone world (particularly the United States) dominates the discourse, other regions offer culturally embedded, locally

adapted, and epistemically rich models. From Argentina to Nepal, educators and scholars are reimagining the Medical Humanities not as a universal framework to be imposed, but as a flexible, context-sensitive approach that can speak to diverse realities and values.

Importantly, the bibliography has also pointed toward the absences that persist, regions and epistemologies underrepresented in the current literature, and topics still in need of articulation. These gaps are not failures but invitations: to expand the field's linguistic reach, to engage with Indigenous and non-Western knowledge systems, and to build more inclusive, ethically grounded, and politically conscious medical cultures.

Finally, this annotated bibliography, and the article it has generated, offers a concrete contribution to the Tuscan Health Ecosystem (THE) project. It provides a scholarly foundation for institutional reflection, supporting the design of programs that are not only interdisciplinary and innovative, but also historically informed, culturally situated, and socially responsive.

In this sense, the bibliography has served as method, mirror, and map: a method for organizing knowledge, a mirror reflecting the field's values and contradictions, and a map pointing toward new directions in education, policy, and care. To read a bibliography, then, is not only to look back – it is also to imagine what medicine might yet become.

## REFERENCES

- Acuña, L.E. (2000) “Don't Cry for Us Argentiniens: Two Decades of Teaching Medical Humanities”, *Medical Humanities* 26: 66–70.
- (2003) “Teaching Humanities at the National University of la Plata, Argentina”, *Academic Medicine* 78: 1024–1027.
- Balsam, K.F., Y. Molina, B. Beadnell, J. Simoni and K. Walters (2011) “Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale”, *Cultural Diversity and Ethnic Minority Psychology* 17(2): 163–174.
- Bardes, C.L., D. Gillers and A.E. Herman (2001) “Learning to Look: Developing Clinical Observational Skills at an Art Museum”, *Medical Education* 35: 1157–1161.
- Barr, D.A. (2011) “Putting the Flexner Report in Context”, *Medical Education* 45: 17–22.
- Batistatou, A., E.A. Doulis, D. Tiniakos, A. Anogiannaki and K. Charalabopoulos (2010) “The Introduction of Medical Humanities in the Undergraduate Curriculum of Greek Medical Schools: Challenge and Necessity”, *Hippokratia* 14: 241–243.
- Beagan, B. (2015) “Family Physician Perceptions of Working with LGBTQ Patients: Physician Training Needs”, *Canadian Medical Education Journal* 6(1): 14–22.
- Beagan, B. and L. Goldberg (2012) “Discomfort, Judgment, and Health Care for Queers”, *Journal of Bioethical Inquiry* 9(2): 149–160.
- Becker, H.S., Geer, B., Hughes, E.C. and A.L. Strauss (1961) *Boys in White: Student Culture in Medical School*, Chicago: University of Chicago Press.

- Bleakley, A. (2010) “Blunting Occam’s Razor: Aligning Medical Education with Studies of Complexity”, *Journal of Evaluation in Clinical Practice* 16: 849–855.
- Bleakley, A. and R.J. Marshall (2012) “The Embodiment of Lyricism in Medicine and Homer”, *Medical Humanities* 38: 50–54.
- Bleakley, A., Bligh, J. and J. Browne (2011) *Medical Education for the Future: Identity, Power and Location*, Dordrecht: Springer.
- Boudreau, J.D., E.J. Cassell and A. Fuks (2008) “Preparing Medical Students to Become Skilled at Clinical Observation”, *Medical Teacher* 30: 857–862.
- Braude, H.D. (2012) *Intuition in Medicine: A Philosophical Defence of Clinical Reasoning*, Chicago: University of Chicago Press.
- Cassell, E.J. (1984) *The Place of the Humanities in Medicine*, New York: Hastings Center Publications.
- Charon, R. (2006) *Narrative Medicine: Honoring the Stories of Illness*, Oxford: Oxford University Press.
- Chiavaroli, N. and C. Ellwood (2012) “The Medical Humanities and the Perils of Curricular Integration”, *Journal of Medical Humanities* 33: 245–254.
- Cook, H.J. (2010) “Borderlands: A Historian’s Perspective on Medical Humanities in the US and the UK”, *Medical Humanities* 36: 3–4.
- Cooke, M., D.M. Irby and B. C. O’Brien (2010) *Educating Physicians: A Call for Reform of Medical School and Residency*, San Francisco, CA: Jossey-Bass.
- DasGupta, S. (2016) “The Politics of the Pedagogy: Crippling, Queering, and Unhoming Health Humanities”, in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*, New York: Oxford University Press, 56–67.
- Eco, U. (2009) *Vertigine della lista*, Milan: Bompiani.
- Fieschi, L., M. Matarese, E. Vellone, R. Alvaro, and M.G. De Marinis (2013) “Medical Humanities in Healthcare Education in Italy: A Literature Review”, *Annali Istituto Superiore Sanità* 49: 56–64.
- Foucault, M. (1989) *The Birth of the Clinic: An Archaeology of Medical Perception*, London: Routledge.
- Greenhalgh, T. and B. Hurwitz (1999) “Narrative Based Medicine: Why Study Narrative?”, *BMJ* 318: 48–50.
- Hooker, C. and E. Noonan (2011) “Medical Humanities as Expressive of Western Culture”, *Medical Humanities* 37: 79–84.
- Jewell, T.I. and E.M. Petty (2024) “LGBTQ+ Health Education for Medical Students in the United States: A Narrative Literature Review”, *Medical Education Online* 29.
- Kidd, M.J. and J.T. Connor (2008) “Striving to Do Good Things: Teaching Humanities in Canadian Medical Schools”, *Journal of Medical Humanities* 29: 45–54.
- Kirklin, D. (2005) “The Search for Meaning in Modern Medicine”, Doctoral Thesis, University College London. Available at <https://discovery.ucl.ac.uk/id/eprint/144687/> (visited 20/01/2026)

- Klugman, C.M., J. Peel and D. Beckmann-Mendez (2011) "Art Rounds: Teaching Interprofessional Students Visual Thinking Strategies at One School", *Academic Medicine* 86: 1266–1271.
- Kumagai, A.K. and D. Wear (2014) "'Making Strange': A Role for the Humanities in Medical Education", *Academic Medicine* 89: 973–977.
- Ludmerer, K.M. (1999) *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*, Oxford: Oxford University Press.
- Marshall, R.J. and A. Bleakley (2013) "Lost in Translation: Homer in English; the Patient's Story in Medicine", *Medical Humanities* 39: 47–52.
- Murphy, M. (2014) "Hiding in Plain Sight: The Production of Heteronormativity in Medical Education", *Journal of Contemporary Ethnography* 45(3): 256–283.
- Naghshineh, S., J.P. Hafler, A.R. Miller, M.A. Blanco, S.R. Lipsitz, R.P. Dubroff, S. Khoshbin and J.T. Katz (2008) "Formal Art Observation Training Improves Medical Students' Visual Diagnostic Skills", *Journal of General Internal Medicine* 23(7): 991–997.
- Neumann, M., F. Edelhäuser, D. Tauschel, M. Fischer, M. Wirtz, C. Woopen, A. Haramati and C. Scheffer (2011) "Empathy Decline and Its Reasons: A Systematic Review of Studies with Medical Students and Residents", *Academic Medicine* 86: 996–1009.
- Pellegrino, E.D. (1984) "The Humanities in Medical Education: Entering the Post-evangelical Era", *Theoretical Medicine and Bioethics* 5: 253–266.
- Rivera Colón, E. (2016) "From Fire Escapes to Qualitative Data: Pedagogical Urging, Embodied Research, and Narrative Medicine's Ear of the Heart", in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*, New York: Oxford University Press, 237–246.
- Robertson, W.J. (2016) "The Irrelevance Narrative: Queer (In)Visibility in Medical Education and Practice", *Medical Anthropology Quarterly* 31(2): 159–176.
- Tervalon, M. and J. Murray-García (1998) "Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education", *Journal of Health Care for the Poor and Underserved* 9(2): 117–125.
- Warner, J.H. (2011) "The Humanising Power of Medical History: Responses to Biomedicine in the 20th Century United States", *Medical Humanities* 37: 91–96.

## APPENDIX: MEDICAL HUMANITIES A CONTEMPORARY BIBLIOGRAPHY

## INDEX

## 1. THEMATIC ORGANIZATION

- 1.1 *General pedagogy, education, and medical humanities*
- 1.2 *Gender, race, religion, civil rights in Medical Humanities and Narrative Medicine*
- 1.3 *Medical Humanities and Narrative Medicine in figurative arts, philosophy, history, literature, and museums*
- 1.4 *History of Medical Humanities*

## 2. GEOGRAPHIC ORGANIZATION

- 2.1 *Argentina*
- 2.2 *Australia*
- 2.3 *Canada*
- 2.4 *Germany*
- 2.5 *Greece*
- 2.6 *Italy*
- 2.7 *Unites States*
- 2.8 *United Kingdom*

***Introduction***

Medical Humanities is an interdisciplinary field that bridges biomedical sciences and the humanities, grounded in the belief that medical practice cannot be fully understood or effectively carried out without careful attention to its cultural, ethical, historical, and narrative dimensions. In its contemporary configuration, the field draws on a wide range of sources, including literature, philosophy, anthropology, history, visual arts, and critical theory, to provide conceptual tools capable of restoring the centrality of the patient's experience and of rethinking the physician's role in society.

The development of Medical Humanities is rooted in diverse cultural traditions. In Europe, for example, humanistic reflections on medicine have been closely tied to strong historical, philosophical, and ethical concerns, while in North America the focus has been more explicitly placed on narrative dimensions and their practical integration into clinical training. A central and shared aim across these various approaches is to re-center patient subjectivity and to promote the dialogic nature of care. The physician is no longer seen solely as a technician, but as an interlocutor who can understand, interpret, and accompany the patient through the experience of illness.

Analyzing illness experiences through narrative and art not only fosters deeper empathic understanding but also enhances the diagnostic and relational skills of healthcare professionals. As demonstrated by many of the sources collected in this bibliography, the integration of figurative arts, literature, and

theater into medical education has a significant impact on clinical training, enriching observational, listening, and judgment skills. Illness narratives become powerful pedagogical and critical tools that challenge dominant models of biomedicine.

