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Medical Humanities in the Nordics

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In recent years, researchers in the Nordic countries have increasingly come to adopt the label "medical humanities" to describe existing academic turfs on the intersections of health, culture, and society, and to bring forth new initiatives to engage with medicine from a theoretical and socio-cultural viewpoint and build collaboration with colleagues in biomedicine. Increasingly, the designation has proven to be useful in communicating to funders, university boards, and across faculties the potential of such interdisciplinary work. This is shown not least in how there are now several centers, research groups, and educational initiatives across the Nordics that use the term.

Norway has been perhaps the most visible of the Nordic countries within the international medical humanities research community. Oslo University and the Arctic University both have vibrant research groups under the medical humanities label, which have produced widely cited publications in recent years (Kristeva et al. 2018; Lie and Greene 2020; Engebretsen et al. 2020). In the literature on medical humanities education, Norwegian research is among the most cited internationally (Hong et al. 2024). In Sweden, the field has since 2020 been formally established in the academic landscape through three centers for medical humanities, located at the universities of Uppsala, Lund, and Linköping. Although with different thematic profiles as well as organizational structure, each of them engages in research, education, and training of doctoral students.

For the rest of the Nordics, the term "medical humanities" has gained less traction. Denmark has multiple initiatives and environments that engage in the field, but under other labels, including the Copenhagen Centre for Health Research in the Humanities or CoRe, the Health Humanities Research Centre at Aalborg University, and the Human Health Platform at the University of Southern Denmark. Medical humanities contents are integrated in all Danish medical school curricula (Assing Hvidt et al. 2022). In Finland as well as

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Iceland, the medical humanities have also found their way into medical education even though designated research units are still absent (Tynan et al. 2024; Bjarkadóttir 2022). Finally, the NUNAMED conference, which has been recurring on Greenland every three years since 1991, is perhaps the northernmost forum for interdisciplinary health research in existence.

Those affiliated with these various nodes and initiatives, as well as individual researchers at Nordic universities, have adopted approaches and concepts from the medical humanities such as narrative and entanglement in their studies (Guntram 2021; Wistrand 2022; Skiveren 2022; Ahlsen et al. 2018; Valtonen 2021; Hansson and Irwin 2020) and pedagogical methods and literature have been imported into syllabi for medical students and other adjacent teaching programs (Bernhardsson 2020; Bernhardsson and Hansson 2016; Stewart-Ferrer and Rasmussen 2019; Rasmussen and Sodemann 2022). However, as the field matures, some fissures between the medical humanities and the Nordic setting are becoming increasingly clear. Through its origins in the Anglo-American world, many of the basic perspectives, analyses, and concepts of the field are colored by the healthcare systems, health challenges, and social structures that characterize the North American and British healthcare systems and communities. These are for instance racial injustices inscribed by global colonialism and slavery, the harsh economic realities of a largely free-market healthcare system, and significant socio-economic inequalities.

The Nordic countries are often characterized by shared values such as democracy, welfare, gender equality, and sustainability. These principles are particularly evident in the field of health. In this context, a common understanding prevails that healthcare should be publicly funded through a collective welfare system. Simultaneously, citizens in each country are expected to take personal responsibility for their own health (Alftberg & Hansson 2012). Although this model appears consistent across the Nordic countries, notable differences exist both between countries and within their respective regions. Moreover, international developments in healthcare policy and practice have consistently influenced the Nordic context. In recent decades, a gradual shift toward market-oriented healthcare systems has become increasingly visible, with such systems now operating alongside state-funded services (Nordgren & Hansson 2019). Rising healthcare costs have accelerated this transformation. Concurrently, strong biomedical research has played a significant role in shaping cultural perceptions of the body, health, and treatment in the Nordic countries. A current example is the Danish pharmaceutical innovation Ozempic, which has rapidly become a core resource in the national economy and hence an important contributor to the welfare system.

The Nordic tax-based systems for healthcare provision were all established around the mid-twentieth century. Simultaneously, the region became world leader in equality of income and standard of living, pioneered gender equality policies, and ranked exceptionally well in important health indicators such as low infant mortality and high life expectancy. Hence, one might be led to believe that many of the important issues at the center of medical humanities research internationally—intersectional power differentials, hypermedicalization, and the dysergy of poverty, marginalization, and poor health—are merely less pronounced in the Nordics. However, there is no lack of economic, racial, gendered, ableist, and other inequalities and discrimination factors in the Nordic welfare states, historically as well as in the present, but their dynamics cannot be understood in-depth with the same tools and types of questions used in the field currently. For example, medicalization and inequalities in health care provision function differently in a publicly funded and operated context than in a medical marketplace (Holmqvist 2009; Jønsson 2024). Critical analyses of caretaking and gender must be fundamentally different in a country where free

childcare and professional, tax-funded care for the elderly is the norm (Melby et al. 2008). Concepts used in studies of racial ideologies and inequalities must be adapted to a demographic structure and history in which many racialized groups are read as "White" in an Anglo-American context (Osanami Törngren 2022).

In order to address issues such as these, this special issue is devoted to the question of what the medical humanities might look like in a Nordic setting. Equally important is the question of what a Nordic perspective on medical humanities can contribute to a broader international discourse. We argue that the Nordic context is worthy of scholarly attention in its own right, whether the focus is on healthcare systems, patient experiences, or the education of healthcare professionals. From a historical perspective, the Nordic countries also offer distinctive insights, whether through the adaptation of international ideas to local contexts or through the generation of knowledge that has subsequently gained global relevance. The articles included in this theme issue collectively underscore the unique analytical value of focusing on the Nordic context within the medical humanities.

