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WJMER

World Journal of Medical Education and Research

An Official Publication of the Education and Research Division of Doctors Academy

DOCTORS ACADEMY

BETTER EDUCATION. BETTER HEALTH.

ISSN 2052-1715

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An Official Publication of the Education and Research Division of Doctors Academy

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WJMER, Vol 20: Issue 1, 2019

Abstract
Humanism is the basis of medicine. Humanistic medical care improves health outcomes and aids patients to adhere to medical advice and treatment options. Clinicians who are more empathetic towards their patients benefit from higher job satisfaction and less malpractice litigation. A lower level of empathy has been associated with a higher rate of practical mistakes. During the past four decades, new technological devices have been extensively incorporated into medical practice. Physicians focus on the disease and ignore the psychological status, and ethical and social cultures of the patient, abolishing medical humanistic spirit. The teaching of medical humanities becomes a necessity to help medical students to encompass more humanistic and empathic attitudes in their future careers. It can be taught through lectures, role modeling, and training in interpersonal skills, literature and arts study. Multiple tools can be used to assess of humanistic attitudes and behaviours, including observations during patient examination or history taking, simulations, and quizzes. Medical organisations must value their members through showing a concern for their well-being, growth, and development. Experts with good humanistic knowledge and experience in interpersonal skills can qualitatively evaluate humanism among medical students.

Key Words
Humanism; Medical Education; Medical Practice; Healthcare ; Medical Organisations

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Introduction

The word 'humanism' is derived from the Latin concept humanities, which refers to friendly behaviours and a good attitude towards others without distinction. It is characterised by personal principles and beliefs towards an individual's duties and responsibilities when dealing with others, especially those in need. Humanistic characteristics include honesty, empathy, compassion, altruism, and care of patients with respect to their dignity and beliefs (Pellegrino, 1979; Branch, 2000, Libby and Youmna, 2014).

Humanism represents the basis of medicine throughout history, beginning from the time of the Hippocrates and the development of the Hippocratic Oath. Medicine has been regarded as a moral profession and carried out in accordance with a set of morals and ethics (Miles, 2002).

The first conference concerned with humanism, which was held at Chicago University in 1933, recommended considering humanistic science as the basis of morality and decision-making in medical practice (Grafton and Anthony, 2004).

The Arnold P. Gold Foundation reported that humanism is characterised by a respectful and compassionate relationship between the healthcare providers and patients. It reflects the respect of the healthcare professionals to values, and the cultural and ethnic backgrounds of others (Cohen, 2012; Lee *et al*., 2016). When dealing with colleagues, humanistic behaviours include personal connections, respect, self-awareness, and response to emotional expressions (Weissmann *et al*., 2006).

Sir William Osler (1837-1901), who is considered by many authors as the father of modern medicine, advised his students with the words, Listen to the patient. He is telling you the diagnosis, (Silverman *et al*, 2007). Sir Osler also stated that, it is much more important to know what sort of person has a

disease, than to know what sort of disease a person has, (Hojat *et al.,* 2011; Sylvia *et al*., 2013).

What Are the Benefits of Humanistic Medical Practice?

Humanistic beliefs are the spirit of professional activity. No physician can be a true profession without having a humanistic attitude (Lee and Ahn, 2007). A good physician must possess not only accurate medical knowledge and skills but also moral judgment and actions, a kind attitude, and a trusting relationship with patients and their families. Physicians must consider that the patient has a body and soul, emotions, feelings, expectations, and fears (Donatella *et al*., 2010).

Clinicians who are more empathetic towards their patients benefit from higher job satisfaction and less malpractice litigation. A lower level of empathy has been associated with a higher rate of practical mistakes (Livinson, 1994).

Pellegrino (2006) stated that medical practice is a relationship in which two individuals interact. However, one is in a weaker position than the other. The weight of the responsibility rests on the person with the higher degree of power and authority, the one who has made a promise to help the other. Consequently, responsibility lies upon the physician who make the promise to the patient.

Humanistic medical care encourages patients to adhere to medical advice and treatment options, resulting in improved healthcare outcomes (Steinhausen, 2014).

Sir William Osler argued that the physician-patient relationship could be flourish through a physician's good background in humanistic science. While promoting humanities among medical practitioners was a battle that was lost, Osler suggested that the education of medical students should combine both medical knowledge and the humanities (Marek, 2014).

Why Do Calls Emerge to Re-Humanise Medical Practice?

One century ago, physicians were among the most educated individuals in their communities, both in the clinical sciences and in the science of humanities (Gourevitch, 1999). However, the past four decades have showed great advances in medical knowledge, and new technological devices have been extensively incorporated into medical practice (Taylor *et al*., 2015). Physicians have focused on the disease, use of technology, laboratory investigations, treatment, and physical recovery. They tend to ignore psychological status, and the ethical and social culture of the patient. These events abolished medical humanistic spirit (Evans, 2002; Macnaughton, 2011).

Such dehumanised medicine appears to have no past, no cultural language, and no philosophy (Gourevitch; 1999).

The physician-patient relationship was broken (Bertman, 2017). The skills of the physician to interact with patients face-to-face become greatly lost (Egnew, 2009).

There is little doubt that computers increasingly help physicians to find knowledge quickly and easily. However, these tools represented major challenges in the contemporary world due to the time pressures that may prevent physicians from listening to their patients and showing concern for to their problems (Frankel, 2016). Any interpersonal relationship, suck as medicine or education in which the human is in-between the patient and doctor, or the student and teacher, requires time to grow and flourish. However, in the practice of medicine, as anywhere else, the time has become greatly lacking (Ventres and Frankel, 2015; Ventres, 2015).