Equally important is the contribution of social sciences, which allow for the exploration of systemic inequalities related to gender, race, class, sexuality, and cultural identity. The section of this bibliography dedicated to these issues shows how Medical Humanities can also serve as a vehicle for social critique and advocacy, revealing the power asymmetries that pervade healthcare institutions. In this regard, the integration between care and justice emerges as both an ethical and political imperative.

Finally, the wide variety of approaches in different geographical contexts—from Latin America to Asia, from Europe to the United States—demonstrates how Medical Humanities is a dynamic field, capable of adapting to the specific needs of health systems and local cultures, while maintaining a shared commitment to the humanization of medicine. The current challenge is to make this integration structural, moving beyond the perception of Medical Humanities as a decorative complement and recognizing it as an essential component of both education and clinical practice.

The bibliography that follows provides a rich, structured, and updated overview of the scientific literature on the topic. It is intended both for readers approaching these themes for the first time and for those seeking to deepen their theoretical, pedagogical, and political understanding of the field.

## Bibliography

### 1. THEMATIC ORGANIZATION

#### 1.1 GENERAL PEDAGOGY, EDUCATION, AND MEDICAL HUMANITIES

- Anderson, R.C., M.J. Fagan and J. Sebastian (2001) "Teaching Students the Art and Science of Physical Diagnosis", *American Journal of Medicine* 110: 419–423.
- Azer, S., (2011) "Learning Surface Anatomy: Which Learning Approach is Effective in an Integrated PBL Curriculum?", *Medical Teacher* 33: 78–80.
- Banks, S.A. and E.A. Vastyan (1973) "Humanistic Studies in Medical Education", *Journal of Medical Education* 48: 248–257.
- Cole, T.R. (2015) *Medical Humanities: An Introduction*. Chicago: University of Chicago Press.
- Bleakley, A. (2006a) "Broadening Conceptions of Learning in Medical Education: The Message from Teamworking", *Medical Education* 40: 150–157.
- (2006b) "Towards an Aesthetics of Healthcare Practice: Learning the Art of Clinical Judgement", in K. Beedholm, N. Buus, S. Malchau, I. Moos and U. Zeitler (eds), *Theory and Practice in Nursing Education*, Aarhus: Centre for Innovation in Nursing Education, Aarhus University, 25–39.
- (2010) "Blunting Occam's Razor: Aligning Medical Education with Studies of Complexity", *Journal of Evaluation in Clinical Practice* 16: 849–855.
- Bleakley, A. and N. Brennan (2011) "Does Undergraduate Curriculum Design Make a Difference to Readiness to Practice as a Junior Doctor?", *Medical Teacher* 33: 459–467.
- Bleakley, A. and J. Cleland (forthcoming) "Sticking with Messy Realities: How 'Thinking with Complexity' Can Inform Clinical Education Research", in J. Cleland and S. Durning (eds), *Researching Medical Education*. Oxford: Wiley.
- Bleakley, A. and R.J. Marshall (2013) "Can the Science of Communication Inform the Art of the Medical Humanities?", *Medical Education* 47: 126–133.
- Bleakley, A., J. Bligh and J. Browne (2011) *Medical Education for the Future: Identity, Power and Location*. Dordrecht: Springer.
- Bligh, J. and A. Bleakley (2006) "Distributing Menus to Hungry Learners: Can Learning by Simulation Become Simulation of Learning?", *Medical Teacher* 28: 606–613.
- Boudreau, J. D., E.J. Cassell, and A. Fuks (2008) "Preparing Medical Students to Become Skilled at Clinical Observation", *Medical Teacher* 30: 857–862.
- Boyle, D., B. Dwinnell and F. Platt (2005) "Invite, Listen, and Summarize: A Patient-Centered Communication Technique", *Academic Medicine* 80: 29–32.
- Broadhead, R.S. (1983) *The Private Lives and Professional Identity of Medical Students*. New Brunswick, NJ: Transaction Books.
- Campo, R. (2005) "A Piece of My Mind: 'The Medical Humanities for Lack of a Better Term'", *Journal of the American Medical Association* 294: 1009–1011.

- Cassell, E. J. (1984) *The Place of the Humanities in Medicine*. New York: Hastings Center Publications.
- Chiavaroli, N. and C. Ellwood (2012) "The Medical Humanities and the Perils of Curricular Integration", *Journal of Medical Humanities* 33: 245–254.
- Clouser, K.D. (1971) "Humanities and the Medical School: A Sketched Rationale and Description", *Medical Education* 5: 226–231.
- Colliver, J.A., M.J. Conlee, S.J. Verhukst and J.K. Dorsey (2010) "Reports of the Decline of Empathy during Medical Education are Greatly Exaggerated: A Reexamination of the Research", *Academic Medicine* 85: 588–593.
- Cooke, M., D. M. Irby and B. C. O'Brien (2010) *Educating Physicians: A Call for Reform of Medical School and Residency*. San Francisco, CA: Jossey-Bass.
- Coombs, R. H. and M. J. Paulson (1990) "Is Premedical Education Dehumanizing? A Literature Review", *Journal of Medical Humanities* 11: 13–22.
- Crawford, P., B. Brown, V. Tischler and C. Baker (2010) "Health Humanities: The Future of Medical Humanities?", *Mental Health Review Journal* 15: 4–10.
- Crawshaw, R. (1975) "Humanism in Medicine: The Rudimentary Process", *New England Journal of Medicine* 293: 1320–1322.
- Engel, P. J. H. (2008) "Tacit Knowledge and Visual Expertise in Medical Diagnostic Reasoning: Implications for Medical Education", *Medical Teacher* 30: 184–188.
- Evans, M. and I. Finlay (eds) (2001) *Medical Humanities*. London: BMJ Books.
- Evans, M. and D. Greaves (2001a) "Medical Humanities at the University of Wales Swansea", *Medical Humanities* 27: 51–52.
- (2001b) "Developing the Medical Humanities: Report of a Research Colloquium, and Collected Abstracts of Papers", *Medical Humanities* 27: 93–98.
- (2002) "'Medical Humanities': What's in a Name?", *Medical Humanities* 28: 1–2.
- Ewen, S. (2013) *Global Medical Humanities: Association for Medical Humanities Annual Conference 2013*, 41. Aberdeen: Association for Medical Humanities.
- General Medical Council (2003) *Tomorrow's Doctors: Recommendations on Undergraduate Medical Education*. London: General Medical Council.
- Genn, J.M. (2001) "Curriculum, Environment, Climate, Quality and Change in Medical Education: A Unifying Perspective", *Medical Teacher* 23: 337–344.
- Gordon, J.J. and M. Evans (2010) "Learning Medicine from the Humanities", In T. Swanwick (ed), *Understanding Medical Education: Evidence, Theory and Practice*, 2nd edn. Oxford: Wiley-Blackwell, 213–226.
- Grant, V.J. (2003) "Special Theme Brief Article: International: University of Auckland, Faculty of Medical and Health Sciences, Medical Humanities Courses", *Academic Medicine* 78: 1072.
- Gupta, R., S. Singh and M. Kotru (2011) "Reaching People through Medical Humanities: An Initiative", *Journal of Educational Evaluation for Health Professions* 8.

- Handfield-Jones, R., L. Nasmith, Y. Steinert and N. Lawn (1993) "Creativity in Medical Education: The Use of Innovative Techniques in Clinical Teaching", *Medical Teacher* 15: 3–10.
- Hardee, J.T. and I.K. Kasper, (2005) "From Standardized Patient to Care Actor: Evolution of a Teaching Methodology", *Permanente Journal* 9: 79–82.
- Hawkins, A.H., J. O. Ballard and D.J. Hufford (2003) "Humanities Education at Pennsylvania State University College of Medicine, Hershey, Pennsylvania", *Academic Medicine* 78: 1001–1005.
- Hermann, N. (2016a) "Creativity: What, Why and Where?", in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 211–232.
- (2016b) "Can Creativity Be Taught?", in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 233–254.
- Hodges, B. and L. Lingard (2012) *The Question of Competence: Reconsidering Medical Education in the Twenty-First Century*. New York: Cornell University Press.
- Hooker, C. (2008) "The Medical Humanities: A Brief Introduction", *Australian Family Physician* 37: 369–370.
- Ingrassia, A. (2013) "Portfolio-Based Learning in Medical Education", *Advances in Psychiatric Treatment* 19: 329–336.
- Irby, D. (1978) "Clinical Teacher Effectiveness in Medicine", *Journal of Medical Education* 37: 258–261.
- Kaufman, D.M. and K.V. Mann, (2014) "Teaching and Learning in Medical Education: How Theory Can Inform Practice", in T. Swanwick (ed), *Understanding Medical Education: Evidence, Theory and Practice*, 2<sup>nd</sup> edition, 7–30. Oxford: Wiley-Blackwell.
- Kember, D. (2001) *Reflective Teaching and Learning in the Health Professions*. Oxford: Blackwell Science.
- Kirklin, D.B. (2002) "Acquiring Experience in Medical Humanities Teaching: The Chicken and Egg Conundrum", *Medical Humanities* 28: 101.
- Leake, C. (1973) "Humanistic Studies in US Medical Education", *Journal of Medical Education*, 48: 878–879.
- Luther, V.P. and S.J. Crandall (2011) "Ambiguity and Uncertainty: Neglected Elements of Medical Education Curricula?", *Academic Medicine* 86(7): 799–800.
- Marcum, J.A. (2013) "The Role of Empathy and Wisdom in Medical Practice and Pedagogy: Confronting the Hidden Curriculum", *Journal of Biomedical Education* <http://dx.doi.org/10.1155/2013/923810>
- McManus, I.C. (1995) "Humanity and the Medical Humanities", *The Lancet* 346: 1143–1145.
- Neumann, M., F. Edelhäuser, D. Tauschel, M. Fischer, M. Wirtz, C. Woopen, A. Haramati and C. Scheffer (2011) "Empathy Decline and Its Reasons: A Systematic Review of Studies with Medical Students and Residents", *Academic Medicine* 86: 996–1009.

