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A Humanities Approach to Medical English Can Foster Global Citizenship

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Abstract

Today, more than ever, medicine is an international endeavour that requires diverse knowledge and skills, and this evolution is profoundly impacting medical education. In Spain, medical faculties have reformed undergraduate curricula to align with fellow European states and equip students with key competencies for professional global citizenship. This paper argues that multilingualism, particularly in relation to English, is a significant element within this context and advocates for specialised English instruction for student populations from non-English-speaking backgrounds. It begins by considering factors that contribute towards the status of English as a major lingua franca in medicine and thus argues that medical students who speak English as an additional language deserve opportunities to study the language in connection with their profession. Following this, the analysis examines the availability of English language subjects in Spanish medical degrees for the current academic year. This points to a striking absence of specialised English instruction at many faculties and, where present, the primary focus is on functional language. The second half of the paper discusses the value of incorporating humanities approaches to medical English, which align well with the foundations of global citizenship education and can contribute significantly to medical students' professional growth.

Keywords

Global Citizenship; Medical Humanities; Language for Medical Purposes; Language Education; Language Teaching Methodologies

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Undergraduate medical education in Spain has evolved significantly over the last few decades. Rollout of the Bologna Process has brought national legislative reforms to ensure curricular alignment with neighbouring European states and a transition towards an outcomes-based education model that prepares students for healthcare in a rapidly evolving international landscape. Emphasis on ‘the training of the doctor as global citizen’ ([Patricio 2013: 155](#)) has compelled medical faculties to overhaul their curricula, which, in addition to medical scientific knowledge, must now specify transversal, general, and specific competencies, such as professional-ethical values and communicative abilities, required for the award of a degree in medicine and entry into an international professional field ([Orden ECI/332/2008](#); [Real Decreto 1393/2007](#); [Real Decreto 822/2021](#)). This international perspective, along with a combined focus on knowledge and competencies aims to equip future doctors for engagement in their profession at local, national and global levels. Within such a context, there is an appreciable need for competence in the English language, given that it is now a well-established lingua franca of medicine ([Tweedie & Johnson 2022](#); [Saleger-Mayer 2014a, 2014b](#)).

Medical English is a highly valuable subject of study for undergraduate medical students from non-English speaking backgrounds. The most commonly given justification for this is that it helps them prepare for communication in medical scientific research and clinical practice both within and beyond national borders ([Ferguson 2007](#); [Flowerdew & Habibie 2022](#)). However, another significant advantage of including medical English within undergraduate curricula is that, when presented from a humanities perspective, it can provide a vital space within a crowded curriculum for the development of cognitive and socio-emotional competencies that are not only essential to the medical profession, but also highly relevant to global citizenship ([Middaugh 2022](#); [Tseligka & Koik 2021](#)). To put this another way, medical English deserves a place in medical faculties— with both communicative and humanities-oriented approaches, it can greatly benefit future doctors and the communities they will serve. Yet, despite this, the subject appears to be absent from undergraduate curricula at many medical higher education institutions in Spain. This situation is at odds with the policies set out in recent curricular reforms, which emphasise internationalisation and global citizenship ([CNDFM & SEDEM 2023](#)). Moreover, it indicates that many undergraduate medical students in Spain are missing an opportunity to develop their English language competence within the unique context of their future profession.

The purpose of this essay is to highlight the importance of medical English as a tertiary curricular subject and to discuss how the incorporation of a humanities approach, which brings to the fore questions of a social and cultural nature, is a worthwhile pursuit. The discussion begins with an overview of English as a lingua franca of medicine and the current situation of medical English as a subject of study in Spanish faculties. It then describes two methodological approaches to medical English: *communicative* and *humanities*. Greater attention is given to the latter, as this has significant potential for fostering global citizenship and is often overlooked by the medical education community.

English as a Medical Lingua Franca

Since the mid-20th century, English has become increasingly established as the lingua franca of both medical scientific research and clinical practice. [Salager-Mayer \(2014a\)](#) notes that between 1980 and 2000, the number of articles published in international journals in the health sciences grew from two to ten million and that over 80% of these articles were in English. Moreover, she notes that since 2000, there has been a growing trend for local journals to switch from publishing in their national languages to English. This transition from local language to English is also prevalent in research institutions in many countries around the world ([Ferguson 2007](#); [Flowerdew & Habibie 2022](#)). Regarding clinical practice, English has also emerged as a lingua franca due to increasing healthcare professional migration, medical tourism, and international migration more generally. [Tweedie and Johnson \(2022\)](#) point out that today significant numbers of non-native English-speaking doctors take professional positions within the healthcare systems

of English-speaking countries. There are also many clinical contexts, both within and outside English-speaking countries, in which English functions as the default language among speakers with various first languages.

