

# The Role of Medical Humanities Talent in the Modernization of Public Health Governance

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## Abstract

The modernization of public health governance has become a central concern for contemporary societies facing complex health risks, technological transformation, and increasing demands for social trust and ethical legitimacy. While existing research has emphasized institutional capacity, technological infrastructure, and policy coordination, relatively limited attention has been paid to the role of humanistic expertise in shaping governance capability. This paper argues that medical humanities talent constitutes a critical yet underexamined form of governance support in modern public health systems. Rather than focusing on educational pathways or professional training, the study examines how medical humanities professionals contribute to public health governance through ethical interpretation, social communication, value mediation, and trust-building. Drawing on theories of social governance and public health ethics, the paper analyzes the functional mechanisms through which medical humanities talent enhances governance rationality and legitimacy in the context of public health modernization. It concludes that medical humanities talent is not auxiliary to governance, but an essential component of governance capacity in complex health societies.

**Keywords:** Medical Humanities; Public Health Governance; Governance Modernization; Humanistic Expertise; Social Trust

## 1. Introduction

Public health governance has entered an era of profound transformation. Global pandemics, chronic disease burdens, environmental risks, and rapid technological change have exposed the limitations of governance models that rely primarily on administrative authority and technical expertise. In response, many countries have emphasized the modernization of public health governance, seeking to enhance not only institutional efficiency but also ethical legitimacy, social coordination, and public trust. Governance modernization in public health extends beyond improving service delivery or emergency response capacity. It involves the ability to interpret

health risks in socially meaningful ways, mediate value conflicts, and maintain public confidence in conditions of uncertainty (Kickbusch & Gleicher, 2012). These challenges highlight the importance of normative and interpretive capacities alongside technical and administrative ones.

Within this context, medical humanities has attracted growing interest as a source of ethical reflection, narrative understanding, and social insight. However, existing discussions often approach medical humanities indirectly, framing it as an educational supplement for clinicians or as a cultural enrichment for healthcare systems. Such perspectives underestimate the role of medical humanities talent in public health governance itself.

This paper advances a different argument. It contends that medical humanities talent—professionals trained in ethics, philosophy, history, sociology, and narrative analysis of medicine—plays a substantive role in enhancing public health governance capacity. Their contribution lies not in technical decision-making, but in supporting governance processes that require moral interpretation, public communication, and trust-building. Importantly, this study does not focus on how such talent is cultivated within educational systems. Instead, it examines how medical humanities expertise functions within governance contexts, influencing how public health issues are framed, debated, and addressed. By shifting attention from education to governance, the paper seeks to clarify the structural role of medical humanities talent in the modernization of public health governance.

## **2. Public Health Governance Modernization: A Theoretical Perspective**

The concept of governance modernization reflects a shift from hierarchical administration toward more complex, networked forms of coordination involving multiple actors and forms of rationality. In public health, governance modernization is driven by the recognition that health risks are socially embedded and ethically charged, requiring more than technical solutions (Frenk & Moon, 2013).

### **(1) From Government to Governance in Public Health**

Traditional public health governance relied heavily on centralized authority and expert-led decision-making. While effective in certain contexts, this model has struggled to address contemporary health challenges characterized by uncertainty, plural values, and public scrutiny. As a result, scholars increasingly emphasize governance rather than government, highlighting processes of negotiation, communication, and legitimacy (Kooiman, 2003). In this governance-oriented framework, the success of public health interventions depends not only on policy design but also on public understanding, ethical justification, and social acceptance. Governance capacity thus includes interpretive and normative dimensions alongside administrative competence.

### **(2) Normative Complexity in Public Health Decision-Making**

Public health decisions often involve trade-offs between competing values, such as individual liberty and collective welfare, efficiency and equity, or innovation and precaution. These trade-offs cannot be resolved through technical analysis alone; they require ethical judgment and public deliberation (Gostin, 2008). The modernization of public health governance therefore entails

developing institutional mechanisms capable of handling normative complexity. This includes the capacity to articulate ethical reasons for policy choices and to engage diverse publics in meaningful dialogue. Medical humanities provides conceptual and analytical tools well suited to this task.

### **(3) Governance Capacity beyond Technical Expertise**

A key insight of contemporary governance theory is that capacity is multidimensional. Effective governance requires not only expertise and resources, but also legitimacy, trust, and social coherence (Pierre & Peters, 2000). In public health, where policies directly affect bodily integrity and everyday life, legitimacy is particularly critical. This theoretical perspective provides the foundation for analyzing the role of medical humanities talent. Such talent contributes to governance capacity by supporting ethical reasoning, facilitating communication between experts and the public, and interpreting health issues in ways that resonate with social values.