- Neumann, M., C. Scheffer, D. Tauschel, G. Lutz, M. Wirtz and F. Edelhäuser (2012) "Physician Empathy: Definition, Outcome-Relevance and its Measurement in Patient Care and Medical Education", *German Journal for Medical Education* (MS Z Med Ausbild), 29(1): Doc11.
- Nunes, P., S. Williams, S. Bidyadhar and K. Stevenson (2011) "A Study of Empathy Decline in Students from Five Health Disciplines during their First Year of Training", *International Journal of Medical Education* 2: 12–17.
- Ousager, J. and H. Johannessen (2010) "Humanities in Undergraduate Medical Education: A Literature Review", *Academic Medicine* 85: 988–998.
- Pedersen, R. (2010) "Empathy Development in Medical Education: A Critical Review", *Medical Teacher* 32: 593–600.
- Pellegrino, E.D. (1974) "Educating the Humanist Physician: An Ancient Ideal Reconsidered", *Journal of the American Medical Association* 227: 1288–1294.
- (1979) *Humanism and the Physician*. Knoxville, TN: University of Tennessee Press.
- (1984) "The Humanities in Medical Education: Entering the Post-evangelical Era", *Theoretical Medicine and Bioethics* 5: 253–266.
- Peterkin, A. (2012) *Staying Human During Residency Training: How to Survive and Thrive After Medical School*. Toronto: University of Toronto Press.
- Peterkin, A. and P. Brett-Maclean (eds) (2016) *Keeping Reflection Fresh: A Practical Guide for Clinical Educators*. Kent, OH: Kent State University Press.
- Petersen, A., A. Bleakley, R. Brömer, and R. Marshall (2008) "The Medical Humanities Today: Humane Health Care or Tool of Governance?", *Journal of Medical Humanities* 29: 1–4.
- Polianski, I.J. and H. Fangerou (2012) "Toward 'Harder' Medical Humanities: Moving Beyond the "Two Cultures" Dichotomy", *Academic Medicine* 87: 121–126.
- Reynolds, R. and R. Carson (1976) "The Place of Humanities in Medical Education", *Journal of Medical Education* 51: 142–143.
- Rich, B. (2006) "Breeding Cynicism: The Re-education of Medical Students", *American Philosophical Association Newsletters* 6: 24–28.
- Rosenthal, S., B. Howard, Y.R. Schlüssel, D. Herrigel, B.G. Smolarz, B. Gable, J. Vasquez, H. Grigo and M. Kaufman (2011) "Humanism at Heart: Preserving Empathy in Third-Year Medical Students", *Academic Medicine* 86: 350–358.
- Roter, D.L. and J.A. Hall (2006) *Doctors Talking with Patients/Patients Talking with Doctors: Improving Communication in Medical Visits*, 2nd edn. London: Praeger.
- Self, D.J. (1993) "The Educational Philosophies behind the Medical Humanities Programs in the United States: An Empirical Assessment of Three Different Approaches to Humanistic Medical Education", *Theoretical Medicine* 14: 221–229.
- Shankar, P.R. (2010) "Sir Robert Hutchison's Petition and the Medical Humanities", *International Journal of Medical Education* 1: 2–4.

- Shapiro, J. (2008) "Walking a Mile in Their Patients' Shoes: Empathy and Othering in Medical Students' Education", *Philosophy, Ethics, and Humanities in Medicine* 3: 10.
- Shapiro, J., Coulehan, J., Wear, D. and M. Montello (2009) "Medical Humanities and their Discontents: Definitions, Critiques, and Implications", *Academic Medicine* 84: 192–198.
- Van Manen, M. (1990) *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. Albany NY: State University of New York Press.
- Wassersug, J.D. (1987) "Teach Humanities to Doctors? Says Who?", *Postgraduate Medicine* 82: 317–318.
- Wear, D. (2009) "The Medical Humanities: Toward a Renewed Praxis", *Journal of Medical Humanities* 30: 209–220.
- Wershof Schwartz, A., J.S. Abramson, I. Wojnowich, R. Accordino, E.J. Ronan, and M.R. Rifkin (2009) "Evaluating the Impact of the Humanities in Medical Education", *Mount Sinai Journal of Medicine* 76: 372–380.

## 1.2 GENDER, RACE, RELIGION, CIVIL RIGHTS IN MEDICAL HUMANITIES AND NARRATIVE MEDICINE

- American Psychiatric Association. (1998) "Position Statement on Psychiatric Treatment and Sexual Orientation", *The American Journal of Psychiatry* 156: 11-31.
- Badgett, M.V.L. (1997) "Beyond Biased Samples: Challenging the Myths on the Economic Status of Lesbians and Gay Men", in A. Gluckman and B. Reed (eds), *Homo Economics: Capitalism, Community, and Lesbian and Gay Life*. New York: Routledge, 65–71.
- Baetens, P., M. Camus and P. Devroey (2003) "Counseling Lesbian Couples: Requests for Donor Insemination on Social Grounds", *Reproductive Biomedicine Online* 6: 75–83.
- Baker, K. and B. Began. (2014) "Making Assumptions, Making Space: An Anthropological Critique of Cultural Competency and Its Relevance to Queer Patients", *Medical Anthropology Quarterly* 28(4): 578-598.
- Bakker, A., P.J. van Kesteren, L.J. Gooren and P.D. Bezemer (1993) "The Prevalence of Transsexualism in The Netherlands", *Acta Psychiatrica Scandinavica*, 87: 237–238.
- Balsam, K.F. and J.J. Mohr (2007) "Adaptation to Sexual Orientation Stigma: A Comparison of Bisexual and Lesbian/Gay Adults", *Journal of Consulting Psychology* 54: 306–319.
- Balsam, K.F., Y. Molina, B. Beadnell, J. Simoni and K. Walters (2011) "Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale", *Cultural Diversity and Ethnic Minority Psychology* 17(2): 163–174.
- Balsam, K.F., T.P. Beauchaine, R.M. Mickey and E.D. Rothblum (2005) "Mental Health of Lesbian, Gay, Bisexual, and Heterosexual Siblings: Effects of Gender, Sexual Orientation, and Family", *Journal of Abnormal Psychology* 114: 471–476.
- Barbara, A.M., S.A. Quandt and R. Anderson (2001) "Experiences of Lesbians in the Health Care Environment", *Women and Health* 34:45–61.

- Barr, D.A. (2011) "Putting the Flexner Report in Context", *Medical Education* 45: 17–22.
- Battle, J. and M. Crum (2007) "Black LGB Health and Wellbeing", in I.H. Meyer and M.E. Northridge. (eds), *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations*, New York: Springer Publishing, 320–352.
- Bayer, R. (1987) *Homosexuality and American Psychiatry: The Politics of Diagnosis*. Princeton (NJ): Princeton University Press.
- Beagan, B. (2015) "Family Physician Perceptions of Working with LGBTQ Patients: Physician Training Needs", *Canadian Medical Education Journal* 6(1): 14-22.
- Beagan, B. (2003) "Teaching Social and Cultural Awareness to Medical Students: "It's All Very Nice to Talk about It in Theory, But Ultimately It Makes No Difference", *Academic Medicine* 78(6): 605-614
- Beagan, B. and L. Goldberg. (2012) "Discomfort, Judgment, and Health Care for Queers", *Journal of Bioethical Inquiry* 9(2): 149-160.
- Beemyn, B.G. and S. Rankin (2011) *The Lives of Transgender People*. New York: Columbia University Press.
- Ben-Ari, A. (1995) "The Discovery that an Offspring is Gay: Parents, Gay Men, and Lesbians' perspectives", *Journal of Homosexuality* 30: 89–112.
- Berger, J. (1994) "The Psychotherapeutic Treatment of Male Homosexuality", *American Journal of Psychiatry* 48 (2): 251-261.
- Bigner, J.J. (1996) "Working with Gay Fathers: Developmental, Postdivorce Parenting, and Therapeutic Issues", in J. Laird and R. Green (eds) *Lesbians and Gays in Couples and Families*, Jossey-Bass, San Francisco, 370-403.
- Bleakley, A. (2013a) "Gender Matters in Medical Education", *Medical Education* 47: 59–70.
- Bliss, G.K. and M.B. Harris (1999) "Teachers' Views of Students with Gay or Lesbian Parents", *Journal of Gay, Lesbian, and Bisexual Identity* 4: 149–171.
- Boston Women's Health Book Collective (2005) *Our Bodies, Ourselves: A New Edition for a New Era*, 35th anniversary edn. New York: Simon and Schuster.
- Bradford J., S.L. Reisner, J.A. Honnold and J. Xavier (2013) "Experiences of Transgender-related Discrimination and Implications for Health: Results from the Virginia Transgender Health Initiative Study", *American Journal of Public Health* 103, (10): 1820-1829.
- Byne, W. (2007) "Biology and sexual minority status", in I.H. Meyer and M.E. Northridge (eds), *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations*, New York: Springer, 65–90.
- Cixous, H. (1981) "The Laugh of the Medusa", in E. Marks and I. de Courtivron (eds), *New French Feminisms*, New York: Schocken, 245–264.
- Clarke, V., C. Kitzinger, and J. Potter (2004) "'Kids Are Just Cruel Anyway': Lesbian and Gay Parents' Talk about Homophobic Bullying", *British Journal of Social Psychology* 43: 531–550.