This shift towards English as a medical lingua franca has given rise to significant debate regarding access and domain loss within scientific communities (for full discussion see [Ferguson 2007](#)). It has also brought about an urgent need to investigate and carefully consider how language is used in clinical settings where interactions are often of a high-stakes nature ([Tweedie & Johnson 2022](#)). There is no doubt that the current status of English as *'the'* lingua franca in the medical scientific and professional fields can be a thorny issue. For example, it has been noted that the overlooking of national languages and internationally shared languages beyond English can impoverish medical scientific progress and healthcare provision ([Menegheni & Packer 2007](#)). It stands to reason that English should not undermine the value of multilingualism in medicine. Nevertheless, medical faculties with student populations from non-English speaking backgrounds ought to provide a space for English learning within the context of medicine. It has been observed that non-native English healthcare professionals often feel at a disadvantage within the current contexts of international medicine, with an extra burden of having to develop a sufficient degree of proficiency in an additional language in order to participate in their field ([Flowerdew 2019](#); [Flowerdew & Habibie 2022](#)).

Undergraduate medical education has a vital role to play in mitigating this situation, by providing space for students to develop English language proficiency needed to navigate their future profession. Moreover, in Spain, offering medical English instruction aligns with recent educational policies for curricular reform promoting multilingualism, internationalisation and global citizenship ([CNFM & SEDEM 2023](#); [Patricio 2013](#)).

Medical English in Spain

In line with the Bologna Process, national legislative reforms to ensure transparency and cohesion between faculties in Spain and Europe mean that institutions must provide public access to information on the structure and makeup of the undergraduate and postgraduate degrees they offer, including the number and distribution of credits, course objectives and planning, assessment formats and criteria. Within this framework, faculties must publish the academic programme or *plan de estudios* for each course, detailing the subjects covered and their content. While I can speak from my own experience as an instructor of medical English at my faculty, in order to gain broader insight into the current status of medical English in Spanish tertiary education, I have consulted the academic programmes published on the institutional websites of all public and private medical schools in Spain.

The analysis revealed that, at the time of writing in 2024, there are a total of 56 higher education institutions with undergraduate degree programmes in medicine, 39 of which are public and 17 are private. Among these 56 centres, 25 (45.6%) do not include instruction in English within their academic programmes, neither as a subject of study in its own right (e.g., *English for Medicine*) nor as an English Medium Instruction subject focused on specific content (e.g., *Cellular Biology*). This figure is quite striking if we take into consideration the reforms and priorities set out by the Spanish medical education community over the last decade. Most recently, in 2022, the Spanish National Conference of Medical Faculty Deans (*Conferencia Nacional de Decanos de Facultades de Medicina de España*) and the Spanish Society of Medical Education (*Sociedad Española de Educación Médica*) published the Malaga Statement (*La Declaración de Málaga*), a set of guidelines for the improvement of Spanish undergraduate medical education within a national and international global context ([CNDFM & SEDEM 2023](#)). Among its priorities, we can find emphasis on multilingualism and communicative competencies for effective interactions with fellow healthcare professionals and patients. It is therefore quite perplexing to find that nearly half of medical

faculties in Spain do not include specialised instruction in an additional language within their curriculum, be it with a focus on English or any other international language for that matter.

Among the 55.4% majority of 31 medical faculties in Spain that do provide specialised instruction in English, we find 25 academic programmes that offer Medical English subjects in their own right (inferred from subject titles such as *Technical English Applied to Medicine*, *English for Medicine*, *Scientific English for Medicine*, etc.) and at least six programmes that offer English Medium Instruction subjects focused on a range of content, from *Cellular Biology* to *Integrative Palliative Care*, *Global Health*, and even *Art and Medicine*. Despite representing only around half of medical faculties in Spain, the information drawn from these academic programmes is encouraging in the sense that both communicative and humanities approaches appear to be present with regard to English language instruction, albeit with a much stronger emphasis on the former. Both of these approaches are highly relevant to the medical profession: a blend of the two can reflect the complex role language plays in healthcare—as a practical tool for communication and a medium for reflective professional practice.

Approaches to Medical English as a Curricular Subject

In its broadest sense, the objective of medical English is to help students develop the language proficiency they require for engagement in scientific research, clinical practice, and continued professional learning ([Ferguson 2012](#)). This endeavour is normally framed within a communicative approach to instruction, with medical English subjects revolving around the development of language skills and the study of formal linguistic aspects. For example, a typical medical English syllabus may focus on activities such as writing for scientific research, presenting at conferences, or interacting with patients and fellow healthcare professionals. Students learn about the vocabulary, grammar, and pragmatic features of the discourse, then apply their knowledge and language competencies in receptive-productive tasks designed to replicate authentic communicative contexts ([Ferguson 2012](#)). Such approaches are necessary for medical English learners because they provide a safe environment in which they can develop their language proficiency for diverse medical contexts. However, as [Tseligka \(2022\)](#) and [Tseligka and Koik \(2021\)](#) note, medical English courses based solely on linguistic features and communicative functions address only part of what a 21st-century model of medical education aims to achieve. In addition to language proficiency, undergraduate medical students also need to develop skills and competencies for ‘professional growth, including critical awareness, intellectual reasoning, self-reflective practices, and humanistic values’ ([Tseligka & Koik 2021](#): 50). Language is not only a communicative tool but also a window into human experience. As such, medical English subjects are well positioned to address broader concepts related to the healthcare professions through the incorporation of medical humanities education.

