

IMPORTANCE OF HISTORICAL PERSPECTIVE IN NIGERIAN HEALTHCARE EDUCATION AND PRACTICE

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ABSTRACT

History plays a crucial role in understanding and addressing contemporary issues in medicine. Despite its importance, history has been neglected in Nigeria, leading to challenges in state-nation building and medicine. This paper explores the relationship between history and medicine, emphasizing the importance of medical history in enhancing patient care, diagnostic accuracy, and treatment efficacy.

Keywords: History, Medical Institution, Health, Nigeria,

1.0 INTRODUCTION

It has been argued that it is easier to write history than to define it. This is because history had different meanings at different times. For example, in ancient times, it was a source of moral institutions. It was then considered a branch of philosophy. Also, some see history as everything that ever happened.

History has been defined by different perspectives. According to one view, history is a record of human activities and development of society including the factors that have influenced or determined historical events (Carr, 1961). Among the definitions are those by Charles Firth and Oloruntimehin (Oloruntimehin, 1983). According to Charles Firth, history is the record of the life of a society of men, of the changes which this society has gone through, or ideas which have determined the action of this society and of the material conditions which have helped or hindered their development (Firth, 1950).

Among other definitions worth mentioning is that of Adiele E. Afigbo, according to him, "History is the study of the past activity and experience of man". History is really an attempt to understand and interpret the past for the benefit of the present or the future. In doing this, it focuses on the changes that have occurred, what causes these changes, and their impact. In order words, historian tries to reconstruct and explain the past with a view to illuminating the present (Afigbo, 1985).

As an academic discipline, history has many branches: political history, economic history, social history, intellectual history, medical history, etc. However, this paper focuses on medical history. History is essential to understanding the past, present, and future of medicine. As an interdisciplinary field, medical history examines medicine and its practices through historical

techniques (Warner, 1995). This paper focuses on the relevance of history to contemporary medicine in Nigeria.

History has values in the development of the mind and there is no discipline without its history, including medicine. It is necessary to acquire the techniques of history. For example, a medical doctor needs the history of the patient and the ailment, allergies, etc. before he can have a successful diagnosis and care. An architect must have a sense of history to know what designs will meet specific needs. An administrator must be very familiar with the history of the people before he can administer successfully. Medical history is often a crucial step in patient evaluation. Medical doctors need the patient's history, diseases, and allergies among other things before they can have a diagnosis and provide effective treatment (Hampton et al., 1975).

Medical history is designed to help medical practitioners explore and understand their complex, daily clinical experiences with diverse patients and cultures. Medical history is a rich interdisciplinary disciplines, in which medicine and its practices are examined through the lenses of the humanities disciplines, including art, cultural and critical studies, film, history, law, literature, and philosophy (Hampton et al., 1975). History uses the knowledge and skills of the humanities disciplines to support the development of the professional capabilities, values, and behaviours core to clinical practice. History helps to develop a reflective understanding of patients and healthcare delivery (Warner, 1995).

1.1 The relationship between History and Medicine

History is a discipline that embraces all aspects of the other discipline (Carr, 1961). When it comes to a patient, information collected in any way can significantly guide and direct care. Many initial encounters with patients include asking about the patient's medical history, while subsequent visits may only require a review of the medical history and perhaps an update on any changes. Taking a medical history can reveal the relevant chronic diseases and other pre-existing medical conditions for which the patient may not be under treatment but which have had lasting effects on the patient's health. The medical history may also indicate different diagnoses. (Hampton et al., 1975).

Typically, a medical history includes an investigation of the patient's medical history, past surgical history, family medical history, social history, allergies, and medications the patient is taking or has recently stopped. A complete medical history involves a more thorough investigation of the patient's medical problems which includes all diseases and illnesses currently being treated and those that have had residual effects on the patient's health. A surgical history that include all invasive procedures the patient has undergone. Family history is another aspect of the patient's medical history with potential indicators of genetic predisposition to the disease. Social history is a broad category of the patient's medical history but may include smoking or use of other tobacco products, alcohol, and drug history and should also include other aspects of the patient's health including spiritual, mental health, relationship status, occupation, hobbies, and sexual activities or related habits. These may require additional questions about whether there is a concern for health risk or connection to the state of the acute illness. (Peterson et al., 1992).