- Cole, C.M., M. O'Boyle, L.E. Emory and W.J. Meyer III (1997) "Comorbidity of Gender Dysphoria and Other Major Psychiatric Diagnoses", *Archives of Sexual Behavior* 26: 13–26.
- Coleman, E. and B.R.S. Rosser (1996) "Gay and Bisexual Male Sexuality", in R. Cabaj and T. Stein (eds), *Textbook of Homosexuality and Mental Health*, Washington, DC: APA Press, 707–722.
- Conger, J.J. (1975) "Proceedings of the American Psychological Association, incorporated, for the year 1974: Minutes of the Annual Meeting of the Council of Representatives", *American Psychologist* 30: 620–651.
- Coulter, A. (2002) *The Autonomous Patient: Ending Paternalism in Medical Care*. London: TSO.
- D'Augelli, A.R. (2006) "Developmental and Contextual Factors and Mental Health among LGB Youths", in A. Omoto and H. Kurtzman (eds), *Sexual Orientation and Mental Health*, Washington, DC: APA Press, 37–53
- D'Augelli, A.R., S.L. Hershberger and N.W. Pilkington (1998) "Lesbian, Gay, and Bisexual Youth and Their Families: Disclosure of Sexual Orientation and Its Consequences", *The American Journal of Orthopsychiatry* 68: 361–371.
- DasGupta, S. (2016) "The Politics of the Pedagogy: Crippling, Queering, and Unhoming Health Humanities", in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 137–153.
- DeLeon, P.H. (1998) "Proceedings of the American Psychological Association, incorporated, for the legislative year 1997: Minutes of the Annual Meeting of the Council of Representatives, August 14 and 17, Chicago, Illinois; and June, August and December 1997 meetings of the Board of Directors", *American Psychologist* 53: 882–939.
- DelVecchio Good, M.-J., B.J. Good, C. James and A.E. Becker (2007) "The Culture of Medicine and Racial, Ethnic, and Class Disparities in Healthcare", in M. Romero and E. Margolis, (eds), *The Blackwell Companion to Social Inequalities*, Hoboken NJ: Wiley-Blackwell, 396–423.
- Diamond, L. (2003) "What Does Sexual Orientation Orient? A Biobehavioral Model Distinguishing Romantic Love and Sexual Desire", *Psychological Review* 110:173–192.
- (2005) "A New View of Lesbian Subtypes: Stable vs Fluid Identity Trajectories over an Eight-year Period", *Psychology of Women Quarterly* 29: 119–128.
- (2006) "What We Got Wrong about Sexual Identity Development: Unexpected Findings from a Longitudinal Study of Young Women", in A. Omoto and H. Kurtzmann (eds), *Sexual Orientation and Mental Health: Examining Identity and Development in LGB People*, Washington, DC: APA Press, 73–94.
- Dreger, A., A. Hollenbach and K.L. Eckstrand (eds) (2014) *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators*. Washington: Association of American Medical Colleges.

- Dressler, William W., K. Oths and G.G. Clarence (2005) "Race and Ethnicity in Public Health Research: Models to Explain Health Disparities", *Annual Review of Anthropology* 34(1): 231-252.
- Dykes, B. (2000) "Problems with Defining Cross-cultural 'Kinds of Homosexuality' and a Solution", *Journal of Homosexuality* 38: 1-18.
- Eagly, A.H., A.B. Diekmann, M.C. Johannesen-Schmidt and A.M. Koenig (2004) "Gender Gaps in Sociopolitical Attitudes: A Social Psychological Analysis", *Journal of Personality and Social Psychology* 87: 796-816.
- Elia, J.P. and M.J. Eliason (2010) "Discourses of Exclusion: Sexuality Education's Silencing of Sexual Others", *Journal of LGBT Youth* 7(1): 29-48.
- Eliason, M.J. (1996) *Who Cares: Institutional Barriers to Health Care for Lesbian, Gay, and Bisexual People*. New York: National League for Nursing.
- (1997) "The Prevalence and Nature of Biphobia in Heterosexual Undergraduate Students", *Archives of Sexual Behavior* 26: 317-326.
- (1998) "Correlates of Prejudice in Nursing Students", *The Journal of Nursing Education* 37: 27-29.
- (2000) "Substance Abuse Counselor's Attitudes Regarding Lesbian, Gay, Bisexual, and Transgendered clients", *Journal of Substance Abuse* 12(4): 311-328.
- (2014) "An Exploration of Terminology Related to Sexuality and Gender: Arguments for Standardizing the Language", *Social Work in Public Health* 29: 62-17.
- Eliason, M.J. and T.L. Hughes (2004) "Substance Abuse Counselor's Attitudes about Lesbian, Gay, Bisexual, and Transgender Clients: Urban versus Rural Counselors", *Substance Use and Misuse* 39: 625-644.
- Eliason, M.J. and S. Raheim (1996) "Categorical Measurement of Attitudes toward Lesbian, Gay, and Bisexual People", *Journal of Gay and Lesbian Social Services* 4: 51-65.
- (2000) "Experience and Level of Comfort with Culturally Diverse Groups", *The Journal of Nursing Education* 39:161-165.
- Eliason, M-J., S. Dibble and P.A. Robertson (2011) "Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians' Experiences in the Workplace", *Journal of Homosexuality* 58, (10): 1355-1371.
- Ettner, R. (1996) *Confessions of a Gender Defender: A Psychologist's Reflections on Life Among the Transgendered*. Evanston, IL: Chicago Spectrum Press.
- Fausto-Sterling, A. (1993) "The Five Sexes", *The Sciences* 33(2): 20-24.
- (2000) *Sexing the Body: Gender Politics and the Construction of Sexuality*. New York: Basic Books.
- Fieland, K., K. Walters and J. Simoni (2007) "Determinants of Health among Two-spirit American Indians and Alaska Natives", in I.H. Meyer and M. Northridge (eds), *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations*, New York: Springer Publishing, 268-300.
- Foster, S., J. Funke (2018) "Feminist Encounters with the Medical Humanities", *Feminist Encounters: A Journal of Critical Studies in Culture and Politics* 2(2): 2-6.

- Friedman, M.S., G.F. Koeske, A.J. Silvestre, W.S. Korr and E.W. Sites (2006) "The Impact of Gender-role Nonconforming Behavior, Bullying, and Social Support on Suicidality among Gay Male Youth", *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* 38(5): 621–623.
- Frost, D.M. and M.J. Eliason (2014) "Challenging the Assumption of Fusion in Female Same-sex Relationships", *Psychology of Women Quarterly* 38(1): 65–74.
- Fruhauf, C.A., N.A. Orel and D.A. Jenkins (2009) "The Coming-out Process of Gay Grandfathers: Perceptions of Their Adult Children's Influence", *Journal of GLBT Family Studies* 5(1–2): 99–118.
- Gartrell, N., H.M.W. Bos, H. Peyser, A. Deck and C. Rodas (2012) "Adolescents with Lesbian Mothers Describe Their Own Lives", *Journal of Homosexuality* 59(9): 1211–1229.
- Gartrell, N., A. Deck, C. Rodas, H. Peyser and A. Banks (2005) "The National Lesbian Family Study: 4. Interviews with the 10-year-old Children", *The American Journal of Orthopsychiatry* 75(4): 518–524.
- Gilman, S.E., S.D. Cochran, V.M. Mays, M. Hughes, D. Ostrow, D. and E. Kessler (2001) "Risk of Psychiatric Disorders among Individuals Reporting Same-sex Sexual Partners in the National Comorbidity Survey", *American Journal of Public Health*, 91(6): 933–939.
- Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice-Hall.
- Gooren, L. (2006) "The Biology of Human Psychosexual Differentiation", *Hormones and Behavior* 50(4): 589–601.
- Helminiak, D.A. (2012) *Sex and the Sacred: Gay Identity and Spiritual Growth*. New York: Routledge.
- Herdt, G.H. (1996) *Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History*. New York: Zone Books.
- Herek, G.M. (2000) "Sexual Prejudice and Gender: Do Heterosexuals' Attitudes toward Lesbians and Gay Men Differ?", *The Journal of Social Issues* 56(2): 251–266.
- (2009) "Hate Crimes and Stigma-related Experiences among Sexual Minority Adults in the United States: Prevalence Estimates from a National Probability Sample", *Journal of Interpersonal Violence* 24(1): 54–74.
- Herek, G.M. and K.A. McLemore (2013) "Sexual Prejudice", *Annual Review of Psychology* 64: 309–333.
- Herek, G.M., R. Chopp and D. Strohl (2007) "Sexual Stigma: Putting Sexual Minority Health Issues in Context", In I.H. Meyer and M.E. Northridge (eds), *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations*, New York: Springer 171–208.
- Howey, N. and E. Samuels (eds) (2000) *Out of the Ordinary: Essays on Growing up with Gay, Lesbian, and Transgender Parents*. New York: St Martin's Press.
- Hrynyk, N., D. Grace, J.K. Peel and J. Lajoie (2023) "Queer(ing) Medical Spaces: Queer Theory as a Framework for Transformative Social Change in

- Anesthesiology and Critical Care Medicine”, *Canadian Anaesthetists Society Journal* 70(6): 950–962
- Hubbard, S., J.S. Rabatin, J.P. Sanchez and N.F. Sanchez (2006) “Medical Students’ Ability to Care for Lesbian, Gay, Bisexual, and Transgendered Patients”, *Family Medicine* 38(1): 21-27.
- Hughes, T.L., T. Johnson and S.C. Wilsnack (2001) “Sexual Assault and Alcohol Abuse: A Comparison of Lesbians and Heterosexual Women”, *Journal of Substance Abuse* 13(4): 515–532.
- Jaffee, K.D., D.A. Shires and D. Stroumsa (2016) “Discrimination and Delayed Health Care among Transgender Women and Men: Implications for Improving Medical Education and Health Care Delivery”, *Medical Care* 54(11): 1010–1033.
- Jewell, T.I. and E.M. Petty. (2024) “LGBTQ+ Health Education for Medical Students in the United States: A Narrative Literature Review”, *Medical Education Online* 29.
- Johnson, Martin H. and P. Henderson (2000) “Acquiring and Demonstrating Attitudes in Medical Education: Attitudes to Homosexuality as a Case Study”, *Medical Teacher* 22(6): 585-591.
- Jordan-Young, R.M. (2010) *Brain Storm: The Flaws in the Science of Sex Differences*, Cambridge, MA: Harvard University Press.
- Kinsey, A.C., W.B. Pomeroy and C.E. Martin (1948) *Sexual Behavior in the Human Male*. Philadelphia, PA: Saunders.
- Klein, F., B. Sepekoff and T.J. Wolf (1985) “Sexual Orientation: A Multi-variable Dynamic Process”, *Journal of Homosexuality* 11(1–2): 35–49.
- Kurdek, L. A. (2001) “Differences between Heterosexual-nonparent Couples and Gay, Lesbian, and Heterosexual-parent Couples”, *Journal of Family Issues* 22(6): 727–754.
- Laird, J. (1993) “Lesbian and Gay Families”, in F. Walsh (ed), *Normal Family Processes: Growing Diversity and Complexity*, New York: Guilford Press, 238–283.
- LaSala, M.C. (2004) “Extradynamic Sex and Gay Male Couples: Comparing Monogamous and Nonmonogamous Relationships”, *Families in Society: The Journal of Contemporary Social Services* 85(3): 405–412.
- Landen, M., J. Wålinder, G. Hambert and B. Lundström (1998) “Factors Predictive of Regret in Sex Reassignment”, *Acta Psychiatrica Scandinavica* 97(4): 284–289.
- Laumann, E.O. (1994) *The Social Organization of Sexuality: Sexual Practices in the United States*. University of Chicago Press.
- Lease, S.H., S.G. Horne and N. Noffsinger-Frazier (2005) “Affirming Faith Experiences and Psychological Health for Caucasian Lesbian, Gay, and Bisexual Individuals”, *Journal of Counseling Psychology* 52(3): 378.
- Lev, A.I. (2004) *Transgender Emergence: Therapeutic Guidelines for Working with Gender-variant People and Their Families*. New York: Haworth.
- LGBTQ+ Aging: Empowering Narrative and Promoting Resilience*, University of Rochester Medical Center. Available at <https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/medicine>

