

Ruth Adewuya, MD (host):

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Ruth Adewuya, MD (host):

This episode is part of our hot topics mini series and today I will be chatting with Dr. Bryant Lin on the importance of integrating arts and humanities into the practice of medicine. Dr. Bryant Lin is a primary care physician, educator, and researcher. Dr. Lin's work aims to keep medicine focused on humans and not lost in technology. At Stanford he is a clinical associate professor in primary care and population health and director of medical, humanities, and arts. He also co-directs the Center for Asian Health Research and Education and serves as the training director for the Joe and Linda [inaudible 00:01:19] Decide Center, which has created a novel shared decision making tool for atrial fibrillation anticoagulation. He has invented and researched new medical technologies and started the consultative medicine clinic, evaluating patients with medical mysteries.

Ruth Adewuya, MD (host):

Dr. Lin, thank you so much for chatting with me today.

Dr. Bryant Lin (guest speaker):

Great. Thanks for having me.

Ruth Adewuya, MD (host):

Can you define medical humanities for our listeners who may not be familiar with this topic?

Dr. Bryant Lin (guest speaker):

I started as the Director of Medical Humanities and Arts in September and part of my job was to actually define it for Stanford. Historically medical humanities has really been somewhat narrowly focused on narrative medicine. Telling the stories of patients or providers. We wanted to really redefine this because we felt like the medical humanities is really defined as anything in the humanities and arts that helps people in the health community, which definitely includes patients as well as journalists and people communicating and talking about medicine and health and scientists as well.

Dr. Bryant Lin (guest speaker):

We really define this as a way to empower people in the health community to enrich their lives and to connect to one another using the humanities and the arts. We consider narrative medicine one aspect of medical humanities, but there are so many aspects to it. Art therapy, music therapy, art and observation, various areas of writing, communication, documentary filmmaking.

Ruth Adewuya, MD (host):

How do you see patients participating in medical humanities?

Dr. Bryant Lin (guest speaker):

There are many ways. There's the traditional therapeutic way. Art therapy, music therapy, narrative writing has also been used in the therapeutic sense. In the communication sense, patients need to, and doctors need to, learn how to communicate with each other. And that's really fundamentally rooted in storytelling. So one framework that my colleagues have devised is a framework around storytelling. So providers, patients, staff members, they need to know their own story, where they're coming from, what their biases are. They also need to know the story of the person they're interacting with. So a physician interacting with a patient or a patient interacting with a physician or nurse or other provider.

Dr. Bryant Lin (guest speaker):

And then also just know about how to tell your story. Humanities in arts in the true basic liberal arts sense is really about enrichment. Enriching people no matter where you're from, what you're doing. I'm a technologist, which is ironic that I'm in this position. I'm an MIT trained engineer. I came to Stanford to do biodesign and to do research in medical technology, but really the liberal arts, the humanities and arts, are so important to us fundamentally as human beings.

Ruth Adewuya, MD (host):

We talked about patients and how they engage in medical humanities. For clinicians, how does medical humanities affect their clinical practice?

Dr. Bryant Lin (guest speaker):

You think about COVID now, you think about Tony Fauci, right? What a great storyteller he is. He can really relay complex technical information to a very broad lay audience, but also we need to individualize our stories, tell those stories so they are impactful to the single audience that we have in the clinic. There's also the therapeutic angle. We have many writing programs, writing workshops, the Pegasus writers program, which has really benefited doctors and it gives them an outlet to talk about what they're going through as physicians and providers. And also this aspect of visual observation. Traditionally, we are trained to do a physical exam and the art of observation's really important. My colleague, Dr. Sam Rodriguez, he's really been innovative about using exposure to art and observation in art to potentially impact clinical skills of observation. I practice primary care and I frequently counsel people on weight loss.

Dr. Bryant Lin (guest speaker):

I've been in practice at Stanford for over 16 years. I would tell them the facts, tell them what's going on, the benefits of weight loss, how to do it. And then about seven, eight years ago, I lost weight myself. I was gaining weight. Blood pressure was going up and I said, "Geez. I got to really drink my own Kool-Aid, so to speak, and undertake a program of weight loss." And I did it. And patients would see me and the patients who I told the same thing before, but once they saw me and they heard my personal story, when I relayed that to them, then it became impactful. And even my colleague mentioned to me that she told her patient my story and it was impactful to them and they remembered that story that a physician was having trouble losing weight, did it himself, and was successful. And I think that's a poignant example in my own clinical practice where I can relay my own personal story and how it's helped patients.

Ruth Adewuya, MD (host):

Do you find that there are some specialty areas that lend themselves more to medical humanities? Do you find that there's differences there and how do you think medical humanities can adapt to some of those unique environments and the roles of the different specialists?

