

What did 3 Years of Medical Humanism leave in me? Feelings, Judgments and Experiences Narrated by Medical Students

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Received: March 03, 2022; **Published:** March 22, 2022

DOI: 10.55162/MCMS.02.025

Abstract

During the 20th century, the sociocultural paradigm of the West underwent a significant change, imposing antihuman values. This metamorphosis (individualism, the desire for power and wealth prevailed over brotherhood and compassion) was coincided with extraordinary scientific and technical development. The new paradigm colonized the minds of physicians and medical training curricula. Medicine became self-centered, cold, fragmented, and practically ignored affectivity. The reaction to this spiritual degradation of medicine was the humanist movement in medicine that originated in the twentieth century but has been developed more in the XXI century, spreading through many countries in the West and also in the East. Currently in the curricula of many schools we find the area of “Humanization of medicine”. In the Faculty of Medicine of the CLAEH University of Uruguay “Humanismo Medico” (HM) is a compulsory subject that is taken during 3 clinical years (70 hours per year) and its practice is experiential. Likewise, we have found it of great interest to know the perceptions, reflections and feelings (self-declared) of the students about their own changes at the end of all the training cycles of HM. Based on 77 opinions (out of 111 issued) of 20 4th year students, we were able to verify that taking HM had caused very important changes in them towards a more humanistic identity. They state that they perceived; 1) a deep inner rational and affective transformation and they observed an increase in their introspection, critical thinking, self-analysis, empathy and emotional balance, 2) greater capacity to plan a professional life with greater well-being, 3) improvement of group interrelationship, which has been more open, sincere and fraternal; 4) ability to share reflections and anguish and 5) acquisition of a holistic view of sick people and better skills to listen and accompany them, and relate to their families.

What is Medical Humanism?

Humanism (H) is a school of thought, a deep feeling and a way of life. It is multidimensional and complex, and its rebirth. Application and integration to all medical activities (practice and academic training in pre and postgraduate degrees) or Medical Humanism (MH) is imperative [1, 2]. The GOLD Foundation has proposed 7 main attributes that characterize the humanistic doctor: integrity, excellence, compassion, altruism, respect, empathy, and service or IECARES [3, 4]. In our medical career, MH is based on three basic principles: 1) comprehensive knowledge of the human being in all its aspects (mind, body, affections, values, project, family, society) both in health and illness: holistic vision; 2) development, support and practice of empathy, cooperation, solidarity, respect and care, especially of the weakest, such as our patients; 3) balanced integral development of students as people in all possible levels (rational, affective, scientific, professional, interpersonal, social, artistic) and deep self-knowledge.

Medical dehumanization and the renaissance of Humanism

During the 20th century there were momentous changes. Society acquired a new paradigm marked by individualism, power, social representation, ownership and money. This predominated over more spiritual and humane values aimed at helping the weak, fraternal community and responsible citizenship. These had been important in earlier times and counterbalanced their opposites [1]. Concomitantly, scientific knowledge increased exponentially and technique made extraordinary and efficient procedures possible. All of this carried over into medicine. Science and medical technique –powerful weapons for the diagnosis and healing of the body– “colonized” the minds of physicians; this and the possibility of greater financial achievements almost destroyed humanism and the holistic view of the patient. Medicine acquired coldness, fragmentation and corporatism [5], healed more bodies, but developed a persistent amnesia about the essence of the healing physician [6].

At the same time, the medical training curricula “danced to the same rhythm”, fostering only research, science-based teaching and somatic clinic. The Cartesian paradigm that separates the body from the mind was thus strengthened [7]. By ignoring the psychological-affective and the family and social ties, medical dehumanization was installed.

As a healing reaction, a conceptual and spiritually profound movement towards humanization emerged [6, 8-10]. At first it was very limited, but in the 21st century, MH grew vigorously and began to spread [11-18]. Nowadays, a growing number of publications have reclaimed the implantation of humanism in medical curricula or communicate its implementation. Most come from North America, but have also gradually originated in other latitudes such as China [19], Africa [20], Greece [21], Brazil [22], Uruguay [23-24], and many other regions.