- /geriatrics/images/2-1-23-Grand-Rounds-presentation-final.pdf (visited 20/01/2026)
- Lombardi, E.L., R.A., Wilchins, D. Priesing and D. Malouf (2001) "Gender Violence: Transgender Experiences with Violence and Discrimination", *Journal of Homosexuality* 42(1): 89–101.
- Lwow, M., L. Canetti and M. Muszkat (2020) "Gender Differences in the Effect of Medical Humanities Program on Medical Students' empathy: A Prospective Longitudinal Study", *BMC Med Educ.* 20(1): 413.
- Lynch, J M. and K. Murray (2000) "For the Love of the Children: The Coming out Process for Lesbian and Gay Parents and Stepparents", *Journal of Homosexuality* 39(1): 1–24.
- Mallon, G.P. (2009) *Social Services with Transgendered Youth*. New York: Haworth.
- Martos, A.J., S. Nezhad and I.H. Meyer (2014) "Variations in Sexual Identity Milestones among Lesbians, Gay Men, and Bisexuals", *Sexuality Research and Social Policy: Journal of NSRC: SR and SP* 12: 24–33.
- Masters, W.H. and V.E. Johnson (1979) *Homosexuality in Perspective*. New York: Bantam Books.
- Matthews, A.K., J. Tartaro and T.L. Hughes (2003) "A Comparative Study of Lesbian and Heterosexual Women in Committed Relationships", *Journal of Lesbian Studies* 7(1): 101–114.
- Matthews, A.K., T.L. Hughes and J. Tartaro (2006) "Sexual Behavior and Sexual Dysfunction in a Community Sample of Lesbian and Heterosexual Women", in A.M. Omoto and H.S. Kurtzman (eds), *Sexual Orientation and Mental Health*, Washington, DC: American Psychological Association, 185–205.
- Mays, V.M. and S.D. Cochran (2001) "Mental Health Correlates of Perceived Discrimination among Lesbian, Gay, and Bisexual Adults in the United States", *American Journal of Public Health* 91(11): 1869–1876.
- McCann, E. and M. Brown (2018) "The Inclusion of LGBT+ Health Issues within Undergraduate Healthcare Education and Professional Training Programmes: A Systematic Review", *Nurse Education Today* 64: 204–214.
- Meyer, I.H. (1995) "Minority Stress and Mental Health in Gay Men", *Journal of Health and Social Behavior* 36(1): 38–56.
- (2007) "Prejudice and Discrimination as Social Stressors", in I.H. Meyer and M.E. Northridge (eds), *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations*, New York: Springer, 242–267
- Miller, S.J. and K. Stack (2014) "African-American Lesbian and Queer Women Respond to Christian-based Homophobia", *Journal of GLBT Family Studies* 10(3): 243–268.
- Mock, S.E. and R.P. Eibach (2012) "Stability and Change in Sexual Orientation Identity over a 10-year Period in Adulthood", *Archives of Sexual Behavior* 41(3): 641–648.
- Mohr, J.J. and A.B. Rochlen (1999) "Measuring Attitudes Regarding Bisexuality in Lesbian, Gay Male, and Heterosexual Populations", *Journal of Counseling Psychology* 46(3): 353.

- Morin, S.F. (1977) "Heterosexual Bias in Psychological Research on Lesbianism and Male Homosexuality", *The American Psychologist* 32(8): 629–637.
- Morris, J.F., K.F. Balsam and E.D. Rothblum (2002) "Lesbian and Bisexual Mothers and Nonmothers: Demographics and the Coming-out Process", *Journal of Family Psychology: JFP: Journal of the Division of Family Psychology of the American Psychological Association* 16(2): 144–156.
- Murphy, M. (2014) "Hiding in Plain Sight: The Production of Heteronormativity in Medical Education", *Journal of Contemporary Ethnography* 45(3): 256–289
- Nadal, K.L., K.C. Davidoff, L.S. Davis and Y. Wong (2014) "Emotional, Behavioral, and Cognitive Reactions to Microaggressions: Transgender Perspectives", *Psychology of Sexual Orientation and Gender Diversity* 1(1): 72.
- National Coalition for LGBT Health. (2004) *An Overview of US Trans Health priorities*. Available at [http://www.seguridadsocial.ccoo.es/comunes/recursos/99922/504930-Transexualidad\\_US\\_Trans\\_Health\\_Priorities.pdf](http://www.seguridadsocial.ccoo.es/comunes/recursos/99922/504930-Transexualidad_US_Trans_Health_Priorities.pdf) (visited 20/01/2026).
- Newfield, E., S. Hart, S.L. Dibble and L. Kohler (2006) "Female-to-male Transgender Quality of Life", *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation* 15(9): 1447–1457.
- Orel, N.A. and C.A. Fruhauf (2006) "Lesbian and Bisexual Grandmothers" Perceptions of the Grandparent–Grandchild Relationship", *Journal of GLBT Family Studies* 2(1): 43–70.
- Parks, C.A. and N.A. Humphreys (2006) "Lesbian Relationships and Families", in D. F. Morrow and L. Messinger (eds), *Sexual Orientation and Gender Expression in Social Work Practice*, New York: Columbia University Press, 216–242.
- Perrin, E.C. (1998) "Children Whose Parents are Lesbian or Gay", *Contemporary Pediatrics* 15: 113–132.
- Peplau, L.A. and A.W. Fingerhut (2007) "The Close Relationships of Lesbians and Gay Men", *Annual Review of Psychology* 58: 405–424.
- Peterkin, A. and C. Risdon (2003) *Caring for Lesbian and Gay People: A Clinical Guide*. Toronto: University of Toronto Press.
- Pew Research Center. (2013) "A Survey of LGBT Americans: Attitudes, Experiences and Values in Changing Times". Available at <http://www.pewsocialtrends.org/2013/06/13/a-survey-of-lgbt-americans/> (visited 20/01/2026).
- Polat, A., S. Yuksel, A.G. Discigil and H. Meteris (2005) "Family Attitudes toward Transgendered People in Turkey: Experience from a Secular Islamic Country", *International Journal of Psychiatry in Medicine* 35(4): 383–393.
- Rafkin, L. (1990) *Different Mothers: Sons and Daughters of Lesbians Talk about Their Lives*. Pittsburgh, PA: Cleis Press.
- Ramirez-Valles, J. (2007) "I Don't Fit Anywhere': How Race and Sexuality Shape Latino Gay and Bisexual Men's Health", in I. H. Meyer and M.E. Northridge (eds), *The Health of Sexual Minorities: Public Health Perspectives*

- on Lesbian, Gay, Bisexual, and Transgender Populations*, New York: Springer, 301–319.
- Robertson, W.J. (2016) “The Irrelevance Narrative: Queer (In)Visibility in Medical Education and Practice”, *Medical Anthropology Quarterly* 31(2): 159–176.
- Rodriguez, E.M. and S.C. Ouellette (2000) “Gay and Lesbian Christians: Homosexual and Religious Identity Integration in the Members and Participants of a Gay-positive Church”, *Journal for the Scientific Study of Religion* 39(3): 333–347.
- Rodriguez, E.M., M.C. Lytle and M.D. Vaughan (2013) “Exploring the Intersectionality of Bisexual, Religious/Spiritual, and Political Identities from a Feminist Perspective”, *Journal of Bisexuality* 13(3): 285–309.
- Ross, L.E., L. Steele and B. Sapiro (2005) “Perceptions of Predisposing and Protective Factors for Perinatal Depression in Same-sex Parents”, *Journal of Midwifery and Women’s Health* 50(6): e65–e70.
- Rosser, B.R.S., J.M. Oakes, W.O. Bockting and M. Miner (2007) “Capturing the Social Demographics of Hidden Sexual Minorities: An Internet study of the Transgender Population in the United States”, *Sexuality Research and Social Policy: Journal of NSRC: SR and SP* 4(2): 50–64.
- Rust, P.C. (1996) “Sexual Identity and Bisexual Identities: The struggle for Self-description in a Changing Sexual Landscape”, in B. Beemyn and M. Eliason (eds), *Queer Studies: A Lesbian, Gay, Bisexual, and Transgender Anthology*, New York: New York University Press, 64–86.
- (2000) *Bisexuality in the United States: A Social Science Reader*. New York: Columbia University Press.
- Ryan, C., D. Huebner, R.M. Diaz and J. Sanchez (2009) “Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults”, *Pediatrics* 123(1): 346–352.
- Saulnier, C.F. (2002) “Deciding Who to See: Lesbians Discuss Their Preferences in Health and Mental Health Care Providers.” *The Social Worker* 47(4): 355–365.
- Schatz, B. and K.A. O’Hanlan (1994) *Anti-gay Discrimination in Medicine: Results of a National Survey of Lesbian, Gay, and Bisexual Physicians*. San Francisco, CA: American Association for Human Rights.
- Schroeder, M. and A. Shidlo (2002) “Ethical Issues in Sexual Orientation Conversion Therapies: An Empirical Study of Consumers”, *Journal of Gay and Lesbian Psychotherapy* 5(3–4): 131–166
- Skidmore, W.C., J.A. Linsenmeier and J.M. Bailey (2006) “Gender Nonconformity and Psychological Distress in Lesbians and Gay Men”, *Archives of Sexual Behavior* 35(6): 685–697.
- Spitzer, R.L. (1981) “The Diagnostic Status of Homosexuality in DSM-III: A Reformulation of the Issues”, *American Journal of Psychiatry* 138(2): 210–215.
- Stein, G.L. and K.A. Bonuck (2001) “Attitudes on End-of-life care and Advance Care Planning in the Lesbian and Gay Community”, *Journal of Palliative Medicine* 4(2): 173–190.