Dr. Bryant Lin (guest speaker):

We started a concert series called the stuck at home concerts at the beginning of COVID and we invited healthcare workers to perform on Zoom for the Stanford and much broader community. We eventually had, I think, almost 2000 people involved in the concerts. People came from it wasn't more common in one specialty or the other and that's just talking about music. Writing as well. I think this is where the broader definition's helpful. We're not talking about only people who can use this in clinical practice, but people are using the humanities and arts to benefit and enrich themselves as providers, even as a radiologist and again, some of my most active colleagues in the medical humanities are anesthesiologists.

Dr. Bryant Lin (guest speaker):

It doesn't necessarily have to directly impact your practice, but you take part of that with you when you interact with patients, when you interact with colleagues. This is the liberal arts philosophy, right? It just makes you a richer person. It enriches your experience and by enriching your experience you can enrich other people's experience. No matter how you're interacting with them, whether it's maybe a little bit more at an arms length.

Ruth Adewuya, MD (host):

You mentioned how your academic journey began, not actually in medicine or in the humanities, but that you earned an undergraduate and master's degrees in computer science and electrical engineering. What inspired your decision to pursue medicine with this background?

Dr. Bryant Lin (guest speaker):

Just like Steve jobs said that you connect the dots going backwards. I really wanted interpersonal interactions with a variety of people, which is something you don't get in a normal kind of business or corporate or engineering environment. You interact with your team and maybe some limited set of customers, but when else or where else do you get the privilege of working with patients from all walks of life, especially at Stanford, which is a little bit unusual. You can see somebody who's unhoused and then later in the day you could see somebody worth billions of dollars in the same clinic with the same medical problems. If you'll allow me to tell a story, people frequently will have these kind of crystallizing moments and tell these stories and I didn't really have one. I would tell this story, "Well I was an engineer, but I really wanted more interaction with people."

Dr. Bryant Lin (guest speaker):

But then a few years ago I had a patient elderly, Asian gentleman. He had chronic kidney disease. He had expressed his wishes with his family not to go on dialysis, but his wife and family, they weren't ready to let go. So they convinced him to try dialysis for a short time. So we tried this and did have some infections and was admitted. We sat down, had a conversation with him and his family about goals of care. Everyone agreed to stop dialysis at that point. So a few weeks later I received a letter from this gentleman and he wrote me this very nice letter and say, "Dear Dr. Lin, thank you so much for taking such great care of me during my last years and really appreciate the care you've given me and the great consideration you've given to my family."

Dr. Bryant Lin (guest speaker):

And this was a message he sent before his death. And so he had actually died by that point and I had no idea he had written this. So to me that really crystallizes why I became a doctor that you could be at a position where someone would think of you and be grateful for what you did and send you a letter as they were making arrangements in anticipation of their death. That story has nothing to do with technology, has nothing to do with medicine or science. It really has to do with people.

Ruth Adewuya, MD (host):

As technology and even AI, as you alluded to, begins to play an ever expanding role in medicine, what do you think the role of medical humanities will be in this transition toward technology?

Dr. Bryant Lin (guest speaker):

I think it's really encompassed in design thinking, human center design. I came to Stanford originally to do the biodesign fellowship, which is centered around human center design, not technology is looking for or a problem, but defining what the human centered problem is. Patient centered or physician centered or staff centered problem and then coming up with a solution that addresses that problem. Too often do I see companies, people come to me and say, "Oh, I have this great idea," and a lot of times the person is lost. The humanity is lost and invariably those companies are not successful.

Dr. Bryant Lin (guest speaker):

So I think that is that part, that empathy, understanding the human need. Frequently you have to address two stakeholder needs and to understand them, not just on a quantitative level, but really on a qualitative level and that's why at Stanford we also have a human AI Institute as well to really make sure that we're not creating AI tools without including the human humanity.

Ruth Adewuya, MD (host):

You're also the co-founder and co-director of the Center for Asian Health Research and Education and passionate about improving the health of Asian communities. How do you integrate your interest in that and your work in the humanities?

Dr. Bryant Lin (guest speaker):

Yeah. I can give you a specific example. Right now I'm working with a great group of students who identified a nursing home in the east bay, a Japanese American nursing home, that was started by a Buddhist temple. So it's actually on the grounds of a Buddhist temple. And the students had this great idea of showcasing how this was developed, how this came about, and also Japanese American history through the lens of one or two Japanese American families. So that's perfect example of an intersection of highlighting cultural issues in medical care and healthcare in Asian Americans and the humanities documentary filmmaking.

Dr. Bryant Lin (guest speaker):

I think more broadly understanding the cultural context, for example, with food. This is another great example. If you look at advice about food, you may get something that is pre-canned that says, "Oh, you need to stop eating bread." But among my Asian patients, most of them don't eat bread. They eat rice and noodles. So that kind of awareness, again, of your patient's story and putting it in a cultural context

is really another broader example of how the humanities and caring for specific groups of patients really intersect.

Ruth Adewuya, MD (host):

That is so true. It's not something that I thought of actually. I grew up in Asia in the Philippines and so grew up also on rice and noodles and things like that. Now that I'm older and I need to be more conscious of what I eat and you look through the diet books, it doesn't make any reference to those things so I'm like, "I must be fine."