## **3. Medical Humanities Talent as a Governance Resource in Public Health**

The modernization of public health governance requires a reconfiguration of what counts as governance capacity. In increasingly complex health societies, effective governance can no longer rely solely on technical expertise, administrative coordination, or epidemiological modeling. While these capacities remain indispensable, they are insufficient for addressing the ethical uncertainty, value conflict, and social fragmentation that characterize contemporary public health challenges. Governance modernization therefore depends on additional forms of capacity that enable institutions to interpret meaning, justify decisions, and sustain public cooperation under conditions of risk and uncertainty. From this perspective, medical humanities talent constitutes a distinct and indispensable form of governance resource. Unlike technical experts who primarily generate data or policy instruments, medical humanities professionals operate through normative reasoning, cultural interpretation, and social mediation. Their contribution lies in shaping how public health problems are understood, how decisions are morally justified, and how governance actions are communicated and received within society. As such, medical humanities talent does not execute policy directly, but supports the conditions under which policy can be perceived as legitimate, intelligible, and worthy of compliance.

### **3.1. Conceptualizing Medical Humanities Talent as Governance Capacity**

Governance capacity is increasingly conceptualized as a multidimensional construct composed of technical, organizational, and normative elements (Pierre & Peters, 2000). In public health, technical capacity enables disease surveillance, modeling, and intervention design, while organizational capacity supports coordination across institutions and sectors. However, normative and interpretive capacities are equally essential, particularly in contexts where governance decisions affect fundamental aspects of human life, bodily integrity, and social relations.

Medical humanities talent contributes primarily to this normative dimension of governance capacity. Such talent typically includes ethicists, sociologists, historians of medicine, narrative scholars, and policy-oriented humanists whose expertise centers on meaning-making, value

interpretation, and moral reasoning. Their role is not to substitute for scientific expertise, but to contextualize it—embedding empirical knowledge within broader ethical, cultural, and social frameworks.

Conceptualizing medical humanities talent as governance capacity shifts analytical attention away from individual qualifications toward systemic function. Rather than asking what specific knowledge medical humanities professionals possess, the more analytically productive question concerns what governance functions their expertise enables. This functional perspective allows for clearer analysis of how humanistic expertise contributes to governance modernization by enhancing legitimacy, coherence, and reflexivity within public health systems.

### **3.2. Ethical Interpretation and Normative Framing of Public Health Issues**

One of the most fundamental governance functions performed by medical humanities talent is ethical interpretation. Public health policies frequently involve interventions that restrict individual freedom, collect sensitive data, or impose unequal burdens across populations. Such interventions raise ethical questions—concerning proportionality, fairness, necessity, and justification—that cannot be resolved through epidemiological evidence alone (Gostin, 2008).

Medical humanities talent supports governance by interpreting these ethical dimensions and articulating normative frames through which public health actions can be evaluated. Ethical interpretation clarifies not only whether a policy is effective, but whether it is morally defensible in light of shared values and social norms. For instance, ethical analysis can explain why restrictive measures may be justified under conditions of collective risk, or why historically marginalized groups may warrant differentiated protection or compensation.

This interpretive function is crucial for transforming technically sound decisions into ethically intelligible governance actions. Without such normative framing, public health policies risk appearing arbitrary, coercive, or purely technocratic. By linking governance actions to widely recognized moral principles—such as fairness, solidarity, and respect for persons—medical humanities enhances the rationality and legitimacy of public health governance (Daniels, 2008).

### **3.3. Value Mediation in Contexts of Moral Pluralism**

Contemporary societies are marked by deep moral pluralism. Public health governance must therefore operate in environments characterized by competing values and contested priorities, including individual autonomy versus collective welfare, economic stability versus precaution, and innovation versus equity. These tensions are not anomalies but structural features of public health decision-making.

Medical humanities talent plays a critical mediating role in this context. Through ethical deliberation and social analysis, humanistic experts help identify the normative assumptions underlying different positions and clarify the trade-offs involved in policy choices. This mediation does not aim to eliminate disagreement, but to render conflict intelligible and manageable within governance processes.

Crucially, value mediation differs from value imposition. Medical humanities does not prescribe a single moral outcome, nor does it seek to enforce consensus. Instead, it facilitates

reasoned engagement among stakeholders by articulating the moral logic of competing claims and fostering mutual understanding. This function aligns with deliberative models of governance that emphasize justification, transparency, and communicative rationality (Habermas, 1996). In doing so, medical humanities talent strengthens the deliberative quality of public health governance and supports decision-making under conditions of value pluralism.