- Steinberg, V.L. (2005) "A Heat of Passion Offense: Emotions and Bias in 'Trans Panic' Mitigation Claims: Hiding from Humanity.", *Boston College Third World Law Journal* 25: 499–499.
- Stevens, P.E. (1994) "Protective Strategies of Lesbian Clients in Health Care Environments", *Research in Nursing and Health* 17(3): 217–229.
- Stott, D.B. (2013) "The Training Needs of General Practitioners in the Exploration of Sexual Health Matters and Providing Sexual Healthcare to Lesbian, Gay and Bisexual Patients", *Medical Teacher* 35(9): 752-9.
- Stryker, S. (2006) "Subjugated Knowledges: An Introduction to Transgender Studies", in S. Stryker and S. Whittle (eds), *The Transgender Studies Reader*, New York: Routledge, 1–18.
- Tafoya, T. and R. Rowell (1988) "Counseling Gay and Lesbian Native Americans", in M. Shernoff and W. Scott (eds), *The Sourcebook on Lesbian/Gay Health Care*. Washington, DC: National Lesbian and Gay Health Foundation.
- Tervalon, M. and J. Murray-García (1998) "Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education", *Journal of Health Care for the Poor and Underserved* 9(2): 117–125.
- Troiden, R.R. (1988) *Gay and Lesbian Identity: A Sociological Analysis*. Lanham, MD: Rowman and Littlefield.
- Van Dam, M.A.A., A.S. Koh and S.L. Dibble (2001) "Lesbian Disclosure to Health Care Providers and Delay of Care", *Journal of the Gay and Lesbian Medical Association* 5(1): 11–19.
- Utamsingh P.D., S. Kenya, C. N. Lebron and O. Carrasquillo. (2017) "Beyond Sensitivity. LGBT Healthcare Training in U.S. Medical Schools: A Review of the Literature", *American Journal of Sexuality Education* 12(2): 148–169.
- Weinberg, G.H. (1972) *Society and the Healthy Homosexual*. New York: St. Martin's Press.
- White, J.C. and V.T. Dull (1997) "Health Risk Factors and Health-seeking Behavior in Lesbians", *Journal of Women's Health/The Official Publication of the Society for the Advancement of Women's Health Research* 6(1): 103–112.
- Whitley, B.E., Jr. and M.E. Kite (1995) "Sex Differences in Attitudes toward Homosexuality: A Comment on Oliver and Hyde", *Psychological Bulletin*, 117(1): 146–154.
- Wilchins, R. (1997) *Read my Lips: Sexual Subversion and the End of Gender*. Ithaca, NY: Firebrand Books.
- Wilkerson, J.M., S. Rybicki, C.A. Barber and D.J. Smolenski. (2011) "Creating a Culturally Competent Clinical Environment for LGBT Patients", *Journal of Gay and Lesbian Social Services*, 23(3): 376-394
- Wilson, P.A. and H. Yoshikawa (2007) "Improving Access to Health Care among African-American, Asian and Pacific Islander, and Latino Lesbian, Gay, and Bisexual Populations", in I.H. Meyer and M.E. Northridge (eds), *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations*, New York: Springer, 607–637.

- Wolitski, R.J., K.T. Jones, J.L. Wasserman and J.C. Smith (2006) "Self-identification as 'Down low' among Men Who Have Sex with Men (MSM) from 12 US Cities", *AIDS and Behavior* 10(5): 519–529.
- Young, R.M. and I.H. Meyer (2005) "The Trouble with "MSM" and "WSW": Erasure of the Sexual-minority Person in Public Health Discourse", *American Journal of Public Health* 95(7): 1144–1149.
- Zucker, K (2013) "The Politics and Science of 'Reparative Therapy'", in J. Drescher and K J. Zucker (eds), *Ex-gay Research: Analyzing the Spitzer Study and Its Relation to Science, Religion, Politics, and Culture*, New York: Haworth Press, 3–12.

### 1.3 MEDICAL HUMANITIES AND NARRATIVE MEDICINE IN FIGURATIVE ARTS, PHILOSOPHY, HISTORY, LITERATURES, AND MUSEUMS

- Bardes, C.L., D. Gillers and A.E. Herman (2001) "Learning to Look: Developing Clinical Observational Skills at an Art Museum", *Medical Education* 35: 1157–1161.
- Bates, V., A. Bleakley and S. Goodman (2014) *Medicine, Health and the Arts: Approaches to the Medical Humanities*. Routledge: London.
- Bleakley, A. (2004) "Doctors as Connoisseurs of Informational Images: Aesthetic and Ethical Self-Forming through Medical Practice", in J. Satterthwaite, E. Atkinson and W. Martin (eds), *Educational Counter-cultures: Confrontations, Images, Vision*, London, Trentham, 149–64.
- Bleakley, A. and R.J. Marshall (2012) "The Embodiment of Lyricism in Medicine and Homer", *Medical Humanities* 38: 50–54.
- Bleakley, A., R. Farrow, D. Gould and R. Marshall (2003a) "Learning How to See: Doctors Making Judgements in the Visual Domain", *Journal of Workplace Learning* 15: 301–306.
- (2003b) "Making Sense of Clinical Reasoning: Judgement and the Evidence of the Senses", *Medical Education* 37: 544–552.
- Bleakley, A., R. Marshall and R. Broemer (2006) "Toward an Aesthetic Medicine: Developing a Core Medical Humanities Undergraduate Curriculum", *Journal of Medical Humanities* 27: 197–213.
- Bleakley, A., R. Marshall and D. Levine (2014) "He Drove Forward with a Yell: Anger in Medicine and Homer", *Medical Humanities* 40: 22–30
- Braude, D.H. (2012) *Intuition in Medicine: A Philosophical Defence of Clinical Reasoning*. Chicago, IL: University of Chicago Press.
- Brett-Maclean, P. (2012) "Use of the Arts in Medical and Health Professional Education", *University of Alberta Health Sciences Journal* 4: 26–9.
- Charon, R. (2006) *Narrative Medicine: Honoring the Stories of Illness*. Oxford: Oxford University Press.
- (2010) "Commentary: Calculating the Contributions of Humanities to Medical Practice – Motives, Methods, and Metrics", *Academic Medicine* 85: 935–937.
- (2016a) "Close Reading: The Signature Method of Narrative Medicine", in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera

- Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 157–179.
- (2016b) “A Framework for Teaching Close Reading”, in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 180–207.
- (2016c) “Clinical Contributions of Narrative Medicine”, in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 292–309.
- Charon, R., N. Hermann (2012) “Commentary: A Sense of Story, or Why Teach Reflective Writing?”, *Academic Medicine* 87:5-7.
- Charon, R. and E.R. Marcus (2016) “A Narrative Transformation of Health and Healthcare”, in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 271–291.
- Connelly, J. (2002) “In the Absence of Narrative”, in R. Charon and M. Montello (eds), *Stories Matter: The Role of Narrative in Medical Ethics*, New York: Routledge, 138–140
- Cook, H.J. (2010) “Borderlands: A Historian’s Perspective on Medical Humanities in the US and the UK”, *Medical Humanities* 36: 3–4.
- Cork, R. (2012) *The Healing Presence of Art: A History of Western Art in Hospitals*. New Haven, CT: Yale University Press
- Diamond, D. (2007) *Theatre for Living: The Art and Science of Community-Based Dialogue*. Bloomington, IN: Trafford Publishing.
- Dolev, J., L. Friedlander and I. Braverman (2001) “Use of Fine Art to Enhance Visual Diagnostic Skills”, *Journal of the American Medical Association* 286: 1020–1021.
- Frank, A.W. (1995) *The Wounded Storyteller: Body, Illness and Ethics*. Chicago, IL: University of Chicago Press.
- Ginsburg, S. and L. Lingard (2006) “Using Reflection and Rhetoric to Understand Professional Behaviors”, in D.T. Stern (ed) *Measuring Medical Professionalism*, Oxford: Oxford University Press, 195–212.
- Good, B. (1994) *Medicine, Rationality and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press.
- Greenhalgh, T. and B. Hurwitz (1999) “Narrative Based Medicine: Why Study Narrative?”, *British Medical Journal* 318: 48–50.
- Hamilton, C., S. Hinks and M. Petticrew (2003) “Arts for Health: Still Searching for the Holy Grail”, *Journal of Epidemiology and Community Health* 57: 401–402.
- Health Development Agency (2000) *Art for Health: A Review of Good Practice in Community-Based Arts Projects and Initiatives which Impact on Health and Wellbeing*. London: Health Development Agency.
- Herman, N. (2014) “Sounding Narrative Medicine: Studying Students’ Professional Identity Development at Columbia University College of Physicians and Surgeons”, *Academic Medicine* 89: 335-342.

- Hooker, C. and E. Noonan (2011) "Medical Humanities as Expressive of Western Culture", *Medical Humanities* 37: 79–84.
- Hunter, K.M. (1991a) *Doctors Stories: The Narrative Structure of Medical Knowledge*. Princeton, NJ: Princeton University Press.
- (1991b) "Toward the Cultural Interpretation of Medicine", *Literature and Medicine* 10: 1–17.
- Huntington, B. and N. Kuhn (2003) "Communication Gaffes: A Root Cause of Malpractice Claims", *Proceedings of the Bayley University Medical Center* 16: 157–61. Available at [www.ncbi.nlm.nih.gov/pmc/articles/PMC1201002](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1201002) (visited 20/01/2026).
- Irvine, C. and R. Charon (2017) *Deliver Us from Certainty: Training for Narrative Ethics*, in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 110–133.
- Irvine, C. and D. Spencer (2016a) "Dualism and Its Discontents I: Philosophy, Literature, and Medicine", in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 63–86.
- (2016b) "Dualism and Its Discontents II: Philosophical Tinture", in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 87–109.
- Jacques, A., R. Trinkley, L. Stone, R. Tang, W. A. Hudson and S. Khandelwal (2012) "Art of Analysis: A Cooperative Program between a Museum and Medicine", *Journal for Learning Through the Arts* 8: 1–9.
- Jasani, S. and N. Sacks (2012) "Utilizing Visual Art to Enhance the Clinical Observation Skills of Medical Students", *Medical Teacher* 35: e1327–1331.
- Jones, C. and P. Galison (eds) (1998) *Picturing Science, Producing Art*. New York: Routledge.
- Jones, T., D. Wear and L.D. Friedman (eds) (2014) *Health Humanities Reade*. New Brunswick, NJ: Rutgers University Press.
- Kelly, N. (2012) "What Are You Doing Creatively These Days?", *Academic Medicine* 87: 1476.
- Kirklin, D. (2005) "The Search for Meaning in Modern Medicine", Doctoral thesis, University College, London, <http://eprints.ucl.ac.uk/144687>
- Kleinman, A. (1988) *The Illness Narratives: Suffering, Healing and the Human Condition*. New York: Basic Books.
- Klugman, C.M., J. Peel and D. Beckmann-Mendez (2011) "Art Rounds: Teaching Interprofessional Students Visual Thinking Strategies at One School", *Academic Medicine* 86: 1266–1271.
- Kneebone, R. (2013) "Jazz Musicians Can Teach Surgeons How to Improvise", 28 May, <http://theconversation.com/jazz-musicians-can-teach-surgeons-how-to-improvise-14020>
- Kumagai, A. K. (2008) "A Conceptual Framework for the Use of Illness Narratives in Medical Education", *Academic Medicine* 83: 653–658.