MH reborn struggles to reposition the patient-person at the heart of physicians and at the center of care systems’ concerns [26]. To try to achieve this objective, various training strategies have been implemented and put into practice, which make up many medical curricula in this century [27-33].

To change professional and personal behavior towards humanism it is necessary to act on the psychological architecture of affectivity and, specially, to keep alive and increase empathy. We must work hard to deeply humanize students and prevent the dehumanization by action of the hidden curriculum and the structure of most medical programs [21, 22, 27, 29].

Assessing whether the MH of undergraduate curricula achieves real humanized behavior in students and physicians has been a difficult undertaking. Buck et al [34] recently analyzed in depth the multiple approaches tested to evaluate these expected results. In this paper, we tried to evaluate a step prior to this behavior.

Objective

In this research we try to find out what medical students feel, self-reflect and propose about the MH subject after having completed it. What balance do they make of the subject and of the influence that MH may have had on their humanistic training as future doctors and as people? How do they perceive their own inner changes related to this training?

We are not trying to evaluate humanistic behavior in practice, but rather students’ perception of their own humanization. We think that really knowing what students think and feel about MH and themselves at the end of this phase of training is an essential input to evaluate and guide future activities of the subjects.

Method

Educational context

At our Faculty of Medicine of the CLAEH University (Latin American Center for Human Economy) the medical career lasts 6 years and students are in contact with patients every year. MH is a compulsory subject (70 hours per year), it is taken in 2nd, 3rd and 4th year (MH I, MH II and MH III) and has a weekly frequency of two hours. It includes face-to-face activities (in small groups and plenary ses-

sions) and field tasks. We always try to create an empathetic, receptive and stimulating educational environment. The contents refer to being human, society, health and disease, vital balance, holistic conception of the patient, family, life and death, art and others. But the core of our teaching is based on real life facts and medical care that deeply mobilize affectivity. Each student conducts personal conversations with patients to get to know their emotions and points of view, as well as their own affective reaction in that instance. Feedback is provided regularly on these occasions by the director of the subject and ten tutors trained for small group work in humanism. In addition to the aforementioned, MH coordinates activities with areas of “humanities” (anthropology, epistemology, bioethics and history).

Methodology

At the end of their MH courses in 4th year (MH III) in October 2020, all students wrote a paper answering the question “What did three years of Medical Humanism leave in me?”. No other directives were given in order to encourage spontaneity. In one week, all 20 students of the course (12 women and 8 men, average 22.6 years old, minimum 21 and maximum 29) sent their narrations by e-mail to the professor. We analyzed each writing and extracted verbatim all “opinions” statements, reflections, evaluations, proposals or criticisms. We obtained 4 to 6 “opinions” per paper, a total of 111. The list of “opinions” was made up of 77 since we decided to discard 34 that were conceptually similar to others contained in it. The “opinions” were grouped into 8 categories as can be seen in Table 1.

<i>Stimulation of personal development</i>
In Humanism I feel like learning out of self-interest and self-direction.
The further I advance in this subject, the more humanistic ideas emerge from me.
When I left Humanism, I continued on the same wavelength at home.
The topics covered always have to do with the essence of the human being and that’s where my enthusiasm comes from.
<i>Educational environment</i>
It generated a tension-free and receptive environment that allowed freedom of opinion.
It allowed us to disconnect from the rest of the tasks and their rhythm that takes us to the limit.
The teachers created an atmosphere of trust that allowed us to talk about difficult and painful topics for us.
Each of us were able to speak from our place and defend our ideas to a greater or lesser extent.
Environment that gives room for debate, exchange of opinions and provides the opportunity to express oneself without fear of being judged.
For me, Humanism classes were a succession of relaxed encounters where we became intellectually enriched, shared experiences and got to know each other as people.
Exchanges are productive and challenging (we spent hours interacting).
<i>Formative attributes</i>
It provided us with teachings for life.
It is something that distinguishes this University.
It means valuing the human condition.
It is my favorite subject.
It is more than a subject, it is a space where we learn values, attitudes and a real vocation for service.
Humanism is a fundamental pillar of the career.
Humanism is fundamental and complementary to our formation.
We are privileged to attend UCLAEH where we learn to be doctors, but also to be person.
Humanism is fundamental and makes doctors become more humane.