The Patient allergies are an essential aspect of history because they can have life-threatening consequences. It is critical to always ask clearly if the patient has any allergies to the drug and

clarify the reaction he had to the medication. Medication history is also important, as patients are increasingly taking multiple medications and drug interactions must be avoided.

Other areas of the history can be taken on a case-by-case basis. Age and gender will often guide the interviewer when taking this additional medical history. Parents of children should also be asked about the complications of pregnancy, delivery, and prematurity. Also, parents of pediatric patients should also be asked about the patient's vaccination status. The vaccination status of adults and geriatric patients is often important. (Litzau et al., 2013; Dunne et al., 1975)

With more vaccination options, this could become a standardized aspect of history-taking by practitioners. Asking female patients age-appropriate questions about their last menstrual period and their pregnancy history including gravidity and parity should be common practice. According to the patient's age, further questions about menarche and menopause may be appropriate as part of the medical history (Litzau et al., 2013; Dunne et al., 1975).

The primary goal of obtaining a medical history from the patient is to better understand the state of health of the patient and to determine if the history is related to the acute complaints to lead to a diagnosis. (Hampton et al., 1975). The secondary goal is to obtain information to prevent possible harm to the patient during treatment, for example, avoiding medications to which the patient is allergic or avoiding the administration or prescription of a medication that the patient already taken and had an adverse reaction.

Often information from the history can direct treatment or may indicate a need for further workup of patient complaints. The history may also inform the provider of certain aspects of the patient's health which will direct care, especially avoidance of potential harm to the patient with regard to allergies or previous treatments limiting care at the time of the encounter.

Family medical history can help stratify patients at risk for genetically linked diseases. A key area of concern is on the patient's health literacy and how the questions to obtain the histories are asked so the patient understands and can give the appropriate answer (Warner, 1995). Often patients will not regard their chronic illnesses when asked about "medical problems" especially in acute treatment settings where the patient may not realize the significance or relevance of the chronic disease. In some instances, a question may need to be asked in multiple ways to acquire the necessary information adequately. (Litzau, et al., 2018), (Dunne, et al., 2018)

Another concern about asking questions of this nature is that patients may fear that may ask them personal questions and may withhold information for fear of judgment or legal consequences. Patients must be assured that information is collected with the aim of finding the cause of their illness and treat them in the most effective and efficient manner. Once this information is obtained it must be handled carefully to maintain patients' privacy (Hampton et al., 1975).

The patient's medical history is often a crucial step in the evaluation of patients. The information gathered to take a complete medical history can have life or death consequences. In less extreme cases, the medical history will often guide treatment.

Medical history documentation can also save lives. An encounter with an conscious patient who is able to answer all questions which are subsequently recorded in the electronic medical

record, can be shown to contain vital information in the event that patient's mental state changes, or during a subsequent encounter if the patient is unable to provide a history as in the case of a traumatic accident (Hampton et al., 1975).

Individual obtaining medical histories in the acute care context do not have the time or opportunity to obtain a complete medical history. In these cases the primary focus should be on the most relevant medical history. If a patient needs urgent treatment such as threats to life, limb or vision, the doctor may waive medical history questions until the immediate threats have been addressed and stabilized (Porter, 1995). Some cases may allow a few questions, three primary questions to ask the patient are about their general and brief medical history, allergies, and medications they have taken. This information is most effective in avoiding the potential medical error of giving a patient a medication they are allergic to or that may interact with a medication they are taking. A complete medical history can be obtained after the patient is stabilized.

The family can be a potential source of information about the patient's medical history when the patient is unsure or unable to answer questions regarding his medical history. This information can be considered generally accurate, but you may have similar issues with the patient's family in terms of literacy and health understanding.

Obtaining a thorough history is important, but the questions must show empathy to the patient and his condition. (Ohm, et al., 2013; Epstein et al., 2017). Patients may feel overwhelmed or feel that the provider lacks empathy if questions are asked robotically.

Communicating the patient's medical history to other medical professionals is important and can have significant implications in preventing medical errors. When recording a patient's medical history in the chart or on paper, accuracy can reduce medical errors or improper diagnoses. An accurate medical history will cross through all aspects of the inter-professional team involved in the patient's care (Porter, 1995).

Another important area is where to obtain the thorough medical history of a patient. This should be done in an uninterrupted environment, in a quiet room with only the examiner and the patient present ensures that patients can openly discuss their concerns and strengthens the patient-physician relationship (Porter, 1995).