- (2009) "The Patient's Voice in Medical Education: The Family Centered Experience Program", *Virtual Mentor* 11(3): 228–231, <http://virtualmentor.ama-assn.org/2009/03/medu1-0903.html>
- (2012) "Acts of Interpretation: A Philosophical Approach to Using Creative Arts in Medical Education", *Academic Medicine* 87: 1138–1144.
- (2013) "On the Way to Reflection: A Conversation on a Country Path", *Perspectives in Biology and Medicine* 56: 362–370
- Kumagai, A.K. and M.L. Lypson (2009) "Beyond Cultural Competence: Critical Consciousness, Social Justice, and Multicultural Education", *Academic Medicine* 84: 782–787.
- Kumagai, A.K. and D. Wear (2014) "Making Strange: A Role for the Humanities in Medical Education", *Academic Medicine* 89: 973–977.
- Kumagai, A., C.B. White, P.T. Ross, J.A. Purkiss, C.M. O'Neal and J.A. Steiger (2007) "Use of Interactive Theater for Faculty Development in Multicultural Medical Education", *Medical Teacher* 29: 335–340.
- Lakoff, G. and M. Johnson (1999) *Philosophy in the Flesh: The Embodied Mind and its Challenge to Western Thought*. New York: Basic Books
- Levine, D. and A. Bleakley (2012) "Maximising Medicine through Aphorisms", *Medical Education* 46: 153–162.
- Lippell, S. (2002) "Creativity and Medical Education", *Medical Education* 36: 519–521.
- Macneill, P.U. (2011) "The Arts and Medicine: A Challenging Relationship", *Medical Humanities* 37: 85–90.
- Mamede, S. and H.G. Schmidt (2004) "The Structure of Reflective Practice in Medicine", *Medical Education* 38: 1302–1308.
- Marsh, H. (2014) *Do No Harm: Stories of Life, Death and Brain Surgery*. London: Weidenfeld and Nicolson.
- Marshall, R.J. and A. Bleakley (2008) "Putting it Bluntly: Communication Skills in the Iliad", *Medical Humanities* 34: 30–34
- (2009) "The Death of Hector: Pity in Homer, Empathy in Medical Education", *Medical Humanities* 35: 10–12.
- (2011) "Sing, Muse: Songs in Homer and in Hospital", *Medical Humanities* 37: 27–33.
- (2013) "Lost in Translation: Homer in English; the Patient's Story in Medicine", *Medical Humanities* 39: 47–52.
- Mattingly, C. and M.H. Fleming (1994) *Clinical Reasoning: Forms of Inquiry in a Therapeutic Practice*. Philadelphia, PA: F.A. Davis
- Mattingly, C. and L. C. Garro (eds) (2000) *Narrative and the Cultural Construction of Illness and Healing*. Berkeley, CA: University of California Press.
- Meza, J.P. and D.S. Passerman (2011) *Integrating Narrative Medicine and Evidence-Based Medicine*. London: Radcliffe Publishing
- Moody, N. and J. Hallam (eds) (1998) *Medical Fictions*. Liverpool: John Moores University
- Naghshineh, S., J.P. Hafler, A.R. Miller, M.A. Blanco, S.R. Lipsitz, R.P. Dubroff, S. Khoshbin and J.T. Katz (2008) "Formal Art Observation Training Improves Medical Students' Visual Diagnostic Skills", *Journal of General and Internal Medicine* 23: 991–997

- (2011) “Commentary: Teaching Creativity and Innovative Thinking in Medicine and the Health Sciences”, *Academic Medicine* 86: 1201–1203.
- Nelson, L.H. (ed) (1997) *Stories and Their Limits: Narrative Approaches to Bioethics*. London: Routledge.
- Nendaz, M.R. and G. Bordage (2002) “Promoting Diagnostic Problem Representation”, *Medical Education* 36: 760–766.
- Ness, R.B. (2011) “Commentary: Teaching Creativity and Innovative Thinking in Medicine and the Health Sciences”, *Academic Medicine* 86: 1201–1203.
- Ofri, D. (2013) *What Doctors Feel: How Emotions Affect the Practice of Medicine*. Boston, MA: Beacon Press.
- (undated) “Creativity in Medicine”, <http://danielleofri.com/creativity-in-medicine>
- Perry, M., N. Maffulli, S. Willson and D. Morrissey (2011) “The Effectiveness of Arts-Based Interventions in Medical Education: A Literature Review”, *Medical Education* 45: 141–148.
- Phillip, R., M. Baum, J. Macnaughton and K. Calman (2002) *Arts, Health and Well-being*. London: Nuffield Trust.
- Pretorius, R., G. Lohr, D. McGuigan and K. Devlin (undated) *Art in Medicine: The Power of Observation*. Available at [www.smbuffalo.edu/fam-med/files/facDevPpt/011906.pdf](http://www.smbuffalo.edu/fam-med/files/facDevPpt/011906.pdf) (visited 20/01/2026).
- Rees, G. (2010) “The Ethical Imperative of Medical Humanities”, *Journal of Medical Humanities* 31: 267–277.
- Reilly, J.M., J. Ring and L. Duke (2005) “Visual Thinking Strategies: A New Role for Art in Medical Education”. Available at [www.museum-ed.org/visual-thinking-strategies-a-new-role-for-art-in-medical-education](http://www.museum-ed.org/visual-thinking-strategies-a-new-role-for-art-in-medical-education) (visited 20/01/2026).
- Rivera Colón, E. (2016) “From Fire Escapes to Qualitative Data: Pedagogical Urging, Embodied Research, and Narrative Medicine’s Ear of the Heart”, in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 257–267.
- Rodenhauer, P., M.A. Strickland and C. T. Gambala (2004) “Arts-Related Activities across U.S. Medical Schools: A Follow-Up Study”, *Teaching and Learning in Medicine* 16: 233–239.
- Roff, S. and P. Preece (2004) “Helping Medical Students to Find Their Moral Compasses: Ethics Teaching for Second and Third Year Undergraduates”, *Journal of Medical Ethics* 30: 487–489.
- Schaff, P.B., S. Isken and R.M. Tager (2011) “From Contemporary Art to Core Clinical Skills: Observation, Interpretation, and Meaning-Making in a Complex Environment”, *Academic Medicine* 86: 1272–1276.
- Schleifer, R. and J.B. Vannatta (2013) *The Chief Concern of Medicine: The Integration of the Medical Humanities and Narrative Knowledge into Medical Practices*. Ann Arbor, MI: University of Michigan Press.
- Shapiro, J. (2011) “Illness Narratives: Reliability, Authenticity and the Empathic Witness”, *Medical Humanities* 37: 68–72.
- Spiegel, M. and D. Spencer (2016a) “Accounts of Self: Exploring Relationality Through Literature”, in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E.

- Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 15–36.
- (2016b) “This Is What We Do, and These Things Happen: Literature, Experience, Emotion, and Relationality in the Classroom”, in R. Charon, S. DasGupta, N. Hermann, C. Irvine, E. Marcus, E. Rivera Colón, D. Spencer and M. Spiegel (eds) *The Principles and Practice of Narrative Medicine*. New York, NY: Oxford University Press, 37–59.
- Stafford, B.M. (1993) *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine*. Cambridge, MA: MIT Press
- Staricoff, R.L. (2004) *Arts in Health: A Review of the Medical Literature*. London: Arts Council of England.
- Staricoff, R.L. (2006) “Arts in Health: The Value of Evaluation”, *Perspectives in Public Health* 126: 116–120.
- Sternberg, R.J. (ed) (1988) *The Nature of Creativity: Contemporary Psychological Perspectives*. Cambridge: Cambridge University Press.
- (ed) (1999) *Handbook of Creativity*. Cambridge: Cambridge University Press.
- Sternberg, R.J. and T.I. Lubart (1999) “The Concept of Creativity: Prospects and Paradigms”, in R.J. Sternberg (ed), *Handbook of Creativity*, Cambridge: Cambridge University Press, 3–15
- Strawson, G. (2004) “Against Narrativity”, *Ratio* XVII: 428–452.
- Stuckey, H.L. and J. Nobel (2010) “The Connection Between Art, Healing, and Public Health: A Review of Current Literature”, *American Journal of Public Health* 100: 254–263.
- Torrance, E.P. (1988) “The Nature of Creativity as Manifest in its Testing”, in R.J. Sternberg (ed), *The Nature of Creativity: Contemporary Psychological Perspectives*, Cambridge: Cambridge University Press, 43–75.
- Truog, R.D., D.M. Browning, J. A. Johnson and T. H. Gallagher (2011) *Talking with Patients and Families about Medical Error*. Baltimore, MD: Johns Hopkins University Press.
- Wear, D. and J.M. Aultman, (2005) “The Limits of Narrative: Medical Student Resistance to Confronting Inequality and Oppression in Literature and Beyond”, *Medical Education* 39: 1056–1065.
- Welch, G., L.M. Schwartz and S. Woloshin (2011) *Over-Diagnosed: Making People Sick in the Pursuit of Health*. Boston, MA: Beacon Press.
- Woods, A. (2011) “The Limits of Narrative: Provocations for the Medical Humanities”, *Medical Humanities* 37: 73–78.

