Valuable and Healing: Heritage Collections for and with Healthcare

(Rijksmuseum Boerhaave, Leiden, the Netherlands, 4–5 September 2025)

The workshop "Valuable and healing: Heritage collections for and with healthcare" brought together an interdisciplinary community of researchers, museum professionals, and healthcare workers at the Rijksmuseum Boerhaave in Leiden. Named after Herman Boerhaave (1668–1738), the Dutch physician and botanist who revolutionised medical education through bedside teaching and systematic clinical observation, the museum provided an appropriate place to explore how medical heritage can contribute to health and well-being today. The location was more than just symbolic; participants enjoyed guided tours of the museum's extensive collections and witnessed first-hand the enthusiasm with which visitors engaged with the historical medical instruments, anatomical specimens, and interactive exhibits on display. This daily immersion in a working institution of medical heritage provided tangible evidence of public interest in the history of medicine while offering practical insights into curatorial approaches. The two-day event addressed a central question of contemporary medical humanities: How can medical heritage contribute to the health and well-being of individuals and communities? The meeting represented a significant moment in the evolving relationship between heritage institutions and healthcare, offering both innovative solutions and open acknowledgement of ongoing challenges.

The conference framework emphasised innovative projects that address the experience of illness, diagnosis, and treatment while breaking the silence around the intimate aspects of illness and care. The organisers ensured a balance between theoretical discussions and practical workshops using sensory learning approach-



Figure 1.

es and accessible tools. This approach reflects the growing realisation that medical history is a multidimensional discipline that transcends traditional academic boundaries and requires new methodologies that consider both scientific rigour and lived experience.

Discussions centred on the concept of participatory museology and social engagement. The lecture on nursing heritage showed how healthcare professionals can actively contribute to nurturing their own professional heritage, promoting identity formation, and challenging stereotypes while placing nursing in a broader socio-historical context. This participatory approach extends beyond professional groups to include former patients and their families, as demonstrated by work with institutional nursing archives. Such initiatives show how historical institutions can serve as spaces for processing collective trauma while supporting individual healing processes. The emotional labour involved in enabling access to painful institutional histories requires careful consideration of support mechanisms and ethical frameworks.

The conference was particularly notable for introducing methods of sensory engagement. Presentations on the olfactory dimensions of epidemic experiences illustrated how thoughtfully contextualised sensory elements can transform traditional museum narratives from abstract historical lessons into embodied, multi-sensory encounters that foster deeper historical empathy and understanding.



Figure 2.

The integration of smell, touch, and taste into educational programmes represents a significant departure from traditional approaches, recognising that historical understanding emerges through different sensory modalities. These innovations in sensory interpretation offer profound opportunities to connect today's audiences with past experiences of illness and healing.

Educational applications formed another cornerstone of the discussions, with a particular focus on medical education and public health education. The use of heritage in the context of HIV/AIDS to develop an understanding of patient autonomy and advocacy in medical students is an example of how traumatic stories can become pedagogical tools for ethical development. This approach challenges students to grapple with the tensions between care and control, autonomy and paternalism, while critically examining the structural conditions of access to healthcare. Similarly, work with the history of tuberculosis and the legacy of sanatoria demonstrates how forgotten aspects of public health infrastructure can illuminate contemporary debates about healthcare and social medicine.

The conference directly addressed the challenges facing medical heritage work and provided a remarkably frank assessment of the structural difficulties. Financial sustainability proved to be a constant problem, as projects often depend on short-term grants and the commitment of interested individuals rather than institutional support. The reliance on enthusiastic supporters, while valuable for in-



Figure 3.

itiating projects, leads to vulnerability when key figures leave or burn out. While the interdisciplinary nature of the work is enriching, it also presents challenges in securing expertise from different fields and dealing with different institutional cultures and expectations.

