

## Perspective

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My minor in the humanities from the University of the Sciences in Philadelphia has informed every clinical encounter throughout my career as a pharmacist. Beyond the interpersonal skills gained with a deeper understanding of the human condition and broadened appreciation for diverse life narratives and perspectives, my humanities education has taught me to examine ideas critically. Just as the contexts of history and philosophy are necessary in comprehending knowledge production, the contexts of patients, scientific paradigms, and biomedical institutions are essential in evaluating clinical information. I have learned to question not only the validity of research results but also the legitimacy of the biomedical research paradigm, the relationship between the researchers and the researched, and the normative conceptions of health that such research reinforces.

Philosophy courses, especially “Race, Class and Gender,” compelled me to interrogate the dynamics of clinical knowledge production. Medical guidelines and research, as discursive entities, are not immune to philosophical analysis and often raise questions regarding who is being researched, by whom, and for whom. Transgender people, for example, are often marginalized by binary conceptions of “men’s” and “women’s” health, and transgender health education is largely absent from pharmacy school curricula. These exclusions inadvertently promote conceptions of patient normativity and deviance and reveal larger social dynamics that simultaneously produce and are produced by medical discourse. During my community practice residency, I conducted a survey of community pharmacy residents’ perceptions of transgender health management in order to identify gaps in medical knowledge beyond the gender binary. Interrogating the dynamics of knowledge production is essential in providing holistic and inclusive care in clinical encounters.

My humanities education has also taught me to be a more reflective practitioner. Pharmacists often promote initiatives to increase patient compliance, which may unintentionally operate to reinforce a provider-patient hierarchy. Recognizing the discursive power in language such as “compliance” informs my approach to patient counseling. I believe healthcare and pharmacotherapy should exist not as a will to truth but as an opportunity to promote shared

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knowledge-building. My perspective is one of many, and while I counsel patients on what I perceive to be a preferred treatment plan, I must remain open to other ideas and opportunities in defining “health” and “care.”

Simply, my health and humanities education has taught me to examine medical knowledge critically, to contextualize clinical encounters and research, and to reflect on my role as a healthcare provider, producer, and beneficiary. I believe healthcare practitioners can benefit greatly from the complex, nuanced study of the human condition offered by a health and humanities education. And we can benefit from the notion that, while we may not always find answers, we can discover better ways of asking new questions.

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