#### 1.4 HISTORY OF MEDICAL HUMANITIES<sup>2</sup>

- Acuña, L.E. (2000) “Don’t Cry for Us Argentinians: Two Decades of Teaching Medical Humanities”, *Medical Humanities* 26: 66–70.
- Barr, D.A. (2011) “Putting the Flexner Report in Context”, *Medical Education* 45: 17–22.
- Becker, H.S., B. Geer, E.C. Hughes and A.L. Strauss, A.L. (1961) *Boys in White: Student Culture in Medical School*. Chicago, IL: University of Chicago Press.
- Belling, C. (2010) “Sharper Instruments: On Defending the Humanities in Undergraduate Medical Education”, *Academic Medicine* 85: 938–940.
- Bishop, J.P. (2008) “Rejecting Medical Humanism: Medical Humanities and the Metaphysics of Medicine”, *The Journal of Medical Humanities* 29: 15–25.
- Flexner, A. (1910) *Medical Education in the United States and Canada*. New York: Carnegie Foundation for the Advancement of Teaching.
- Foucault, M. (1989) *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Routledge.
- Fox, E., R.M. Arnold and B. Brody (1995) “Medical Ethics Education: Past Present and Future”, *Academic Medicine* 70: 761–768.
- Hill, A. (1945) *Art versus Illness: A Story of Art Therapy*. London: Allen and Unwin.
- Ludmerer, K.M. (1999) *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*. Oxford: Oxford University Press.
- Moore, A.R. (1976) “Medical Humanities: A New Medical Adventure”, *New England Journal of Medicine* 295: 1479–1480.
- Reinke, E.E. (2003) “From the Archives: Liberal Values in Premedical Education”, *Academic Medicine*, 78: 1058 (edited version) Originally published in 1937 in *The Journal of the Association of American Medical Colleges* 12: 151–156.
- Riggs, G. (2010) “Commentary: Are We Ready to Embrace the Rest of the Flexner Report?”, *Academic Medicine* 85: 1669–1671.
- Verghese, A. (1994) *My Own Country: A Doctor’s Story of a Town and its People in the Age of AIDS*. New York: Simon and Schuster
- Warner, J.H. (2011) “The Humanising Power of Medical History: Responses to Biomedicine in the 20th Century United States”, *Medical Humanities* 37: 91–96.

<sup>2</sup> In this section, the relevance to the historical dimension of the listed works can be related either to the topic covered in the article or book or to the date of publication of the text, so that it is old enough to be a source on medical humanities in the past. In particular, the *Flexner Report* is a book-length landmark report of medical education in the United States and Canada, written by Abraham Flexner and published in 1910 under the aegis of the Carnegie Foundation. Many aspects of the present-day American medical profession stem from the Flexner Report and its aftermath. The Flexner report has been criticized for introducing policies that encouraged systemic racism.

## 2. GEOGRAPHIC ORGANIZATION

### 2.1 ARGENTINA

- Acuña, L.E. (2000) “Don’t Cry for Us Argentinians: Two Decades of Teaching Medical Humanities”, *Medical Humanities* 26: 66–70.
- (2003) “Teaching Humanities at the National University of la Plata, Argentina”, *Academic Medicine* 78: 1024–1027.

### 2.2 AUSTRALIA

- Gordon, J. (2005) “Medical Humanities: To Cure Sometimes, to Relieve Often, to Comfort Always”, *Medical Journal of Australia* 182: 5–8.
- Hooker, C. (2008) “The Medical Humanities: A Brief Introduction”, *Australian Family Physician* 37: 369–370.

### 2.3 CANADA

- Banaszek, A. (2011) “Medical Humanities Courses Becoming Prerequisites in Many Medical Schools”, *Canadian Medical Association Journal* 183: 441–442.
- Brett-Maclean, P. (2012) “Use of the Arts in Medical and Health Professional Education”, *University of Alberta Health Sciences Journal* 4: 26–29.
- Hodges, B. (2005) “The Many and Conflicting Histories of Medical Education in Canada and the USA: An Introduction to the Paradigm Wars”, *Medical Education* 39: 613–21.
- Kidd, M.J. and J.T. Connor (2008) “Striving to do Good Things: Teaching Humanities in Canadian Medical Schools”, *Journal of Medical Humanities* 29: 45–54.
- Murray, J. (2003) “Development of a Medical Humanities Program at Dalhousie University Faculty of Medicine, Nova Scotia, Canada, 1992–2003”, *Academic Medicine* 78: 1020–1023.
- Royal College of Physicians and Surgeons of Canada (2013) “CanMEDS 2015: Stepping Up Emphasis on Leadership Competencies”, *Dialogue* 13 (10), October. Available at [www.royalcollege.ca/portal/page/portal/rc/resources/publications/dialogue/vol13\\_10/canmeds2015\\_leadership](http://www.royalcollege.ca/portal/page/portal/rc/resources/publications/dialogue/vol13_10/canmeds2015_leadership) (visited 20/01/2026).
- Van Wyck, H.B. (1951) “Humanities in Medical Education”, *Canadian Medical Association Journal* 64: 254–260.

### 2.4 GERMANY

- Neumann, M., C. Scheffer, D., Tauschel, G. Lutz, M. Wirtz and F. Edelhäuser (2012) “Physician Empathy: Definition, Outcome-Relevance and its Measurement in Patient Care and Medical Education”, *German Journal for Medical Education* (MS Z Med Ausbild), 29(1): Doc11.

## 2.5 GREECE

Batistatou, A., E.A. Doulis, D. Tiniakos, A. Anogiannaki and K. Charalabopoulos (2010) “The Introduction of Medical Humanities in the Undergraduate Curriculum of Greek Medical Schools: Challenge and Necessity”, *Hippokratia* 14: 241–243.

## 2.6 ITALY

Fieschi, L., M. Matarese, E. Vellone, R. Alvaro and M.G. De Marinis (2013) “Medical Humanities in Healthcare Education in Italy: A Literature Review”, *Annali Istituto Superiore Sanità* 49: 56–64.

## 2.7 UNITED KINGDOM

Cook, H.J. (2010) “Borderlands: A Historian’s Perspective on Medical Humanities in the US and the UK”, *Medical Humanities* 36: 3–4.

Evans, M. and D. Greaves (2001) “Medical Humanities at the University of Wales Swansea”, *Medical Humanities* 27: 51–52.

Greenhalgh, T. and B. Hurwitz (1999) “Narrative Based Medicine: Why Study Narrative?”, *British Medical Journal* 318: 48–50.

Health Development Agency (2000) *Art for Health: A Review of Good Practice in Community-Based Arts Projects and Initiatives which Impact on Health and Wellbeing*. London: Health Development Agency.

Hurwitz, B. and P. Dakin, P. (2009) “Welcome Developments in UK Medical Humanities”, *Journal of the Royal Society of Medicine* 102: 84–85.

Kirklin, D. (2003) “The Centre for Medical Humanities, Royal Free and University College Medical School, London, England”, *Academic Medicine* 78: 1048–1053.

----- (2005) “The Search for Meaning in Modern Medicine”, Doctoral thesis, University College, London, <http://eprints.ucl.ac.uk/144687>

Rodenhauser, P., M.A. Strickland and C.T. Gambala, (2004) “Arts-Related Activities across U.S. Medical Schools: A Follow-Up Study”, *Teaching and Learning in Medicine* 16: 233–239.

Woods, A. and A. Whitehead, (eds) (2016) *Edinburgh Companion to the Critical Medical Humanities*. Edinburgh: University of Edinburgh Press.

## 2.8 UNITED STATES

Anderson, R.C., M. J. Fagan and J. Sebastian (2001) “Teaching Students the Art and Science of Physical Diagnosis”, *American Journal of Medicine* 110: 419–423.

Becker, H.S., B. Geer, E. C. Hughes and A. L. Strauss (1961) *Boys in White: Student Culture in Medical School*. Chicago, IL: University of Chicago Press.

Belling, C. (2010) “Sharper Instruments: On Defending the Humanities in Undergraduate Medical Education”, *Academic Medicine* 85: 938–940.

- Cook, H.J. (2010) "Borderlands: A Historian's Perspective on Medical Humanities in the US and the UK", *Medical Humanities* 36: 3–4.
- Flexner, A. (1910) *Medical Education in the United States and Canada*. New York: Carnegie Foundation for the Advancement of Teaching.
- Hawkins, A.H., J.O. Ballard and D.J. Hufford (2003) "Humanities Education at Pennsylvania State University College of Medicine, Hershey, Pennsylvania", *Academic Medicine* 78: 1001–1005.
- Hodges, B. (2005) "The Many and Conflicting Histories of Medical Education in Canada and the USA: An Introduction to the Paradigm Wars", *Medical Education* 39: 613–621
- Huntington, B. and N. Kuhn (2003) "Communication Gaffes: A Root Cause of Malpractice Claims", *Proceedings of the Bayley University Medical Center* 16: 157–161. Available at [www.ncbi.nlm.nih.gov/pmc/articles/PMC1201002](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1201002) (visited 20/01/2026).
- Jewell, Tess I. and E.M. Petty. (2024) "LGBTQ+ health education for medical students in the United States: a narrative literature review", *Medical Education Online* 29.
- Jones, A.H. and R.A. Carson (2003) "Medical Humanities at the University of Texas Medical Branch at Galveston", *Academic Medicine* 78: 1006–1009.
- Konrath, S., O'Brien, E. and Hsing, C. (2010) "Changes in Dispositional Empathy in American College Students over Time: A Meta-Analysis", *Personality and Social Psychology Review* 15: 180–198.
- Leake, C. (1973) "Humanistic Studies in US Medical Education", *Journal of Medical Education* 48: 878–879
- Ludmerer, K.M. (1999) *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*. Oxford: Oxford University Press
- Reinke, E.E. (2003) "From the Archives: Liberal Values in Premedical Education", *Academic Medicine*, 78: 1058 (edited version) Originally published in 1937 in *The Journal of the Association of American Medical Colleges* 12: 151–156.
- Starfield, B. (2000) "Is US Health Really the Best in the World?", *Journal of the American Medical Association* 284: 483–485.
- Warner, J.H. (2011) "The Humanising Power of Medical History: Responses to Biomedicine in the 20th Century United States", *Medical Humanities* 37: 91–96.