Methodological challenges proved to be equally significant. The hierarchy of evidence in medicine, which prioritises measurable outcomes, is often at odds with the qualitative approaches that are central to heritage work. Demonstrating the impact of heritage interventions on health and well-being requires sophisticated evaluation systems that can capture subtle but significant changes in understanding, empathy, and professional identity. The long-term benefits to society, while intuitively valuable, are difficult to quantify in a way that satisfies funders and institutional administrators.

Ethical considerations permeated the discussions, particularly in relation to working with marginalised communities and sensitive issues. The emotional labour associated with oral history projects dealing with AIDS, mental health, institutional care, and other traumatic experiences requires careful handling. Power relationships between researchers, institutions and communities need to be constantly renegotiated, with particular care taken to ensure that participants receive lasting benefits and that exploitative relationships are not created. The potential

to be rejected by colleagues or institutions if controversial issues are raised makes this work even more complex.

Innovative solutions to these challenges were presented at the conference. The development of accessibility toolkits, rooted in disability justice theory, provides a concrete framework for embedding care into curatorial practice. These tools foreground lived experience and intersectional approaches while providing actionable strategies for transforming values into everyday methods of care. These resources demonstrate how theoretical commitments can be translated into practical applications to support the transformation of heritage institutions into inclusive spaces.

International collaborations proved to be another promising avenue. Projects tracing the socio-medical heritage in the parts of former Yugoslavia show how transnational approaches can shed light on shared history while respecting local specificities. The documentation of fragmented institutional memory and collaboration across national and disciplinary boundaries show possibilities for revitalising holistic and community-oriented principles in the contemporary health context. This work demonstrates how historical traces captured in memory, narratives, and archives can be made comprehensible to a wider audience through innovative curatorial practises.

The integration of digital technologies and multimedia approaches offers additional opportunities to broaden access and engagement. Documentary film projects that bring forgotten correspondence to light have reignited families' interest in the history of institutions while providing new insights into patients' experiences. These initiatives demonstrate how working with cultural heritage can facilitate intergenerational dialogue and healing by connecting the experiences of the past with contemporary understanding.

Looking to the future, several priority areas for development were identified at the conference. Sustainable funding models need to be created to support the interdisciplinary collaboration that is essential to this work. Clear ethical guidelines for working with vulnerable communities need to be further developed, particularly in relation to consent, representation, and ongoing relationships. Evaluation frameworks capable of capturing the subtle but significant impacts of heritage work on well-being need to be refined to satisfy both academic and policy audiences.

Institutional integration of heritage work into healthcare education and professional development is another challenge. Heritage engagement should not remain a marginal activity but should be embedded in core curricula and continuing education programmes. This requires the development of partnerships

between heritage institutions, education providers, and healthcare organisations and the development of faculty expertise in these interdisciplinary approaches.

The conference ultimately demonstrated that medical heritage is a vital and transformative force that can contribute to the healing of individuals and communities. The participatory approaches presented point towards more inclusive and ethically engaged practises that honour diverse experiences while encouraging critical reflection on past and present care arrangements. The challenge for the future is to translate these findings into wider practise and policy development, and to ensure that the innovative work presented in Leiden can influence broader change in healthcare education, professional identity formation, and public understanding of health and healing.

The meeting confirmed that while working with medical heritage faces significant challenges, it also offers unique opportunities to connect historical understanding with today's healthcare needs. By creating spaces for processing collective trauma, fostering empathy and critical reflection, and preserving diverse voices and experiences, heritage institutions can play an important role in promoting individual and community well-being. The way forward requires a sustained commitment to interdisciplinary collaboration, ethical practice, and innovative approaches that honour both the scientific rigour and lived experiences of those whose stories are entrusted to heritage institutions.

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Figures 1–3. The Rijksmuseum Boerhaave houses a replica of Leiden University's anatomical theatre from 1594, where hanged criminals were publicly dissected by anatomy professors in the winter months in front of a paying audience of students, surgeons, and curious citizens. During the summer, exotic artefacts from distant lands were exhibited here. Photograph by Mike Bink for Rijksmuseum Boerhaave, Leiden, the Netherlands.