### **3.4. Public Narrative Construction and Risk Communication**

Effective public health governance depends fundamentally on communication. Risk communication is not simply the transmission of scientific information; it involves framing health risks and interventions in ways that resonate with public understanding, experience, and moral concern. When expert discourse diverges sharply from public perception, governance efforts may encounter mistrust, resistance, or misinformation. Medical humanities talent contributes to governance by shaping public narratives around health risks and policy responses. Drawing on narrative theory, cultural analysis, and interpretive social science, humanistic experts help translate technical knowledge into communicative forms that acknowledge fear, uncertainty, and lived experience (Kleinman, 1988). Such narrative construction is particularly important in crisis situations, where anxiety and moral distress may undermine purely informational approaches.

By framing communication as an interpretive and relational process rather than a unidirectional flow of facts, medical humanities enhances governance legitimacy. It enables institutions to engage publics as moral subjects capable of understanding complexity, rather than as passive recipients of expert instruction. In this way, narrative construction becomes a core governance function rather than an ancillary task.

### **3.5. Trust-Building and the Social Legitimacy of Governance**

Trust is a foundational condition for effective public health governance. Without public trust, even technically well-designed policies may fail due to non-compliance, skepticism, or social resistance. Trust cannot be generated through authority alone; it must be cultivated through transparency, ethical consistency, and respect for public concerns (O'Neill, 2002).

Medical humanities talent contributes to trust-building by reinforcing the moral credibility of governance institutions. Ethical reflection, explicit acknowledgment of uncertainty, and sensitivity to social narratives all signal respect for the public as moral agents rather than objects of control. Such signals are particularly important when governance decisions involve unavoidable trade-offs or differential impacts across social groups. From a governance perspective, trust-building is not an optional or secondary benefit, but a core capacity. Medical humanities strengthens this capacity by ensuring that governance actions are ethically intelligible and socially responsive. Over time, this contributes to sustained cooperation and resilience within public health systems..

### **3.6. Medical Humanities Talent and Reflexive Governance**

Medical humanities talent plays a crucial role in supporting reflexive governance—the capacity of institutions to critically examine their own assumptions, practices, and consequences. Reflexivity is increasingly recognized as a defining feature of governance modernization,

particularly in complex and uncertain policy environments (Beck, 1992). Humanistic expertise fosters reflexivity by questioning dominant narratives, exposing blind spots in policy reasoning, and drawing attention to marginalized perspectives. In public health governance, such reflexivity helps prevent technocratic overreach and encourages adaptive learning. Rather than treating governance frameworks as fixed, medical humanities promotes ongoing critical reflection on how governance practices shape social relations and moral outcomes. In this sense, medical humanities talent contributes not only to immediate governance tasks, but to the long-term evolution of governance capacity itself. By sustaining reflexivity, it enables public health governance to remain responsive, ethically grounded, and socially legitimate in the face of changing health challenges.

## **4. Mechanisms through Which Medical Humanities Talent Enhances Public Health Governance Capacity**

### **4.1. Institutional Deliberation and Ethical Reason-Giving**

One key mechanism through which medical humanities talent enhances governance capacity is its contribution to institutional deliberation. Modern public health governance increasingly relies on advisory bodies, ethics committees, and cross-sectoral task forces to address complex health issues. In these settings, decision-making legitimacy depends not only on scientific evidence, but also on the quality of ethical reasoning that accompanies policy choices. Medical humanities professionals contribute to deliberation by articulating ethical justifications for policy options, clarifying normative assumptions, and identifying morally salient implications that may otherwise be overlooked. This function strengthens governance by enabling institutions to offer reasons—not merely decisions—to the public. Reason-giving is central to democratic and participatory models of governance, particularly in public health contexts where policies may impose significant burdens on individuals (Habermas, 1996; Daniels, 2008). By institutionalizing ethical deliberation, medical humanities talent helps transform governance from command-based administration into reflective decision-making, thereby enhancing both rationality and legitimacy.

### **4.2. Boundary-Spanning between Expertise, Policy, and Society**

Public health governance operates at the intersection of scientific expertise, political authority, and social experience. One persistent challenge of modernization lies in bridging the gaps between these domains. Scientific experts may communicate in technical language inaccessible to the public, while policymakers must respond to social concerns that cannot be resolved through data alone. Medical humanities talent functions as a boundary-spanning resource in this context. Humanistic experts are trained to translate between different forms of rationality—scientific, ethical, and experiential—facilitating mutual understanding among stakeholders. This translation is not merely linguistic; it involves interpreting the meanings, values, and social implications of health knowledge. Boundary-spanning enhances governance capacity by reducing misunderstanding, mitigating conflict, and enabling coordinated action across institutional and social boundaries (Star & Griesemer, 1989). In public health, where compliance and cooperation are essential, such mediation is a critical mechanism for effective governance.