As clinicians become time-exhausted and overburdened, they become multi-taskers. They may do more than one duty at the same time. The quality of everything they do becomes simultaneously worse and diluted due to the number of tasks they attempt to perform (Eyal *et al.,* 2009; Cheshire, 2015).

Hunt *et al*. (2009) and Serwint (2012) noted that burnout, fatigue, emotional exhaustion, depersonalisation and decreased feelings of personal accomplishment can develop among physicians due to long working hours. Burnout dramatically affects the physician-patient relationship, with a consequent loss of empathy and distancing from patients who feel a sense of abandonment and dissatisfaction with the healthcare providers.

How Can Humanism in Medical Practice Be Achieved?

Since 1970, there has been a trend towards incorporating medical humanities modality in the undergraduate curriculum both in the United States and in Europe (Goodlad, 2000; Evans and Macnaughton, 2004), as well as in many parts of the world (Bleakley and Marshall, 2013; Bleakley, 2015).

In 1919, Sir Osler described the relations between basic science knowledge and the humanities with his famous equate: 'The humanities are the hormones which do for society at large what the thyroid gland does for the individual' (Osler, 1920).

Lewenson and Londrigan (2008) reported that modern society cannot flourish without healthcare professionals exhibiting a strong background in medical humanities as they interact with the individual from birth to death, in health and in illness. So they must be reflective, flexible, and comfortable with the care of their patients and communities.

Medical students begin their journey in medical school with great empathy and a desire to help others. Yet, medical schools teach them solid basic sciences and escape the challenges concerned with human issues (Spiro, 1992). Empathy among medical students declines as they proceed in medical school (Feinstein, 1994). Current medical students lack the essential humanistic behaviours, such as empathy and communication skills (Jung *et al*., 2016). Incorporating medical humanities in the medical school curriculum helps students in their future careers to do what they are already doing but in a more humanistic and empathic manner (Fox, 1985). It can foster critical thinking, an understanding of personal values, empathy, cultural competence, leadership, and teamwork activities. Thus, it prepares medical students to respond appropriately to complicated clinical problems (Evans, 2002; Bolton, 2003). It encourages medical students to adopt good behaviours in their future practice (John and Jeffrey, 2008). Teaching humanistic values becomes a priority in medical education (Glass,1996).

Medical humanities modality is concerned with the understanding of the socio-economic, ethnic and religious background of patients and their families (Tucker *et al*., 2003).

In 1993, the General Medical Council (GMC) in the United Kingdom reported the importance of medical humanities and released its report, termed 'Tomorrow's Doctors' (Downie, 2016). This report proposed a curriculum formed from interdisciplinary subjects, including philosophy, anthropology, religion, law, history, cultural studies, arts and communication skills (Shapiro *et al*., 2009; Erwin, 2014). The GMC advised integration of this curriculum in undergraduate medical education to promote skills, and ethical and legal issues relevant to clinical practice and the rights of the patient in all aspects (Tseng *et al*., 2016). The curriculum in medical humanities should be longitudinal and expanded throughout all years of undergraduate study, as well as in continuing medical education (Gracey *et al*., 2005; Rabow *et al*., 2010).

Humanism and medical humanities can be taught to medical students through lectures, role modeling, training in interpersonal skills, literature and arts study, and listening to video recordings of students, encounters with patients (Branch *et al*., 2001; Libby and Youmna, 2014). Small group teaching, standardised patient exercises, clinical rounds, conversations, and service-learning experiences can also be used as learning methods for humanism (Block,1996; Elam *et al*., 2003).

A 'role model' is a term that refers to a person or physician who is followed by students or learners to imitate his/her clinical experience, humanistic behaviour, and teaching skills. It is a longstanding educational method which has been recommended for promoting humanism among medical students (Mirhaghi *et al*., 2015). Positive role models have high degrees of skills and knowledge. They emphasise the psychological and social aspects of medical care. They respect their patients and listen to them with attention; they respond to their feelings and emotions. During teaching, they establish a reflective atmosphere with their students and win their trust as they are appropriately interested in and concerned for their students and patients. They can associate the human and moral dimensions of healthcare in the learning process of basic and clinical medical knowledge (Branch *et al*., 2001; Molinuevo *et al*., 2011).

Assessments of Humanism in Medical Education

Multiple assessment tools can be used to assess humanistic attitudes and behaviours among medical students. These methods include observations during patient examination, history taking or objective structured clinical examinations (OSCEs), simulations, and quizzes (Libby and Youmna, 2014). Qualitative assessment methods are preferred to determine the perception of students in regard to humanistic values and attitudes. These methods highlight the fact that professional practice and humanistic values integrate disease and illness, thoughts and feelings. Medical educators must not forget that humanism is an interdisciplinary subject intermingled with the basic biomedical sciences.

The Role of Organisations and the Society in Maintaining Humanism in Medical Practice

Medical institutions depend mainly on technological principles. They are designed to deal with medical and surgical procedures, infection control, nursing, and security. Physicians become humanistically inclined. The medical schools must support the teaching of humanistic values (Inui, 2003). Standards and educational principles of medical institutions must also reflect humanistic values. They must pay attention to and maintain patient satisfaction with the outcome of healthcare services (Levenstein *et al*., 1986). An organisation must value its members by showing concern for their well-being, growth,

and development (Cooke and Rousseau, 1988; Wilkins and Ouchi, 1983). Medical organisations could employ experts with good humanistic knowledge, skills, and experience in interpersonal skills to qualitatively evaluate professionalism and humanism among medical students.

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