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Item 9.4

To: AMS Board of Directors

From: Gail Paech

Date: September 29, 2021

Re: Discussion of Endowing Hannah Chair History of Medicine at Dalhousie University.

BACKGROUND

AMS has had a long-standing relationship with Dr. Jock Murray, founder of the Society of the History of Medicine at Dalhousie University, and the organization was supported with a 5-year grant of \$5000 by AMS in 2014.

Since September 2018, discussions have been held with representatives from Dalhousie University regarding the endowment of a Hannah Chair, History of Medicine. In January 2021, Roberta Baker, Acting Dean, Faculty of Arts and Social Sciences, approached AMS to explore the possibility of “working toward” a Hannah Chair in the History of Medicine at University of Kings College, Dalhousie Faculty of Arts and Social Sciences and Dalhousie Faculty of Medicine. On August 23, 2021, AMS received a high-level proposal in support of the creation of an endowed Hannah Chair, History of Medicine at Dalhousie supported by AMS and a private donor for a total amount of approximately \$ 3.5 million (see enclosed proposal).

Upon receipt of the proposal, copies were sent to Nick Busing and Shelley McKellar for their insights. I indicated I thought the proposal had merit as Dalhousie University has a strong reputation in supporting history of medicine, the Canadian east coast has no recognized centre for history of medicine and the creation of a Chair would enhance AMS as a national advocate and supporter for history of medicine across Canada. They both agreed the proposal has merit and is worth ongoing discussion with the interested parties and should be presented to the board for consideration.

PROPOSED TERMS and CONDITIONS for CONSIDERATION

1. The Hannah Chair would be a jointly endowed AMS/Donor Chair History of Medicine /Medical Humanities.
2. Matching funds of \$ 1.75 would be provided by AMS and a private donor who would be recruited by the Dalhousie University for the additional \$1.75 million for a total of \$2.5 million.
3. AMS funds would commence upon notification of a \$1.75 million private donation.
4. The allocation of AMS funds to create the endowment would be over 2—3 years.
5. The history of medicine position would be held by someone trained in the discipline of history (not sociology, geography, anthropology, ethics, epidemiology, and others).
6. The focus of the endowment, and the terms and conditions, would be negotiated and would be approved by the board.
7. Other considerations?

FINANCIAL CONSIDERATIONS

1. AMS's annual disbursement quota in 2021 is \$2,169,542 of which 25% is allocated for history of medicine activities. The 2021 budget allocated \$572,000 is designated/approved to history activities.
2. If AMS approved the creation of endowed chair, a special 3-year expenditure of approximately an additional \$ 550,000 could be allocated for history chair. All other programs would remain at the approved 2021 budget level; History \$572,000; Compassion approximately \$2.M plus other administrative costs

As an example, The Financing of the NOSM endowed history of Medicine Chair was over a 3-year period, 2014- \$ 1.2M; 2015- \$700,00; 2016- \$100,00 for a total of \$3M. In 2014, AMS was in arrears in meeting CRA disbursement quota.

Proposal to Associated Medical Services (AMS) regarding a Hannah Chair in History of Medicine at Dalhousie/King's.

Summary

We propose to establish a joint Hannah Chair in the History of Medicine at Dalhousie University and the University of King's College in Halifax, Nova Scotia, in collaboration with AMS and independent donors. This proposal builds upon our present strengths and visions for a robust encounter between medicine and humanities in our universities, region, and internationally. The new Chair—the only one in the Atlantic region—would be at the centre of the interdisciplinary program in Medical Humanities, which the two universities are currently developing to respond to the demand for more research and training in medical humanities.

Moreover, the AMS Hannah Chair in History of Medicine will help to foster Dalhousie's and King's roles as civic universities and as agents for positive change in scientific, technological, humanistic, and medical innovation. It will help us to build on our international reputation as a research hub, not only in key medical fields such as genetics, vaccine development, and others, but also in medical history, ethics, the sociology of medicine and health care, medicine and social justice, and other key areas of medical humanities.

1. Introduction: Changes in Curriculum and public perception of the University – the relationship between Medicine and the Humanities.

In a world profoundly transformed by the COVID-19 pandemic, climate change, and the digital revolution, it has never been clearer that developments in science, technology, health, medicine, and other related fields have deep—and often unintended—human consequences. These fields must be deeply cognizant of questions of ethics, social justice, equity, empathy, and intercultural understanding.

We are witnessing significant changes and opportunities in education and scholarship in Canada and regionally, especially with relationship between medicine, health and the humanities, and social sciences. Research Nova Scotia, for example, has actively worked to fund work related to medical humanities as part of its COVID-19 rapid response initiative.¹

Additionally, medical education increasingly entails a more rounded and humanistic approach to health and wellness that goes beyond the biomedical sciences and engages the arts, humanities and social sciences.² The “liberal arts” are concurrently witnessing a return to their origins, where engagement with medicine is considered a core aspect of what it means to have a well-rounded “liberal education”.³ Universities, governments and

¹ Research Nova Scotia is the provincial corporation tasked with supporting and coordinating funding for research in Nova Scotia. s <https://researchns.ca/>

² Hedy S. Wald, Jonathan McFarland & Irina Markovina. (2019). “Medical Humanities in Medical Education and Practice.” *Medical Teacher*, 41(5), 492-496.

³ Andrea Carlino (Institut Éthique Histoire Humanité, University of Geneva), “Medical Humanism and Medical Humanities: A Critical Disambiguation”. St. Mary's University, March 2, 2015.

administrators are now recognizing that the future of the liberal arts in Canada, as preparation for work, scholarship, and civil life, will be assured by the development of interdisciplinary programmes crossing boundaries between traditional “Science, Technology, Engineering and Medicine (STEM)”; humanities, and the liberal arts.⁴

“Medical humanities” is that interdisciplinary field where medicine, health, and society are drawn together with philosophy, ethics, literature, history, politics, law, religion, anthropology, cultural studies, psychology, sociology, geography, and the fine arts (music, theater, film, and the visual arts).

