



# Medical comic in medical education and palliative care

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## Teaching is part of the daily routine

Whether on purpose or not, teaching happens in the daily routine with every sentence, every activity and every unspoken word. In fact, you cannot choose either to teach or not to teach. Sometimes, you find yourself with your learners (medical and nursing students, trainees with various backgrounds, but also fellows) in a situation dedicated to instruction (a certain educational objective). At other times, you set an example by executing day-to-day duties (a hidden curriculum).

However, you can select an approach to pass on knowledge, skills and attitudes. Each area requires different methods and attention. The academic field of medical education provides tools to enable precise techniques. Active engagement in teaching is fruitful for both parties involved—teachers and learners.

Give teaching a chance!

## Various faces of medical humanities

Medical humanities, with their wide range, have received increased attention in recent years. They have a visible place in the curriculum, ideally in considering different steps in the vertical coordination of an educational programme (1).

It is important to reflect on the space between medical facts and individual experiences. Raising questions or the discussion of, among other things, unpleasant or challenging topics should lead to confrontation and stimulate development. In an interdisciplinary or multidisciplinary approach, one looks not only for fact-based medical knowledge and skills, but also the requirements and attitudes for treating patients and their relatives. This leads to the best

possible care for all parties involved—patients, their relatives, colleagues and oneself (2). Often, that space is referred to as tacit knowledge, which is difficult to measure and describe (3).

Give medical humanities a chance!

## Teaching medical humanities with medical comics

‘We don’t need doctors to be painters or poets or dancers, but we do need them to be observant, articulate and comfortable with the human body.’ (4). To reach that goal, we can use the medical education toolbox, which offers a variety of approaches. We want to introduce medical comics as a powerful strategy for integrating medical humanities into medical education.

Comics work like a diagnostic process; you have to consider gaps between pieces of information and close the open spaces—referred to as a ‘closure’ in the technical terminology of comics. Only part of the story will be conveyed through images or words; the viewer must actively observe and/or complement the content with their imagination (see *Figure 1* as an example). One can understand medical comics as a hybrid and sequential art form that entails one drawing, a series of drawings or a whole comic strip. They combine words and images that complement each other. Room is left for the viewer to deduce the story or message from the context. This is an active part that can be run at an individual pace (5).

Today, medical comics exist for the whole medical spectrum that are generated by patients, relatives, medical staff and students and published in various ways (books, magazines, blogs and so on). For a comprehensive overview,



**Figure 1** Example for a medical comic, copyright by Barbara Pirker.

visit [www.graphicmedicine.org](http://www.graphicmedicine.org) (6).

Medical comics are suitable for topics that are hard to articulate or to address (e.g., resentment, fear of death, excessive demands)—topics that you feel are around, but uncomfortable to talk about. Drawing might be a trigger for starting a debate. Viewers may observe them at their own speed, take breaks, go ahead and fill the spare space with their thoughts.

It is said that comics can also be used to initiate rethinking (7,8). Drawings help in communicating when language barriers are a challenge or when illiteracy needs to be compensated for (9).

Give medical comics a chance!

### Picture this—usage examples

An initiative at the Charité University Hospital, Berlin, Germany showed the benefits of a comic for patient education (10). Using an illustrated information sheet about the heart catheter examination, patients' knowledge about the procedure improved and their fear was reduced (11).

British doctor and artist Ian Williams has played a key role in preparing the ground for graphic medicine and is still a pioneer today. In his autobiographical booklet, *The Bad Doctor*, published under a pseudonym, he showed

his experiences as a young doctor—the challenges overburdening, and many more things he noticed from his daily routine (12).

Online, *The Intern Survival Comic Book* gives newcomers to the medical workday life hints, advice and support (13).

In relation to graphic medicine, the seminal work, *Mom's Cancer*, by Brian Fies (14), is full of treasures. Brian and his two sisters accompanied their mother through her cancer diagnosis and therapy. First, Brian wrote about his experiences in a blog (15), later publishing it as a book. The drawings put on paper not only fear, problems, misunderstandings, everyday worries and side effects, but also hope. He could hardly have expressed himself so concisely and to the point with words. Medical staff, relatives and patients can learn a lot from this work.

At the Medical University of Vienna, Austria, students (n=506) were encouraged in a course to reflect on and answer questions. Using an online learning platform, they were assigned one of three comics displaying a demanding situation in a clinical setting. The teachers discussed their answers afterwards in the lecture hall and gave insight into dealing with those situations (16).

Imagine all the areas of application!

### What about palliative care?

Palliative care is a challenging part of the medical canon. Team members (e.g., doctors, nurses, psychologists, physiotherapists, volunteers) usually deal with complex situations. Patients and their families and friends are cared for. This requires, among other things, the communication of information, but also the care of well-being; it requires a confrontation with reality—for staff as well as for patients and their families. Think of medical comics as a door-opener to all of the above! A vade mecum has been published by Czerwiec and Huang (17). Haan *et al.* have shown the benefits of using comics to communicate issues (18). Muna Al-Jawad, a British geriatrician, shares her daily work and experiences (19). The challenges of caring for a loved one in their final months are described by Aneurin Wright (20). Nathan Gray, who specialises in internal medicine and palliative care, has a talent for capturing difficult everyday situations (21).

Imagine reading a comic today!

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