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From Policy to Practice: Implementing the WHO SEARO Health Humanities Resolution in Undergraduate Medical Curricula

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Abstract

This paper examines the landmark WHO SEARO resolution, led by Sri Lanka, mandating the integration of health humanities into health professional education, training, and service delivery. The resolution, adopted at the Regional Committee Meeting in Colombo in October 2025, addresses the decline of humane characteristics like empathy and compassion in trainees, a deficit exacerbated by the increasing replacement of human interactions with artificial intelligence and technology. The resolution seeks to rebalance the bio-medical focus in curricula by embedding arts, literature, and narratives as teaching and learning strategies to cultivate ethical, culturally aware practitioners aligned with holistic health principles and social determinants of health. This paper proposes practical, multi-level strategies for implementation at the institutional and national level. It outlines prerequisites, including faculty development and formal mandates, followed by curriculum development using models like the prism approach. The paper outlines diverse methods from the arts, such as narrative writing, appreciation of literature, visual thinking strategies, forum theatre, and trigger films, which could be used as educational tools. Robust assessment through portfolios and qualitative feedback is emphasized, alongside securing administrative support. Nationally, it advocates for regulatory body engagement to mandate competencies, dedicated funding, and hub-and-spoke models of excellence. The resolution offers a critical policy tool to recalibrate health systems, and success requires coherent action across individual institutions, national regulators, and ministries to embed humanistic care as a foundational pillar of health professional education.

Keywords: Medical Humanities; Education: Health Professional; Curriculum: Empathy; Compassion; Humanism

Introduction

There is a global interest in the field of health humanities and its utility in health professional education (World Health Organization, 2022).

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The decline of humane characteristics such as empathy and compassion during training has led to the call for better curricular designs to promote these attributes in the learner (Neumann et al., 2011; Newton et al., 2008). The relative importance of human characteristics may grow as artificial intelligence and technology replace many of the physical encounters previously performed by human health professionals. In a landmark first for the WHO, the South-East Asia region (SEARO) unanimously adopted a resolution led by Sri Lanka to integrate health humanities into health professional education, training (HPET) and service delivery (World Health Organization Regional Office for South-East Asia, 2025). This paper draws on a review of regional experiences, published literature, and the authors engagement with health

humanities initiatives in South-East Asia, and aims to examine the conceptual foundations of the resolution and propose practical strategies for its implementation. The focus is on proposing practical strategies to implement at the institutional and national levels.

Conceptual basis

The resolution attempts to address two challenges, identified as relevant to the region: deficits in empathy and compassion among health professionals, and the need to build a more humanistic and people-centred system with health workers who are technically skilled as well as ethical, culturally aware, and humanistic (World Health Organization Regional Office for South-East Asia, 2025). These needs are aligned with the WHO's holistic view of health and the emphasis given by its architects to give prominence to the human being- "the working, creating, hoping and struggling human being" and to the more recent discourse on Social Determinants of Health (SDOH). Health humanities deepen understanding of SDOH by foregrounding patients' lived experiences within these structural contexts, by stating that "a high burden of illness responsible for appalling premature loss of life arises in large part because of the conditions in which people are born, grow, live, work, and age" (WHO Commission on Social Determinants of Health, 2008).

The Resolution includes a statement to restore the balance between scientific biomedical approaches to medicine and art - narrative competencies such as listening, understanding, and showing respect, which have been overlooked. These skills are becoming increasingly important due to rapid advances in technology taking over much of the clinical encounter, limiting the future physician's role mainly to the part dealing with human-to-human interactions. It states that gaps in empathy and compassion and the need to strengthen people-centred primary healthcare could be filled by integrating the humanities—including arts, literature, music, and narrative methods—into medical, nursing, and allied health education and training. A growing body of evidence—including observational studies, neurophysiological research, and major policy reports—supports this approach (Chisolm and Bhugra, 2023; Howley, Gaufberg and King, 2020; National Academies of Sciences, Engineering, and Medicine, 2018; Jayasinghe, 2024).