“Medical humanities” forms a field of study in its own right, an important meeting place and grounding for several associated disciplines. It seeks to open a dialogue between multiple perspectives on the body, wellness, and the community, providing both benefits to practicing and upcoming health practitioners, administrators, and the public; as well as providing a recognized and vibrant field of study within the humanities and social sciences.

2. Context: Medical Humanities at Dalhousie University and the University of King’s College.

Dalhousie and King’s already boast a significant capacity and expertise in medical humanities distributed throughout King’s interdisciplinary programs, including its HOST (History of Science and Technology) Program, and Dalhousie’s Faculty of Arts and Social Sciences (FASS) and its Faculty of Medicine. The latter Faculty has supported the development of a “Medical Humanities – Healing and Education through Arts and Life Skills (HEALS)” program “designed to enhance medical education by providing opportunities to explore visual arts, music, theatre, history of medicine, creative writing, dance and life skills.”⁵

In the 2014 bilateral agreement between the Minister of Labour and Advanced Education and the President of the University of King’s College, the Nova Scotia government agreed to “support the University in partnering with Dalhousie and other Nova Scotia universities to identify and develop supplementary and specialized program enhancements with customized interdisciplinary humanities courses, including Eastern and Western perspectives, in areas such as medicine, (including health wellness and health professions), engineering, science and computer science.”⁶

In 2020-21, the Medical Humanities Certificate program was successfully launched by FASS and the University of King’s College, and a joint undergraduate degree in medical humanities is currently in development. Considering these successes, the Strategic Plans of the University of King’s College⁷ and FASS at Dalhousie⁸ have raised the opportunity of joint Chair(s) in fields related to “Medical Humanities”.

⁴ See the report from Universities Canada, “The Future of the Liberal Arts: A Global Conversation” Montreal: Universities Canada, 2016.

⁵ <http://medicine.dal.ca/departments/core-units/DME/medical-humanities/about.html> [accessed July 28, 2016]

⁶ “Bilateral agreement between the Minister of Labour and Advanced Education and the President of the University of King’s College” October 1, 2014 [attached], p. 8.

⁷ https://ukings.ca/wp-content/uploads/2016/08/UKC_Strategic_Plan-Final.pdf

⁸ <https://cdn.dal.ca/content/dam/dalhousie/pdf/fass/Strategic%20plan%202014%20FINAL.pdf>

A joint Chair in the History of Medicine —focused on the intersections of medicine, health, and humanities—will provide leadership in health care innovation, compassionate care, and responses to medical change in a digital age that enable both institutions to realize their potential and be recognized as leaders in medical humanities in eastern Canada.

3. Proposed Endowed Chair in History of Medicine at Dalhousie and King's College.

Our core vision is to construct a Chair in History of Medicine that would anchor the Medical Humanities program; work on interdisciplinary collaborations with researchers from the Faculty of Medicine, FASS, and the University of King's College; and through their work establish the Atlantic region as a centre for public outreach and institutional collaboration regarding social, cultural, and academic issues in medicine, society, and health.

The Chair will be jointly appointed at Dalhousie and at the University of King's College, thus emphasizing the importance of the roles medical humanities play not only in medicine, but in a liberal education. The joint appointment will give the appointee access to Dalhousie's research resources, while also giving them the opportunity to teach in a History of Science and Technology program at King's.

If we are successful in establishing a Dalhousie / King's AMS Hannah Chair, we propose that recruitment for the Chair might be targeted particularly to scholars working in a field relating to equity, diversity, inclusion, and accessibility. For example, we are interested in discussing with AMS the possibility of a Chair focused on Medical History and the African Diaspora, Indigenous Medical History, and/or Medical History and Disability Studies. This AMS Hannah Chair will thus help to ensure that social innovation, social justice, and person-centred approaches to keep pace with the radical rate of scientific and technological change in medical theory and practice. Building on our existing strengths and partnerships within Dalhousie and King's College, the Chair will have a powerful effect on medical and liberal arts education and innovation at the two institutions in the years ahead.

4. Funding

At present, AMS has endowed Hannah Chairs in the History of Medicine at the following universities (each with major medical schools): Western, Queens, University of Toronto, McMaster, Ottawa, Calgary, McGill, and recently a Chair at the "Northern Ontario School of Medicine" (on traditional aboriginal health).

In that spirit, two of the more recent Hannah Chairs (Calgary and McGill) are *joint-named/funded* Chairs, Calgary being the "Alberta Medical Foundation/Hannah Professorship in the History of Medicine and Healthcare" and at McGill the "Cotton-Hannah Chair in the History of Medicine", previously known as the Cotton Chair in the History of Medicine.

A jointly endowed chair in Medical Humanities/History of Medicine would require approximately \$3.5 million. As in the case of the institutions who created the other two most recent Hannah Chairs, Dalhousie/King's intends to use AMS's support to leverage other private

sector support. This support may result in a "co-named" Chair, similar to those at McGill and U of A, depending on the level of funds received from a single matching funder. Needless to say, Dalhousie/King's would ensure AMS support is prominently recognized through the inclusion of "Hannah Chair" in the final naming.

Dalhousie and King's College propose to seek matching funds from donors to establish the new Hannah Chair.

5. Timeline

Dalhousie and King's are hopeful that we can work on and confirm both AMS and donor support for this initiative. Preliminary conversations with prospective funders are underway, as we work towards securing matching funds for the Hannah Chair. Should AMS confirm its interest in working with us on this project, we will be happy to share further projected timelines as discussions with donors unfold.