



## CONTEMPORARY APPROACHES TO TEACHING THE HISTORY OF MEDICINE IN HIGHER MEDICAL EDUCATION INSTITUTIONS AND THEIR EVALUATION

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**Annotation.** This article reflects on modern trends in the history of medicine and provides information on the research conducted by world scientists in this field.

**Keywords:** medical education, competence, trend, methodology, medical deontology, medical practice, social principle, humanities, empirical research, didactic opportunity.

The history of medicine serves as a critical foundation for understanding the evolution of healthcare practices, the development of medical ethics, and the scientific breakthroughs that have shaped modern medicine. Teaching the history of medicine in higher medical education institutions is not merely about recounting historical facts; it is a multidimensional approach to instilling analytical thinking, ethical reasoning, and a deeper understanding of the medical profession's cultural and social impact.

The history of medicine is a science that teaches the discoveries, teachings of scientists, treatment methods, which have been formed and developed in the field of medicine for centuries, and helps to draw conclusions about them and to give opinions about them in the future, and to make assumptions.

The history of medicine has been taught as a program to future doctors in medical educational institutions for centuries. The reason is that every doctor should know the history of the field in which he works and be successful in this field. Most importantly, this process is an integral part of medical deontology.

Historically, the subject of history of Medicine was first introduced as a subject for higher education institutions in Europe and the United States, and this

process led to positive results. Later, it was decided that this subject should be taught even at the master's level.

The teaching of this subject plays a key role in the formation of exclusive competences in future doctors, as the study of its main areas is of great importance.

Physicians and historians have long debated the role of medical history in medical education.

Since classical times, physicians and medical students have looked to the history of medicine as a source of pragmatic knowledge and professional inspiration. For example, René Laennec defended his doctoral thesis on the history of medicine in 1804, inspired by Hippocrates' teachings on medical practice.

In the 18th century, new ideas about the value of medical history began to emerge. The German School of Medicine saw the study of medical history as a way to understand the development of medical knowledge, that is, how medical practitioners treated people in the past and why doctors achieved negative results.

Later, scholars began to study the history of medicine as an important part of history. For example, the German scientist Kurt Sprengel describes the main aspects of the history of medicine in his five-volume "Essay on the Pragmatic History of Medicine (1792-1803)". According to him, the history of medicine has the following positive characteristics:

1. The history of medicine is the main part of the development of the doctor's consciousness;
2. The history of medicine is a force that contributes to a better understanding of medical knowledge;
3. History of medicine is a tool that educates the civil duty and responsibility of the doctor;
4. History of medicine is a way to teach future doctors to intellectual humility and tolerance.

Throughout the 19th century, historians tried to learn valuable lessons by turning to the past. In the decades that followed, German scientists repeated and

refined these arguments, offering history as an antidote to arrogance, helping physicians understand the etiology of disease through the study of medical history and historical pathology. In this regard, they emphasized that the history of medicine is a valuable epistemological tool.

Similar arguments have emerged in France, England, and the United States. For example, Thomas Jefferson hired his personal physician, Robley Dunglison, to teach medicine and its history at the University of Virginia because he believed that "the student should learn something from the previous progress of science. Therefore, the science of history of medicine was considered the main branch of medicine at all times and it was important to study it.

Due to the positive attitude to the history of medicine, in 1929, the "Institute of the History of Medicine" was established in the USA. E. Cordell, who was its first president, stated the following points at the opening ceremony of the institute: "The history of medicine teaches what and how to investigate. Expands the worldview and strengthens the mind. Most importantly, the history of medicine is a rich mine from which to discover neglected discoveries. Such ideas have led to an increase in the importance of this science, which is the main part of medicine.

In the 1960s, departments of history of medicine were established in 19 universities in the USA. In addition, the activities of the Countway Medical History Library, the Osler Medical History Library, and the medical libraries at Yale were developed.

In 1970, Robert Hudson, head of the Department of History and Philosophy of Medicine at the University of Kansas, criticized the teachers who teach the history of medicine. As a result, a little later, the Department of History of US Medicine was established.

In the 21st century, the study of the history of medicine has not lost its importance, but has been recognized as a field that a future doctor should study. Professor S. Lederer of the University of Pennsylvania, USA, and others in their

scientific research suggested that teaching "History of Medicine" to undergraduate students can develop convergence (tendency to a firm opinion on a problem) in them.

Harvard University professor David Jones and others show the history of medicine as an important component of medical knowledge, thinking and practice. This science provides important information about the causes of disease (e.g., the reductionist mechanisms needed to account for changes in disease over time), the nature of efficacy (e.g., why doctors think their treatments work, and how their treatments have worked in the past and how they will work in the future), and enables analysis. All of this brings the history of medicine to the fore, just as physicians must study anatomy or pathophysiology for effective diagnosis.

Professor N. Metcalf and E. Stewart of the University of York in Great Britain emphasized in their research that teaching the history of medicine instills in students a sense of respect for their profession and helps them to form professional deontology.

In the research conducted by the professor of the University of Parma, Italy, Emmanuel Armosida and other scientists, an analysis of the results of the questionnaire conducted among students of the 1st and 4th stages studying at the universities of Parma and Bologna is presented. According to the analysis, students studied the history of medicine from a historical-geneological point of view, that is, 80% of students studied the topics presented in the syllabus from the point of view of personal priority (me). It was noted that this led to the early formation of independent decision-making skills in future doctors.

As a result of the work carried out by Professor James Shedlock of the Northwestern University of the USA and others, it is stated that the teaching of the history of medicine played an important role in the formation of social, cultural and moral principles in students.

In conclusion, it can be said that the history of medicine is a science that plays an important role in the formation of tolerance, communicative, cognitive, and

convergence competencies, which are the exclusive competences of future doctors, and which must be studied by students of medical institutions of higher education.

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