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Perspective

Adithya Balasubramanian[1,2]

I majored in Biochemistry and Anthropology at Rice University where I pursued coursework, scholarly projects and teaching assistantships in the medical humanities. My research interests were centered around emerging technologies in medicine, cultural competency in tuberculosis control, and palliative care in low-resource settings. I pursued interdisciplinary research with several departments including the Rice Medical Futures Lab (MFL). Partnering with MFL was a formative experience that I continue to benefit from as a medical student. The mentorship I received from Dr. Kirsten Ostherr and the MFL team has played an instrumental role in shaping my values, goals, and attitudes toward medicine.

I was exposed to the medical humanities when I enrolled in MFL's "Medicine and Media" course during my first year at Rice. The class explored the evolving role of technology and media in the practice of medicine. The course adopted an interdisciplinary approach via seminars, discussion forums, and blogging assignments. This multi-pronged format laid the foundation for me to think critically about technology's increasing role in the patient-doctor relationship. The discussion forums led by entrepreneurs, bioinformaticians, and filmmakers broadened my perspectives on digital health innovation. Blogging assignments enabled me to engage in a sustained dialogue about the future of healthcare with these thought leaders.

I continued to explore the medical humanities via my anthropology major. Medical anthropology and ethics courses refined my understanding of the sociocultural and political forces impacting healthcare delivery. I was moved by learning about structural inequalities to begin studying ways in which healthcare innovation could be applied in low-resource settings. Mobile health became a central focus of my work. As I studied different healthcare systems, I was exposed to explanatory models of illness and health from outside the biomedical domain. Furthermore, by learning about different illness narratives that incorporated non-biomedical etiologies and healthcare practices, I developed an appreciation for the importance of using cultural sensitivity when engaging with patients from diverse backgrounds. From this work, my understanding of the role of the physician grew to include patient advocacy.

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I pursued several independent research projects with MFL to explore the intersection between health advocacy and technology. I worked with physicians in the Texas Medical Center to develop new patient education strategies. My interactions with patients affected by Klippel Trenaunay Syndrome (KTS)— a rare congenital malformation involving blood and lymph vessels and abnormal growth of soft and bone tissue—revealed that they often felt overloaded by the dense information provided to them at the time of diagnosis. To address their concerns, I worked with MFL to develop a more approachable point-of-care experience. I channeled my empathy to construct a prototype iPad application that presented disease etiology in an engaging manner. I credit my health humanities coursework for giving me the requisite background to connect with these patients, internalize their struggles, and develop a meaningful solution.

My health humanities background has been an invaluable asset in medical school. I am able to connect with patients on a deeper level and incorporate their preferences when considering medical management. I am certain these lessons will pay dividends when I begin clinical rotations.

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