The resolution, therefore, provides a powerful new policy tool for advocates and educators, signalling a global imperative to recalibrate health systems towards a more humanistic, science-and-art-based approach to fill the quality gaps attributed to declines in empathy, deficiencies in cultural sensitivities, and poor communication skills. The challenge facing medical educationists and curriculum developers would be to navigate and practically operationalise the resolution in their respective institutions - integrating health humanities into the medical curricula, promoting research on the tools, methods and assessments of health humanities, and networking for sharing knowledge and experiences and be more effective and efficient in the teaching/learning programs.

Strategies for Implementation - the Institutional Level

Success will depend on coherent multi-level actions, and the Resolution could be used as a policy tool to systematically realign health systems with humanistic care. The focus here will be on strategies at the institutional level, using the experiences from the region. We propose a prescriptive approach to begin these discussions in the South East Asia Region.

Prerequisites:

As a first step, the faculty ought to be aware of the role of the humanities in cultivating attributes such as empathy, compassion and person-centred care. Several basic texts could be reviewed for this purpose (Chisolm and Bhugra, 2023; Howley, Gaufberg and King, 2020; National Academies of Sciences, Engineering, and Medicine, 2018). Formal and informal discussions should be initiated to discuss these topics. Training of trainers

workshops, journal clubs, and establishing a cross-departmental community of practice would support the development of innovations and help advance the field in the institution.

Mandate:

Once a critical mass of academics develop an interest in health humanities, it will be useful to gain a mandate and approval from the university administration to introduce teaching and learning programs related to such topics. In the region, there have been several approaches towards this administrative step: (a) volunteer-based elective courses, (b) dedicated curricular time to conduct courses, (c) informal working groups which could be attended by students irrespective of their year of study and also academic staff.

Curriculum development:

The planned curriculum could take the form of a circumscribed module, an intense workshop, or longitudinal inputs consisting of several teaching learning activities spread out over a period (Singh, Dhaliwal and Singh, 2020; Shankar, Palaian and Gyawali, 2022; Shankar, 2013; Helen, Subedi and Gongal, 2020).

Based on the time available, the curriculum developers could select an outcome or objectives which are feasible. For example, one may wish to develop a teaching learning program to develop the learners' cultural sensitivity, narrative competence, or compassion. The prism model is a structured approach to introduce the arts to a medical curriculum based on theoretical understanding of the expected outcomes from arts-based content (Moniz et al., 2021). Several outcomes are expected to be achieved from specific teaching/learning activities:

- Promoting empathy, understanding sociocultural context of diseases, and inculcating humanitarian values through narrative writing highlighting socio-economic, cultural and biographical aspects of the patient's life, followed by discussions on the impact illness on his or her life (Savitha, Taniya and Sejil 2021; Vaz, 2022).

- Appreciating the patient perspective of sickness and health through paintings and literature (Shankar et al., 2011; Shankar et al., 2012).

- The learning process could be guided by a simple method, such as Visual Thinking Strategy (Zheng, Yenawine and Chisolm, 2024).

- Learning professionalism and ethics using Trigger Films: Selected movie clips are viewed by students who reflect, debate, and explore ethical or existential dilemmas (Gangwani, Singh and Khaliq, 2022).

- Disability competence and changes in attitudes through theatre. It is participatory theatre where short scenes are selected by the participants and actors to demonstrate a moment of oppression or discrimination, and the participants re-enact an alternative path to the scene (Singh et al., 2020).

- Storytelling and panel discussions facilitated by carers and those with first-hand experiences to better understand the lives and expectations of those with disabilities (Singh et al., 2022).

- A mix of media such as art, literature, film and poetry can be used to explore diverse topics around disabilities, disorders, dying, the doctor-patient relationship and real-life emotional issues faced by students (G C et al., 2022; Jayasinghe and Fernando, 2023). An example is a novel initiative from Sri Lanka integrating several art forms and titled 'Humanitas' with student participation.

The selection of the types of arts and creative materials to be used has to be based on the resources available and the capacities of the academic staff. Students and inter-professional groups ought to be included in a

process of co-producing the activities. This will widen the resource pool. Within the institution, teaching resources, validated assessment tools, and recorded expert sessions should be available in a repository. Institutions introducing the arts to the curriculum for the first time could utilise one or two forms of the arts until they develop more experience in handling teaching/learning activities. It is essential to have experts familiar with the humanities who contribute to the curriculum by selecting appropriate works of art or literature of music or cinema for teaching. The clinical rotations would be an invaluable environment to embed humanities through patient narratives, reflective writing rounds, or arts-based debriefs after challenging cases. Engagement with communities during attachments could be strengthened by using the arts as a medium of education by students (e.g. using mobile phones to develop short films on waste disposal, or street theatre).