Following [Bleakley \(2015\)](#), medical humanities in education can be defined as the intersection of medicine with the humanities, social sciences, and arts in order to foster critical and reflective approaches to medical learning. Its aim is to humanise medical education by moving beyond a preoccupation with the direct pragmatic applications of medicine to encompass personal, social, cultural, and philosophical dimensions within the field. The presence of the humanities in medical education helps to cultivate students’ capacity for empathy and openness to diversity. It disrupts preconceived notions and established knowledge by exposing them to ambiguity and complexity in the health sciences and healthcare. This is quite a radical premise in an age of evidence-based medicine, where scientific and quantitative research is the gold standard for determining best practices in healthcare. Another important premise of medical humanities education, according to [Bleakley \(2015\)](#), is its capacity to politicise and democratise medical culture by engaging with and contributing towards ‘the medical understanding of individuals and populations in terms of potential transformation’ ([Bleakley 2015](#): 48). In short, a humanities approach to medical education can break with dogmatism by expanding and reshaping conceptualisations of medicine, healthcare, illness, and health.

Regarding global citizenship, medical humanities education aligns well with two of the three UNESCO core notions of global citizenship: respect for diversity and a shared sense of humanity ([Deardorff, Kiwan & Pak 2018](#)). It also ties in with key features of the 2030 Sustainable Development Goal 4.7 for Quality Education: the ‘promotion of education for human rights, gender equality, promotion of a culture of peace and appreciation of cultural diversity’. Lastly, medical humanities education is compatible with UNESCO’s proposed model for global citizenship education, which recommends that syllabi address nine topic areas arranged into three conceptual domains: ‘cognitive, socio-emotional, behavioural’ ([UNESCO 2015](#)). The first two domains are arguably the most immediately relevant to medical humanities education. The cognitive domain focuses on knowledge and critical thinking, with topic areas exploring interconnectedness, power dynamics, and structures at local, national, and global levels. The socio-emotional domain emphasises values and attitudes such as humanity, empathy, and solidarity to promote a culture of peace. Topic areas in this domain include the exploration of identity, community and diversity.

In an ideal world, the humanities would form an integral part of all undergraduate medical degrees, with elements weaved into core medical scientific subjects and dedicated subjects in their own right. However, this can be difficult to implement in reality due the large amount of scientific content that the academic programmes must cover. For example, in a systematic analysis of medical faculties in Spain, [Orefice, Pérez and Baños \(2019\)](#) identified a limited amount of attention to the humanities within the undergraduate medical degrees, be it in Spanish or other languages. Few academic programmes included independent humanities subjects, and compulsory subjects covered a limited number of ECT credits with humanities areas such as history (e.g., *History of Medicine*), philosophy (e.g., *Bioethics*), and sociology (e.g., *Public Health*).

Based on my own experience and this paper’s analysis of current Spanish undergraduate academic programmes for medicine, the humanities are also present in some medical English and English Medium Instruction subjects. A detailed examination of each syllabus would be necessary to gain a full picture of these subjects, and I intend to explore this line of research in the future. At the faculty where I work, we divide our medical English subject into two parts: one block addressing semi-technical scientific texts from a linguistic and communicative perspective, and another block dedicated to broader medical-related themes built on a humanities and social science framework. This second block uses medical narrative readings and TED Talks to develop topic areas in the socio-emotional and cognitive domains. The use of medical narratives aims to help students move beyond a conventional medical gaze and consider the full experiences of patients and caregivers in relation to diagnosed conditions. The TED Talks are selected periodically to address current issues (e.g. race and gender in medical scientific research, healthcare disparities, and social determinants of health), thus exposing students to debates and controversies in the medical field. It is with this balance of linguistic, communicative, and humanities approaches that we aim to prepare our students for entry into the international medical profession.

Conclusion

In response to rapidly evolving local, national and global healthcare landscapes marked by increasing interdependence, Spanish medical faculties have transformed undergraduate curricula to equip future doctors with medical scientific knowledge and a diverse range of competencies required for an international profession. Multilingualism and communicative competence have been highlighted as key priorities by the Spanish medical education community and the present discussion has advocated for the inclusion of specialised English language instruction in light of this. English is an established lingua franca of medicine, used widely for scientific communication and clinical practice. The argument that healthcare professionals from non-English speaking backgrounds encounter more barriers in their work may be reason enough to include medical English in curricula. However, an additional compelling argument is that the incorporation

of a humanities approach to the subject can foster global citizenship by providing opportunities to develop competencies in cognitive and socio-emotional domains. Integrating a communicative and humanities perspective into medical English is ideal: the former meets the immediate linguistic demands of students, while the latter appeals to broader, more humanistic dimensions of the profession. However, English as a curricular subject appears to have been overlooked by almost half of medical faculties in Spain. Further research is needed to determine why this may be the case and to explore in more detail those English subjects that are present within academic programmes.

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