The notion of history has always been an integral part of the clinical method. From ancient to modern medicine, students have been taught to consider the patient's history from different perspectives: the history of current symptoms, the patient's past medical, occupational, and social history, and the family history and also genetics. Therefore, histories, as well as collective and psychosocial ones, have been central to the processes of accurately diagnosing disease and formulating appropriate treatments and policies. Second, history also serves as a means to educate, inspire, and humanize medical and nursing students who might otherwise be subjected to the brutal effects of regular exposure to disease and death (Litzau, et al., 2018), (Dunne, et al., 2018).

Medical history can reveal how medicine reflects and shapes much larger historical trends and the extent to which experiences of health and disease structure our lives. In general, while science can discover many of the mechanisms underlying health and disease patterns, it is the

humanities that can more effectively reveal the meanings of our experiences of pain and suffering. Therefore, medical history and the human science in the broadest sense, like the biomedical sciences, must be integral part of our search for health and happiness (Litzau, et al., 2018), (Dunne, et al., 2018).

Throughout history, disease has evoked fear and fascination. However, each revolutionary medical discovery has brought us a crucial step closer to understanding the complex mysteries of disease and medicine. As a result, historians have been able to develop medical revolutionary treatments that have been instrumental in saving millions of lives (Litzau, et al., 2018), (Dunne, et al., 2018).

History provides essential insights about the causes of disease (e.g., the non-reductive mechanisms needed to account for changes in the burden of disease over time), the nature of efficacy (e.g., why doctors think that their treatments work, and how their assessments have changed over time), and the contingency of medical knowledge and practice in the social, economic, and political contexts of medicine. These are all things that doctors needs to know to be effective diagnoses and caregivers, they need to learn anatomy or pathophysiology. This is necessary as the prevailing language of competencies in medical institutions. (Porter, 1995).

Findings show that the most medical institutions in Nigeria “had no indication of history”. Medical institutions must recognize the importance of history in medicine. Also, efforts should be made to extend this precedent and add history to the competencies required of medical students.

2.0 RELEVANCE OF HISTORY TO MEDICINE

Is history relevant and useful for medical students/ health professionals or all health-related fields? Where and why history is relevant? How history content can be integrated into curricula and other training? The meaning of the past must be relevant and compelling. There is no doubt that history aligns more naturally with medicine.

History can help to shift the knowledge, culture, and practice of medicine. History provides pragmatic insight and professional inspiration. The study of history is a way to understand the development of medical knowledge so that practitioners can understand what methods have been useful in the past and which had led out. History has revealed the development of the human mind; promote a better understanding of medical knowledge; fostered a sense of civic responsibility; and taught students to find value in ideas that might seem strange, a way of teaching them intellectual modesty and tolerance. (Frank and John, 2004).

Doctors used the past as a foil to highlight the triumphs of medical progress. The past, however, is not abandoned. Medical history offered a set of philological, nostalgic, and political tools to reinforce a continuity of tradition and clinical authenticity in the face of rapid technological and epistemological change. (John, 2014). Medical students must be trained to gradually learn to look at things from a historical perspective.

Eugene Cordell, who became the president of the Johns Hopkins Historical Club (founded in 1890), made a careful case for history in 1904. He highlighted six possible contributions:

1. It teaches what and how to investigate.
2. It is the best antidote we know against egotism, error, and despondency.
3. It increases knowledge, gratifies natural and laudable curiosity, broadens the view, and strengthens the judgment.
4. It is a rich mine from which may be brought to light many neglected or overlooked discoveries of value.
5. It furnishes the stimulus of high ideals which the poor, weak mortals need to have ever before us; it teaches our students to venerate what is good, to cherish our best traditions, and strengthens the common bond of the profession.
6. It is the fulfillment of a duty -- that of cherishing the memories, the virtues, and the achievements, of a class that has benefited the world as no other has, and of which we may feel proud that we are members.

History can give students a broader view of the role of doctors in society and allow them to take deliberate social action. In the study of history is not a luxury, Sigerist explained: "History determines our life. Any situation we face is the result of historical developments and if we want to act consciously and intelligently we have be aware of developments and trends. (Henry, 1939). Erwin Ackerknecht, who held the second chair in the history of medicine in the United States (at the University of Wisconsin), explained that was a fundamental epistemological relationship between medicine and history, "in so far as history also tends to be a science and remains an art." (Erwin, 1947). History can therefore contribute to scientific ambitions and humanities ambitions of medicine.