Dr. Bryant Lin (guest speaker):

Yeah. But it tastes so good.

Ruth Adewuya, MD (host):

It does.

Dr. Bryant Lin (guest speaker):

Yeah. It's funny, when I have Filipino patients who come to me, the fact that I'm aware of the names of the Filipino dishes, "Oh, you shouldn't eat too much crispy Pata, that Lechon. It's not good for you. The Bihon." They're like, "Oh my goodness. Dr. Lin, you know what I eat?" And it-

Ruth Adewuya, MD (host):

Yes.

Dr. Bryant Lin (guest speaker):

Makes a tremendous difference really, knowing that cultural context.

Ruth Adewuya, MD (host):

We recognize the impact of COVID-19 just across the entire world community and healthcare providers. I'm curious to hear from you if you've seen more of an increase and interest around arts and writing among healthcare providers during this COVID-19 pandemic.

Dr. Bryant Lin (guest speaker):

Absolutely. One of our colleagues, Glen [Krama 00:13:38], he had always encouraged me to write an op-ed about my experience as a physician. And at the beginning of COVID I did, I talked about how I miss hugs and physical contact. He used to be an editor at New York Times and he forwarded my op-ed to them. They're very pleasant response was, "This is very well written, but we have so many people writing in about their experience with COVID that we're not going to be able to publish this." So this kind of a concrete example about how many people are really under stress, duress, having these so unusual once in a lifetime experiences that they want to express.

Dr. Bryant Lin (guest speaker):

So I think that's just a small example and then we're going back to the concerts we had. Again, overwhelming response that people wanted to join a community and share their music together. Humanities and arts brings people together as a community. So I think that, not just the expression, but a venue, a way for people to interact and build community.

Ruth Adewuya, MD (host):

Just as we wrap-up our conversation, what I'm hearing from you is the incredible importance of the expression of the humanities and clinicians and healthcare providers being able to find the space in storytelling and music or arts for themselves and being able to do something that helps them either maybe build empathy or understand their own stories. Do you think that there is a space for medical humanities in medical education? Should it be integrated into medical education?

Dr. Bryant Lin (guest speaker):

Absolutely. I think it should be. The challenge is students are so overloaded with requirements. It's really difficult to find a space and time and we don't want to overload. I mean, part of the purpose of medical humanities is to provide an outlet and not add it to the burden. [inaudible 00:15:27], one of our palliative care colleagues, is working with us to develop a class on empathy and storytelling. We talked to several educators at Stanford and they felt like that would be something broad enough that would impact anybody no matter what you're going into. We do have an annual symposium that is run by our students and that showcases the medical humanities and arts work they're due and that's been successful for years.

Dr. Bryant Lin (guest speaker):

We're working with some of the trainees to develop drop in programs where they can drop in, learn about music, learn about art, learn about writing, have a really broad exposure to different areas in humanities and arts. We're not restricting ourselves to students. We've had several requests and interest for looking at how we can use humanities and arts to help people transition to retirement because that can be difficult. How can the humanities and arts help you with that transition because that is frequently the time people say, "Well, I've always wanted to write my novel, but now I have the chance." Yeah. I think absolutely has a huge role in education across the spectrum no matter where you are in your career.

Ruth Adewuya, MD (host):

What are some suggestions or key takeaways or things that clinicians can do by themselves for themselves in their practice?

Dr. Bryant Lin (guest speaker):

Yeah. I think number one is setting aside time. I think that's just general. Even if you're not going to do humanities or arts, I think that's something that we, as a profession, don't do enough of is setting aside some time for yourself to do nothing or to do something that's nothing to do necessarily directly with the practice of medicine. Once you set aside that time it's really fantastic. We have all these online tools available to you, courses, masterclass, [inaudible 00:17:16], great courses. Your local universities are great locations.

Dr. Bryant Lin (guest speaker):

There are a lot of academic centers that offer programs in medical humanities, but also it doesn't have to be medical humanities, just take a drawing class, take a painting class, learn that instrument that you put down when you were 18. There's lots of opportunity, but number one is setting aside the time. You got to set aside the time for yourself and that will just help you no matter what you do. It'll help you be a better doctor. There's lots of evidence. Doctors get tired. By the end of the day our behavior changes. We start prescribing more antibiotics. If you set aside some time for yourself, you'll avoid burnout,

hopefully increase your wellbeing, and it's really, really important to do that. So start with the time and wonderful being in this modern day and age and COVID has really unleashed all these at home tools for us. There's lots of opportunity there.

Ruth Adewuya, MD (host):

Thank you so much for sharing your insights on this topic with us. What you highlighted is the incredible importance of the humanities and the arts for all of us really. So thank you for speaking with me today.

Dr. Bryant Lin (guest speaker):

Great. Thank you for having me.

Ruth Adewuya, MD (host):

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