

CFP: Special Issue on Medical Humanities and/or the Rhetoric of Health and Medicine

Nearly twenty years ago, the landmark special issue on “Medical Rhetoric” was published in *Technical Communication Quarterly*. Since then, research in this area has flourished, with scholars publishing numerous books, articles, and special issues on the topic. The editors of that special issue, Barbara Hefferon and Stuart Brown, noted how the humanities—specifically rhetoric and technical communication—could “suggest alternative discursive practices” in healthcare workplaces (p. 247). Their goal was to reunite the disciplines of rhetoric and medicine, a split that can be dated back to Platonic times (Bell et al., 2000).

Following the lead of that TCQ special issue, editors of special issues in other journals have worked to position medical rhetoric within the broader field of the medical humanities and in relation to other healthcare fields. In 2005, the *Journal of Business and Technical Communication* published a special issue on “The Discourses of Medicine.” In the editor’s introduction, Ellen Barton noted the interdisciplinary breadth of the field. The discourses of medicine, she pointed out, had become a space where the humanities, the social sciences, and medicine merged. Other special issues narrowed the scope of the field by focusing on topics such as online health communication (Koerber & Stills, 2008), the relationship between writing and medicine (Haas, 2009), the importance of publics in healthcare issues (Keränen, 2014), and the centrality of communication design to health-related fields (Meloncon & Frost, 2015). These collections further refined and clarified the research scope of the field.

Recently, though, some researchers in this field have been leaving behind the title of “medical rhetoric” in order to draw a distinction between themselves and the medical humanities. They have adopted the title “Rhetoric of Health and Medicine (RHM),” which is simultaneously more specific and more expansive than medical rhetoric. In advocating for the term “RHM,” Blake, Segal, and Keränen ask scholars to engage “in programs of research that complement, but are different from, programs of research in bioethics, medical humanities, health communication, or the allied health professions” (2013, p. 2). The medical humanities, as Keränen argues, are concerned with “humane—and distinctly human—dimensions of health and medicine” (2014). To query these dimensions, medical humanities scholars traditionally use theoretical frameworks and methods from the humanities, social sciences, and the arts. Alternatively, as Blake, Segal, and Keränen argue, RHM scholars should “query medicine’s epistemology, culture, principles, practices, and discourses” with the goal of improving areas of medical practice (2013, p. 2).

In this special issue, we are looking for articles that explore the intersections and tensions between RHM and the medical humanities. At this nascent stage in the field’s development, we wonder whether separating RHM from the medical humanities might curtail opportunities for research, curriculum development, and engagement. Separating too early could have unintended ideological and practical repercussions; it could restrict research funding opportunities, and it might limit our access to political capital. Ideologically, this split risks

reinforcing an outmoded but still existent two-culture division between STEM and the liberal arts, undermining the re-unification of medicine and rhetoric that Heifferon and Brown (2000) thought medical rhetoric could achieve. For practical reasons, we are concerned that such a split could also potentially cut RHM researchers off from the financial and political resources that are currently flowing into the medical humanities, which is one of the fastest growing areas in academia today, with universities like Yale, Ohio State, and Baylor adding medical humanities programs to their curriculums.

As we approach the 20-year mark from that original special issue in TCQ, we would like to turn our attention back to defining the fields of medical rhetoric, RHM, and the medical humanities. Similar to Heifferon and Brown's (2000) goal to restore the natural connections between rhetoric and medicine, we aim to learn how two related areas—RHM and the medical humanities—can mutually inform each other. This CFP invites submissions that put these areas into conversation and engage questions like the following:

- Building on Blake, Segal, and Keränen's (2013) observation that RHM complements but is different from the medical humanities, how can RHM complement the medical humanities? How can the medical humanities complement RHM?
- How can theoretical frameworks and methods used in RHM and the medical humanities intersect in ways that allow the fields to work together?
- How can RHM scholars participate in and contribute to the medical humanities? Likewise, how can scholars in the medical humanities participate in RHM?
- In what ways can research in the medical humanities be applied to healthcare workplaces, similar to RHM?
- In what ways can RHM and medical humanities scholars make a meaningful impact on the medical field, broadly defined?
- With the advent of telemedicine, the medical workplace has become distributed across time and location. How has this shift impacted RHM and the medical humanities? How can these areas contribute to understanding telemedicine?
- How has RHM scholarship impacted technical communication? In what ways can the medical humanities impact technical communication? What RHM and medical humanities theoretical frameworks, methods, or findings can be imported into technical communication?

This issue is scheduled for January 2018. Please email 500-word proposals to Elizabeth Angeli (elizabeth.angeli@marquette.edu) and Richard Johnson-Sheehan (rjohnso@purdue.edu) by the deadline of January 17, 2017. For accepted proposals, complete manuscripts will be due by July 17, 2017. In the meantime, we welcome questions via email from potential contributors.