Medicine evolved over time, history offered perspective on current trends and helped physicians cope with future change. (George, 1968). History taught perspective, humility, and openness to change.

History had to be made relevant to the students, so that they might more easily absorb its insights. Historians can make valuable connections between the past and present. History shows that medical knowledge and practices are the product of specific social contexts, which have changed over time and will continue to do so. By focusing attention on the social contexts of medicine, history emphasizes the human relationships between patients and doctors that are at the core of the medical enterprise (Joel, 1991).

This course is relevant for practitioners across all stages of medical and healthcare careers. More often than not, history is seen as having nothing positive to offer medicine. This is not true, as shall be discussed below. There are good reasons for studying history in medicine. One such reason is that history allows humanity to gain human self-knowledge. The point being made is that throughout history, man has x-rayed himself. Misconceptions are corrected.

2.1 Ways in Which History Can Make Essential Contributions to Medical Knowledge:

Based on the various bibliography examined in this study, below are the ways in which history can make essential contributions to medical knowledge:

- Disease patterns change over time due to factors beyond biology, such as social determinants. Understanding these mechanisms is essential for effective healthcare.

- Disease definitions and diagnoses change over time. Physicians should understand the historical context and factors influencing these shifts.
- Medical treatments and their effectiveness change over time. Quality health care requires understanding how values and evidence influence treatment success.
- Medical knowledge is generated through complex social, economic, and political dynamics. Historical analysis offers a critical lens on the contingent nature of knowledge production and dissemination, enhancing clinicians' capacity for ambiguity tolerance and informed decision-making amidst uncertainty.
- Health inequalities have existed for thousands of years. Understanding their historical context is crucial for addressing disparities in disease burden and healthcare access.
- A critical historical perspective illuminates medicine's role in constructing and managing social categories, highlighting power dynamics and status disparities that permeate medical education, research, and practice.
- A historical perspective on medical technologies highlights the intricate interplay between innovation, societal context, and unanticipated outcomes, underscoring the need for critical evaluation.
- The evolution of physicians' roles, professional organizations, and practice environments necessitates historical analysis to contextualize contemporary changes and inform adaptive strategies.
- A historical perspective on the political genesis of healthcare infrastructure provides critical insights into institutional limitations and informs evidence-based reform initiatives.
- Patients' health-seeking behaviors have shifted over time. Understanding this history helps physicians' better serve diverse patient needs.
- Medicine constitutes one component of a multifaceted societal response to disease, intersecting with disciplines like nursing, public health, social work, and religion. Historical analysis provides valuable insights into medicine's evolving role within societal contexts.
- Historical inquiry highlights the dynamic interplay between bodily experiences, cultural contexts, and medical ethics. This perspective informs nuanced understandings of health, disease, and ethical decision-making, acknowledging the impact of temporal and spatial specificities.

These demonstrate the undeniable value of history to medical theory and practice.

3.0 RECOMMENDATION

This study recommends integrating medical history as a core curriculum course in medical institutions. This interdisciplinary field, combining historical disciplines with medical practices, will enhance clinicians' understanding of complex patient experiences and cultural contexts.

To enhance patient care, diagnosis, and treatment, we recommend expanding medical history-taking in clinical practice. Additionally, establishing a centralized archive and museum is crucial for preserving administrative, research, and historical records, supporting the institution's teaching and research objectives.

Integrating comprehensive medical history-taking into clinical practice enhances patient outcomes.

History can be taught to demonstrate and inculcate high standards of professionalism and medical ethics by developing a strategy that will work within their local curriculum. Also, The National Board of Medical Examiners could only put history content onto licensing exams if every medical school has a historian able to teach the material.

Furthermore, establishing dedicated archives for medical records will facilitate knowledge retention which will improve patient care, diagnosis, and treatment.

4.0 CONCLUSION

History is essential to medicine, and its neglect has contributed to challenges in Nigerian healthcare. Recognizing the importance of history in medicine can improve patient care, diagnosis, and treatment. Application of historical understandings to contemporary issues regarding health, medicine, and society will enable medical institutions to achieve their goals which are to support Nigerians' quest for high-quality education, service delivery, research, and innovation in the medical sciences. Medical institutions should integrate history into their curricula and competencies and Promote interdisciplinary collaboration between historians and medical professionals. I looked forward to a future where medical institutions' historical consciousness informs their practices and is a key performance indicator.

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