Assessments:

Reliable and valid assessments of attributes such as compassion and empathy have always been complicated and not easily amenable to reliable assessment. Options include portfolios, and assessing the competencies and performances multiple times and in diverse contexts. Reflections in the form of an essay to recall past experiences of a module on medical humanities have been used in Nepal (Shankar et al., 2022). Formative assessment includes observations recorded by facilitators, participation in activities and feedback by students and facilitators. Some used quizzes as a formative assessment (Chatterjee et al., 2017). Though structured assessments such as the Jefferson Scale for Empathy exist, their practical utility in a medical curriculum is unclear (Krishna Bahadur et al., 2022). Their validity in reflecting performance and attributes such as empathy in non-Western societies remains poorly explored. Quality enquiries and 360-degree feedback are more valid indices of these attributes.

Administrative support:

For the successful implementation of the Resolution by a university or training institution, a formal department, centre, or unit may be required. The goal is to move from ad-hoc initiatives to a deeply embedded, resourced, and connected academic discipline within the institution, which could be achieved in incremental steps (e.g., a designated coordinator or working group) preceding full departmental status. Staff dedicated to working in such units could focus on pedagogical innovations, training of trainers, and curriculum development. They could also sustain research programs and kindle interest in the field of health humanities by hosting regular meetings, seminars, virtual activities, and conferences on the topic. Proactively connecting with national professional bodies, participating in wider conferences, and joining consortia with other like-minded institutions and networks.

Strategies for Implementation - the National Level

The national level involves key policy and regulatory actors: the Ministry of Health and the WHO Country Office, with the WHO Regional Office (SEARO) providing overarching direction, working with national regulatory bodies (e.g., medical councils) and professional associations (e.g., medical, nursing associations). A dedicated funding stream through the Ministry of Health allocations, university budget lines, or pilot grants from WHO or organisations such as UNESCO would be invaluable to develop and implement initiatives at least in the development stage (Bolden et al., 2024).

Each member country could consider a hub-and-spoke model with a centre of excellence supporting other institutions through visiting faculty, shared curricula, and mentorship. These activities could obtain resources and technical expertise through the WHO country office.

The regulatory bodies in the respective countries are especially powerful because they

set mandatory licensing standards and define professional norms. Their indices or criteria could include easurable attributes of people-centredness—including exposure to humanities during training—and evidence of alignment of educational outcomes accordingly. This process could be accelerated by medical schools submitting formal proposals, presenting evidence from pilot studies, and aligning with existing competency frameworks. A directive from a regulatory body to give consideration to attributes like compassion and empathy while accrediting education programmes can compel training institutions to adapt their curricula, accordingly, creating immediate and widespread change.

Effective advocacy must operate on dual tracks: influencing top-down policy while also using the authoritative power of professional regulators to mandate change from within the system. Success depends on multi-level engagement, from individual institutions creating dedicated units and curricula, to national regulatory bodies embedding humanities-informed competencies, and ministries of health coordinating with education sectors.

Conclusion

We view the resolution proposed by Sri Lanka to integrate health humanities into health professional education, training, (HPET) and service delivery as a landmark event for the entire WHO, and not merely for South East Asia. This gives a window of opportunity to make lasting changes to HPE in the region as well as globally, and we have proposed a way forward for the process to take off in the Region. The process of integrating health humanities in the countries of the Region will require roadmaps based on key elements or drivers of system change, along with an exploration of outcomes or competencies that are relevant and help anchor the curriculum to the Resolution. It is necessary to anticipate sceptics, who will proffer claims that empathy and similar attributes are not suitable for assessments and therefore of little use in an overcrowded curriculum. This could be countered by providing substantial evidence on the utility and feasibility of cultivating compassion and other attributes. Though conventional assessments such as MCQs or OSCEs are of limited use, other qualitative forms of feedback and reflections from portfolios could become valuable in promoting such personality development. In fact, the institutions in the Region have the opportunity to take leadership and challenge themselves to develop appropriate ways of appraising these attributes.

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