Humanism totally differs from any other discipline and this word is not fit to define it.
It has contributed to my development as a person.
It has been three years of forming ideas about the reality of a society in constant movement.
It has been a teaching that has gone beyond traditional medicine.
Group interaction and discussions
Humanism moved away the exaggerated development of the ego.
It allowed us to get to know our colleagues better and led us to share experiences and anxieties and to see things in common with classmates and teachers. I enjoyed it.
Humanism awakened in me a feeling of belonging and unity.
The exchange with classmates and teachers shaped values such as listening, empathy and solidarity.
It has been a pleasure to participate in Humanism discussions and listening to the opinion of others has surprised me, it has helped me from my own opinion on different matters.
It taught me to question myself and to make an effort to understand others.
It taught me to develop tolerance and patience, and to tolerate different thoughts.
I believe that the greatest value is found in class discussions, where we give our opinion and listen to others.
An atmosphere of exchange was created that greatly enriched learning and teared down the prejudice of the teacher being "the boss".
Influence on myself
Humanism allows me to connect with my deepest side and It was very important for my personal growth.
It has made me believe It was very important for my personal growth even that when I am doctor, I will aim for a happy life in my work and in my personal life, and I will avoid burnout.
It has been extremely enriching in my personal life.
It helped me be a happier person.
I have acquired knowledge and tools that will help me be a better health professional and a better person.
I learned that being a doctor means much more than treating organs and systems. That is the greatest treasure that I take from Humanism.
Way of thinking, development, self-analysis
It clarified uncertainties and generated new questions and new answers.
It encouraged self-reflection.
It encouraged changes of opinion.
It forced us to reflect and with it to change, at times, our position.
Here I can reflect and question my own opinions that I used to consider irrefutable.
In our heads the need arose to seek answers to the questions raised and that reasoning generated knowledge.
We learned to think, reflect and reflect on our reflections, to respect and empathize.
What I have learned –much without realizing it- has been engrained in me and in the future I will be a humanistic physician, where these things will go from being reflections to being actions.
Humanism makes us know ourselves more, sometimes I find myself thinking and reflecting on issues about which I had no formed opinion.
In Humanism I learned to work on my reflection, to go to the depths of my thoughts and learn to develop and communicate them in an understandable way.
Humanism boosted my empathy.

I finished closing concepts that were unfinished; I began to formulate my own hypotheses and my ways of reflecting.
In situations where life puts us to the test, Humanism gives us the basis to face these events from a rational and emotional point of view.
<i>Holistic view and Attitudes and behaviors with the patient</i>
It gave us an integrated view of the patient and see them as a whole person.
The personal interviews with patients, without intermediaries, allowed us to see them as a complete person (see what they feel, hope, fear and think).
It made us see the sick as a sick human being and not as a clinical case.
We learned to accompany the sick.
The patient is a fellow human being who suffers and needs relief.
We learned to know how to talk to the patient, giving them time.
HM taught us to reestablish lost communication.
HM improved the relationship with patients.
We learned that the doctor is a person who helps another one who suffers.
We must see the patient as a person, with goals, dreams, strengths and weaknesses, just like us.
The patient places their trust in us, but at the same time we must earn it.
Without Humanism, I would not feel fulfilled when talking to the patient.
The doctor, in addition to science, must put in feeling, art and passion.
The tools I take with me will lead me to be more empathetic, convey information better, and report carefully on life and death issues.
Humanism encouraged us to serve the community and practice the common good.
Humanism has given me another perspective on the patient (different from the common one), who must be respected above all else, valued and revalued in all their dimensions.
We acquired basic principles to act in complex situations and especially critical situations in medicine, where my emotions and feelings are running high: communicating bad news and handling abortion or death situations.
<i>Controversial issues, social taboos and conflicts in education</i>
It allowed us to know, deal with and debate controversial issues and topics that are considered taboo in society.
We dealt with frequent and extremely useful topics that are not addressed in any other subject with a human approach.
I was able to position myself on issues not frequently addressed, such as limitation of therapeutic effort, suicide and abortion.
It has made me reflect on extracurricular topics that are taboo in society and that are closely related to life and death.
It is very important that critical issues are presented, which are transcendent (abortion, euthanasia, organ donation and others). These topics are much more controversial than others and one must be very careful when expressing personal opinions.
It is very important to present different points of views.
I am outraged by people who believe that because they adhere to an ideology or religion, the rest of society should be governed by it.

