

**Intercalated BA in**

**MEDICAL HUMANITIES**

**Application Form**

**Be sure to read the *programme description* carefully before completing this form.** This can be found at: <http://www.bristol.ac.uk/philosophy/study/undergraduate/ibamh/>

Thank you for your interest in the intercalated BA Medical Humanities starting in September 2024. The purpose of this application form is to judge whether you are likely to enjoy, and benefit from, the programme. It is OK to research your answers. Please type directly into the boxes on the form in 12pt type. You can expand the boxes but use their size as a guide to how much we wish you to write.

**Internal students** applying from within the University of Bristol, should complete the application form on the website listing their course preferences and send this form to intercalation-admin@bristol.ac.uk

**External students** applying from other institutions should upload this to their application for BA Medical Humanities. A prompt will appear for this by selecting the programme from the programme choice screen. If you are unable to upload the form at the time of application, please email to intercalation-enquiries@bristol.ac.uk

**1. Personal Details**

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| **Surname or family name:** | **DOB:** |
| **First or given names** (in full) | |
| **Email Address** | |
| **Preferred term-time correspondence address**  **Is this likely to be the same next academic year? YES / NO** | |
| **Out of term-time address (typically “home” address)** | |
| Mobile telephone number (kept private but can be very useful): | |
| Fees Status: Home: YES/No EU: Yes/No International: Yes/No | |
| Year started medical/ dental/ vet degree: | |

**2. What attracts you to the BA Medical Humanities? If you think it might make you a better doctor/ dentist or vet, tell us how.**

**3. Relevant A- or AS-levels or equivalent** (these are *not* a requirement)

# Please list any humanities A- or AS-levels or equivalent, with awarding body and grade. If you are not sure if a subject comes within the humanities, put it down anyway and we will decide.

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| **Subject/A or AS** | **Awarding Body** | **Grade** | **Date** |
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**If relevant - how do you think your A/AS courses or equivalent may have prepared you for this programme**?

**3. Academic Performance in General**

We are aware that performance between medical/ dental/ veterinary schools is hard to compare. We have full data on Bristol students. Non-Bristol students, please provide information on your progress to date: rankings, grades, merits etc. Bristol students, you can comment here on your progress if you wish, but this is not necessary.

**4. Student Selected Components / Student Choice Projects (SSCs/SCPs) – may only be relevant to Bristol students, but please put down any relevant short courses you may have taken within your degree**

# Please list those completed to date. Not having done Arts-related SSCs does not in any way preclude you from the programme (remember this includes a significant amount of the philosophy of *science*).

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| **SSC Title** | **Year 1 or 2** | **Indicate if passed √** |
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**If relevant - how do you think your SSC courses may have prepared you for this programme**?

# 5. Other Information in Relation to the Humanities

# Please describe any experiences or interests that you have that may support your application. These can be things you did before you came to university. For example, you might be part of the medics’ reading group, or have directed the school play, published verse, or climbed Kilimanjaro – you decide what is relevant.

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**6. Artistic Pursuit**

**We would like to encourage you to develop some aspect of your own creativity during the course of the year. If you had this opportunity tell us how you might use it.**

**7. Your Interest in Literature**

**Tell us what attracts you about *two* of your favourite works of English literature**

**8. Your Interest in Philosophy**

You may never have read a work of or about philosophy. If you have ever read a work of or about philosophy, tell us about it briefly. If not – say something about the issues that interest you in philosophy.

**9. Your Interest in History**

You may never have read an historical text. If you have ever read a history book (of any type) tell us about it briefly. If not, say something about why you think the study of history might be of value to doctors.

1. **Writing about English Literature**

In this section and the next we are trying to get a sense of your ability to engage with literary texts and philosophical concepts.

On the next page, you will find a poem by Jane Hirshfield. Say what you find interesting or effective (or anything else) about the poem. Although you may well wish to use a good dictionary to look up particular words, you do not need to consult any other books. Write no more than 400 words.

**For What Binds Us**

There are names for what binds us:

strong forces, weak forces.

Look around, you can see them:

the skin that forms in a half-empty cup,

nails rusting into the places they join,

joints dovetailed on their own weight.

The way things stay so solidly

wherever they've been set down—

and gravity, scientists say, is weak.

And see how the flesh grows back

across a wound, with a great vehemence,

more strong

than the simple, untested surface before.