### 4.3. Crisis Governance and Ethical Sense-Making under Uncertainty

Public health crises, such as infectious disease outbreaks or environmental health emergencies, place extraordinary demands on governance systems. Decisions must be made rapidly, often under conditions of scientific uncertainty and social anxiety. In such contexts, ethical sense-making becomes as important as technical accuracy. Medical humanities talent contributes to crisis governance by helping institutions interpret uncertainty and articulate ethical priorities. Rather than presenting uncertainty as failure, humanistic perspectives frame it as an inherent feature of complex risk environments (Beck, 1992). This framing allows governance actors to communicate honestly with the public while maintaining moral credibility. Moreover, ethical sense-making helps prioritize values during crises—for example, balancing protection of vulnerable populations against broader social impacts. By supporting reflective judgment rather than reactive control, medical humanities talent enhances the adaptive capacity of public health governance in emergencies.

### 4.4. Long-Term Capacity Building and Institutional Learning

Beyond immediate decision-making, governance modernization requires sustained capacity building. Institutions must learn from past experiences, adapt to changing social expectations, and refine governance practices over time. Medical humanities talent contributes to this process by fostering institutional reflexivity. Through historical analysis, ethical evaluation, and critical reflection, humanistic experts help institutions examine how past governance choices have shaped public trust, social inequality, and moral legitimacy. This reflective function supports organizational learning, enabling public health systems to evolve rather than merely respond to crises (Argyris & Schön, 1996). In this sense, medical humanities talent contributes to governance modernization not only by addressing present challenges, but by cultivating the intellectual and moral resources necessary for long-term resilience.

### 4.5. Enhancing Public Rationality and Civic Engagement

Medical humanities talent enhances governance capacity by contributing to public rationality. Public health governance depends on informed and engaged publics capable of understanding complex health issues and participating in collective decision-making. Medical humanities supports this capacity by shaping public discourse in ways that encourage reflection rather than polarization. By framing health issues in ethical and narrative terms, humanistic expertise helps citizens interpret risks and responsibilities within a shared moral framework. This contribution strengthens civic engagement and supports governance models that rely on cooperation rather than coercion (O'Neill, 2002).

## 5. Conclusion

This paper has examined the role of medical humanities talent in the modernization of public health governance from a social governance perspective. Moving beyond educational or pedagogical discussions, it has argued that medical humanities professionals constitute a vital form of governance support that enhances institutional rationality, ethical legitimacy, and social

trust. By conceptualizing medical humanities talent as a governance resource, the analysis has highlighted its functional contributions to ethical interpretation, value mediation, public narrative construction, and trust-building. These functions address core challenges of governance modernization, including normative complexity, moral pluralism, and uncertainty. The paper has further demonstrated that medical humanities talent enhances governance capacity through concrete mechanisms: institutional deliberation, boundary-spanning mediation, crisis sense-making, long-term institutional learning, and the cultivation of public rationality. Together, these mechanisms illustrate how humanistic expertise is translated into effective governance capability. Importantly, this study does not suggest that medical humanities replaces scientific or administrative expertise. Rather, it complements these forms of expertise by addressing dimensions of governance that cannot be resolved through technical means alone. In modern public health systems, governance legitimacy depends not only on effectiveness, but also on ethical intelligibility and social acceptance. As public health challenges grow increasingly complex, the need for integrated governance capacity becomes more pressing. Recognizing and institutionalizing the role of medical humanities talent is therefore not a matter of cultural enrichment, but a strategic requirement for governance modernization. Future research may further explore how different governance contexts operationalize this role and how humanistic expertise interacts with technological and institutional innovation.

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#### **References**

Argyris, C., & Schön, D. A. (1996). *Organizational learning II: Theory, method, and practice*. Addison-Wesley.

Beck, U. (1992). *Risk society: Towards a new modernity*. Sage.

Daniels, N. (2008). *Just health: Meeting health needs fairly*. Cambridge University Press.

Frenk, J., & Moon, S. (2013). Governance challenges in global health. *New England Journal of Medicine*, 368(10), 936–942.

Gostin, L. O. (2008). *Public health law: Power, duty, restraint* (2nd ed.). University of California Press.

Habermas, J. (1996). *Between facts and norms: Contributions to a discourse theory of law and democracy*. MIT Press.

Kickbusch, I., & Gleicher, D. (2012). *Governance for health in the 21st century*. World Health Organization.

Kleinman, A. (1988). *The illness narratives: Suffering, healing, and the human condition*. Basic Books.

Kooiman, J. (2003). *Governing as governance*. Sage.

O'Neill, O. (2002). *A question of trust*. Cambridge University Press.

Pierre, J., & Peters, B. G. (2000). *Governance, politics and the state*. Macmillan.

Star, S. L., & Griesemer, J. R. (1989). Institutional ecology, “translations” and boundary objects. *Social Studies of Science*, 19(3), 387–420.

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