Table 1: What did they leave in my three years of medical humanism?-Textual responses of the students (grouped by categories).

The students expressly authorized the public dissemination of their “opinions”.

Commentary

Medical students have long called for the humanization of the career and of themselves when pursuing it [36] and have also enthusiastically accepted the inclusion of Humanistic activities as reported by Shanroth and Shamroth recently [37]. Likewise, the Alagoas School of Medicine (Brazil) [22] has collected very critical opinions from first-year clinical students about the lack of humanization-mainly towards the student's person- in curricular education. The spirit of our work has particularities that make it original: the MH course in our faculty is compulsory and curricular for 3 years, the education is experiential with an approach that focuses mainly on the affective world in patients' real life (with a holistic vision) as well as the students'. Opinions are collected at the end of the 4th clinical year.

Our students express that the educational environment at MH was friendly, open, permissive, trustworthy and stimulating, which has allowed more spontaneity, reflection, discussion, originality and interaction. The deep rational and affective internal transformation (introspection, critical thinking, self-analysis, empathy and balance) that they perceive in themselves and that they relate to having attended MH is remarkable. They are aware of their maturation, including greater analytical capacity of themselves and of the environment, greater tolerance of uncertainty and capacity to plan a balanced professional life with greater well-being. They state that MH has generated very good group interrelation, which has been more open, sincere and fraternal among classmates and with teachers, allowing them to share reflections and anxieties, learn from others and be more tolerant. They state that MH helped them to acquire a holistic view of sick people and to consider somatic problems with affectivity (anxiety and hopes) as well as family and social ties in a more integrated way. They learned that the patient needs company, help and relief, and they acquired skills that allow them to improve communication, speak to them in an understandable way, gain their trust and inform them appropriately. A special emphasis was given to dealing with, discussing and having specialists on controversial issues such as abortion, euthanasia, suicide, organ donation, advance directives and laws on patient rights. These thoughts and feelings, full of vitality and humanistic spirit -which deeply gratify us- give us hope of being able to defeat the "demon of the third year", an entity treated in depth by M. Hojat et al [38, 39] that leads medical students to skepticism, loss of empathy and cynicism.

Nevertheless, the real personal transformation that they report having experienced must be confirmed in practice with patients, although we believe that it is a very important indicator of real humanization. We know that empathy can decline over the years if there is no persistent reinforcement (perhaps throughout life) and living conditions that favor it. Two important tasks remain ahead of us: 1) to carry out an investigation of humanistic behavior in practice and 2) generate MH programs for residency and continuing medical education.

We end with these narratives of the students filled with deep emotion

"Sometimes life hurts, and it hurts a lot, but with the humanistic approach one can see -even understand- and be more logical in relation to life, penetrate the mysteries of life and death. Everything we dealt with in Humanism has fascinated me. It has been extremely enriching personally and academically and has helped me be a happier person".

"Humanism helped us adapt to different difficult situations, such as the way of working and living during the covid-19 epidemic. It pushed us towards adaptation and resilience. It led us to share experiences, anxieties and different points of view, to see things in common with classmates and teachers. In my case at least, it awakened a feeling of unity, fundamental for our training, and also a feeling of belonging that made us more human".

Acknowledgments

Deep appreciation to the teachers who are tutors of Medical Humanism at the Faculty of Medicine of the U CLAEH (Learning in Small Group or LSG) and who have contributed in a very important way to obtaining the results shown in this work :Medical Drs , Pablo García; Monica Monfort; Cecilia. Fernandez; Maria Jose Garcia; Jimena Pereira; Alfonso López; Lucía Gallo; Erika. Barrios; Amparo Barreiro and Melanie Isern.

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Volume 2 Issue 4 April 2022

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