The included contributions highlight the diversity of approaches currently shaping Nordic medical humanities, ranging from historical studies of reproduction, to analyses of digital healthcare practices, to pedagogical experiments and creative engagements with literature and art. Together, the articles illustrate how Nordic perspectives enrich the global medical humanities by foregrounding the entanglement of welfare politics, patient responsibility, and cultural forms of knowledge.

The emergence of a welfare society in the Nordic countries during the post-war period brought a strong focus on family reproduction. Childbirth became a central concern in the organization of healthcare, but it also played a key role in public education on reproductive issues (Ekerwald 2016; Lundqvist and Roman 2008). This development unfolded in contrast to international trends. During the 1960s, global concerns about overpopulation gained prominence, influencing discourse in the Nordic region as well. At the same time, new medical treatments were introduced, among which the contraceptive pill had a particularly profound impact on both reproduction and sexuality. Understanding this historical trajectory is essential for engaging with contemporary developments in the fields of reproduction and sexuality, especially from the perspective of medical humanities.

In Morag Ramsey's article, "Suitable Sweden: Co-producing Sweden through reproduction, technological development and international aid in the mid-twentieth century," the global discourse on overpopulation is linked to the development of contraceptives in Sweden. This connection sheds light on both demographic concerns and technological advancements. From a medical humanities perspective, the article offers valuable insights into how technological innovation intersects with reproductive health. The Nordic welfare states of the 1960s—much like today—were deeply shaped by technological developments emerging from universities and industry. In this way, the significance of situating the Nordic welfare model within a historical framework becomes evident. It is through historical methodologies that medical humanities can critically engage with contemporary developments—such as those in the field of reproduction—by offering deeper contextual understanding and analytical perspective.

The historical perspective is also central to Elisabet Björklund's article, "Childbirth in early Swedish television: From promotion to criticism of the welfare state." Like Ramsey, Björklund focuses on the period from the 1960s to the mid-1970s. With the introduction of public service television in Sweden in the late 1950s, a new medium emerged for educating citizens on care-related issues, particularly childbirth. During this period, pregnant and birthing bodies were made visible on Swedish television, and the television programs became part of broader public debates on maternity care, obstetrics, and the welfare state.

A key aspect of these debates was the critique of the medicalized approach to childbirth, with an emphasis instead on amplifying women's voices and experiences. Television thus served as a significant technological platform for advancing women's rights and shaping public discourse around reproductive care.

Björklund's article highlights a central theme that began to emerge during the 1960s and 1970s: the increasing involvement of patients and the public in health-related issues. A key aspect of this development was the growing emphasis on personal responsibility, where individuals were expected to take greater care of their health. In Björklund's study, this is reflected in the expectation that women should acquire a deeper understanding of childbirth. More broadly, it also encompassed knowledge about nutrition, physical activity, preventive health practices, and so forth. This shift was closely tied to processes of liberalization and economization within the Nordic welfare systems, which contributed to the expansion of individual responsibility (Andersson and Howell 2025; Näre and Isaksen 2022).

Against this backdrop, Åsa Alftberg shows how a manual for family carers of people with dementia communicates expectations on family members to assume a new caregiving role. This role includes, besides taking care of their family member, a responsibility for their own situation as a caregiver, effectively delegating the burden both of caregiving labor and reproducing that labor power to the individual. Stig Bo Andersen and co-authors focus on the responsibilization of elderly persons themselves in the context of digitalization. Denmark, like the rest of the Nordics, are forerunners in the digitalization of various public services, which however makes digital literacy a condition of full participation and access to, among other things, healthcare services. In their contribution, they show how formal and informal social networks step in to mediate as elderly persons are increasingly forced to navigate digital systems in their daily lives. The contributions by Bernhardsson and co-authors and Folker Christensen and co-authors present retrospective views on initiatives in the medical humanities. Bernhardsson and co-authors summarize 15 years of experience teaching medical humanities at the medical school in Lund, Sweden. Student evaulations and a survey of former students reveal a long-term effect of the course in how the participants viewed their role as physicians and that it established in many a lasting engagement with the field of medical humanities. The focus of Folker Christiansen and her co-authors is the efforts at the above-mentioned CoRe center to develop an engaged approach to medical humanities research. This means, as they show trough examples from past projects at the center, a dedication to collaborations with stakeholders and community actors in the fields that are studied, so that the studies also take the shape of critical interventions in the field.

Finally, Allison Morehead, Rishi Goyal, and Anders Juhl Rasmussen tap into Nordic art and literature as a resource for the medical humanities. In Goyal and Rasmussen's contribution, Hans Christian Andersen's modern fairy tales are explored as a teaching tool in medical humanities education, and they argue that the enchantment, a core feature of the genre, holds a particular promise for engaging students and developing their narrative competence. Morehead reports from her work as a curator developing an exhibition for the Edward Munch museum in Oslo. Here, Munch's role as a spectator to the medicalization of modern society is at the center, as the show integrates his artistic works with his own encounters with medical interventions and technologies.

Taken together, the contributions to this issue chart a rich map of medical humanities in the Nordic region. They highlight how welfare state structures, processes of responsibilization and digitalization, pedagogical innovation, and cultural heritage inform medical humanities scholarship and practice. At the same time, they demonstrate the global

relevance of Nordic perspectives, offering conceptual, methodological, and creative resources that advance international debates in the field. This collection thus underscores the analytical value of attending closely to local contexts while engaging with global challenges in health, medicine, and society.

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