There's a name for it on horses,

when it comes back darker and raised: proud flesh,

as all flesh,

is proud of its wounds, wears them

as honors given out after battle,

small triumphs pinned to the chest—

And when two people have loved each other

see how it is like a

scar between their bodies,

stronger, darker, and proud;

how the black cord makes of them a single fabric

that nothing can tear or mend.

Jane Hirshfield

Write your account below.

1. **Thinking philosophically about medicine**

Read the following paragraph and text and then answer the questions below. Remember there are no “right” answers - we wish to judge your ability to engage with these ideas.

Proponents of Evidence-Based Medicine often point to a hierarchy of forms or sources of evidence, such as the following:

• Meta-analysis and systematic reviews

• Randomized controlled trial

• Case-control studies

• Case series, case reports

• Expert clinical opinion

• Reasoning from physiologic studies

Those at the top are valued more highly than those at the bottom. It is intended that the hierarchy should help physicians and others evaluate the quality of the evidence on which, for example, a new therapy is based. According to this approach, if current expert opinion is contradicted by the results of a randomized controlled trial, then we should be disposed to trust the latter rather than the former. If the current best evidence in favour of a therapy is that patho-physiological reasoning suggests that it should work, supported by a handful of case reports, then we should have less confidence in its efficacy than that of a therapy that is recommended on the basis of a systematic review of multiple randomised controlled trials.

1. Assuming that it makes sense to rank sources of evidence (the study types that generate the evidence), we may ask what principles or considerations we should use to rank them. For example, cohort studies have been left off the above hierarchy. Where would you put them and why? Can you think of a general rule or approach that would help you find a place for any new study design in the hierarchy?

2. The EBM hierarchy has its critics. Does it in fact make sense to rank study types in this way? What disadvantages might there be to evaluating evidence according to a hierarchy of this sort?

1. **Interpreting Historical Texts**

Read the following two diagnostic accounts of “Phthisis”, what we now call “tuberculosis”. The first is from the eighteenth-century English physician, William Heberden, the second is from the nineteenth-century French physician, René Laennec, inventor of the stethoscope.

a) The phthisis pulmonum usually begins with a dry cough, so light and inconsiderable, that little or no notice is taken of it, till its continuance, and gradual increase, begin to make it regarded. Such a cough has lasted for a few years without bringing on other complaints. It has sometimes wholly ceased, and after a truce of a very uncertain length it has returned, and after frequent recoveries and relapses the patient begins at last to find an accession of other symptoms, which in bad cases will very soon follow appearance of the first cough. These are shortness of breath, hoarseness, loss of appetite, wasting of the flesh and strength, pains in the breast, profuse sweats during sleep, spitting of blood and matter, shiverings succeeded by hot fits, with flushings of the face, and burning of the hands and feet, and a pulse constantly above ninety, a swelling of the legs, and an obstruction of the menstrual in women; a very small stone has sometimes been soughed up, and in the last stages of this illness a diarrhoae helps waste the little remainder of flesh and strength. *William Heberden*

b) A women, aged 40, came into the Hospital 29th January, having been affected with cough for five months, and which had increased since her confinement, three months ago. At this time the respiration was short and quick, and difficult; the chest resounded pretty well in the back and left side before, - but better on the right side; there was distinct pectoriloquism near the junction of the sternum and left cavacle, and the same phenomenon, but less distinct, on the same side where the arm joined the chest; the sound of the ventricles was dull, and the heart gave hardly any impulse. Two days after, by means of the cylinder, we distinguished a sound resembling fluctuation, in the left side, when the patient coughed, and the mettalick tinkling when she spoke. Succussion of the trunk did not produce the sound of fluctuation. From these results the following diagnostic was given: very large tuberculous excavation in the middle of the left lung, containing a small quantity of very liquid tuberculous matter. The patient died five days after this.

Dissection twenty-four hours after death. In the right lung, through its whole extent, there were innumerable tubercles of a yellowish white colour, and varying in size from that of a hemp-seed to a cherry-stone, and even a large filbert. These last were evidently formed by the reunion of several small ones, and, for the most part, were more or less softened… The left lung adhered closely to the pleura of the ribs and pericardium. On its anterior and lateral part it contained near its surface, three cavities, one above the other, and communicating by two large openings…. *René Laennec*

1. What differentiates these two descriptions of “phthisis”? How do these two physicians see and understand disease?

2. Explain why you think Heberden and Laennec develop such different diagnostic pictures of “phthisis”. What conceptual or technical changes in medicine might account for this difference?

3. What makes Laennec’s diagnostic method “scientific”? What becomes of the patient in this method?

1. **Your learning style**

When given the choice – what styles of learning work best for you?