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The Humanist Paradigm in Medicine

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Abstract

The objective of this work is to communicate the definition of Medical Humanism (MH) adopted by the Medical program at Universidad CLAEH and to delve into its historical, ideological, and existential roots. These roots are nourished by cultural ideas from the **Renaissance** and the "**humanitas**" of Scribonius Largus, passing through Christianity, the ideas of Freud, Tournier, Engel, Pellegrino, Laín Entralgo, and the contributions of neuroscientists like Damasio, LeDoux, and Kandel, as well as contemporary humanists in medicine.

Humanism is defined as a way of life centered on the human being as a value in itself, promoting their multidimensional development, fraternity, and compassion. Medical humanism applies this vision to medicine, focusing on both the holistic well-being of the patient (respect, empathy, and compassion) and the comprehensive development and mental health of healthcare professionals and students.

MH is a mandatory subject in the medical UCLAEH curriculum and a pioneering initiative in Uruguay since 2006. It is taught from the first to the fourth year, with 70 hours of annual in-person and field activities. It strongly seeks to recover the vocational, compassionate, respectful, and altruistic essence of medicine and the comprehensive and fraternal personal development of students. The objectives, contents, and educational modalities of the program are detailed.

Despite rampant dehumanization in much of the world, our humanist initiative is based on the belief in the possibility of individual transformation and the imperative need to promote solidarity and well-being, seeking to train conscious, supportive, empathetic, and compassionate doctors. For students, the goal is to develop self-knowledge, personal growth, group solidarity, and a strong awareness of the mission to practice holistic, empathetic, and compassionate care for the patient.

The educational methodology is structured in annual cycles (Medical Humanism from the 1st to the 4th year) and the modality used is broken down into plenary sessions, small-group learning workshops (SGL) inspired by the "Balint Groups," and field activities (such as colloquial conversations with patients and the identification of their affective manifestations and those of the student, followed by feedback). The aim is for teachers to act as humanist role models and for the educational environment to be highly receptive, understanding, and warm, consistent with the ideas we have put forward.

Keywords: Medical Humanism; Medical Education

Introduction

Humanism is an idea, a feeling, and a way of life that, when integrated into medicine, will improve the lives of many, making the art of healing, alleviating, and comforting warmer, more humane, and more compassionate. All of us who work and fight to implement this paradigm must communicate our ideas and experiences to strengthen each other, especially considering that cultural changes are slow and difficult and that a large part of the medical world opposes or is indifferent to the humanization being proposed.

Objective

The objective of this work is to communicate the definition of humanism integrated into medicine that we believe best represents this paradigm and to delve into its historical, ideological, and emotional roots emerging from the thought and action of many pioneers who preceded us in this field. It is also to disseminate and submit the program of our humanist project at Universidad CLAEH, its curricular structure, and its training modality to reflection, comments, and criticism.

Definition

Any project that wants to be disseminated and submitted to the analysis and scrutiny of others needs clear definitions and a description of its structure and methods of implementation. In our case, this need is accentuated by the polysemic nature of the word "humanism," which is used by various currents or movements with diverse meanings, and by the different ways of putting it into practice in different medical schools.

Humanism integrated into medicine ("medical humanism") must consider not only the care and greatest possible well-being of the sick but also of those who care for them (doctors and other health personnel) and medical students.

Adopted Definition

Medical humanism is a current of ideas centered on the holistic vision, potential, and development of the human being (an anthropocentric philosophy) and fraternity. It is simultaneously a deeply rooted feeling that strongly drives all those committed to healthcare toward empathetic, respectful, and compassionate behavior with the sick. It also encourages medical students, doctors—and all health personnel—to fully develop their empathy, critical thinking, and multidimensional growth to achieve, to the greatest possible extent, self-knowledge, creativity, freedom, and the search for balance and well-being in life for themselves and for everyone.

Roots

It is essential to reflect on the historical, philosophical, existential, and also emotional and experiential roots on which we rely to compose our vision of the humanist paradigm and the reasons that have led us down this path.

The choice of roots we make here, which inspire and underpin our conception, is very possibly partial but has proven to be highly inspiring and is necessary and sufficient for our definition.

1. ***The Renaissance***. The word humanism possibly originated around 1800, although the movement later named that is the fruit of the Italian and then European Renaissance (14th to 16th centuries). "Humanism" derives from "Studia humanitatis" an emblem of the Renaissance, and from humanitas. The Renaissance is the period in history in which the sociocultural, artistic, and scientific explosion par excellence of our era took place. It was a multidimensional, transformative, and creative movement with educational, artistic, and scientific components that broadened and stimulated the human mind [1, 2]. The humanists advocated the cultivation of "**humanitas**." A person who practiced "**humanitas**" was not only a reflective and charitable thinker but a man of creative action in the community, balancing contemplation and action [3].
2. ***Scribonius Largus***. He was the one who, 1500 years before the Renaissance, specifically linked the word "Humanitas" to medicine. Asked what medicine was, he only answered, "Humanitas". This "Humanitas" of Scribonius meant understanding, benevo-

lence, compassion, and mercy, as well as good judgment, culture, prudence, and honor [3-5].

3. ***Christianity***. Other roots come from some aspects of Christianity. Jesus' words, "love others as yourself," could be interpreted as a maximum expression of empathy. He also speaks of "love," that is, the affective, empathetic, charitable, and compassionate connection, congruent with the good of the other, in our case with the sick person [6]. We also possibly inherited respect and compassion from some aspects of other religions.
4. ***Sigmund Freud***. The next step that illuminates us is the ideas and creations of Freud, who—apart from creating psychoanalysis—gave us a theory of the mind, reinterpreted, and consolidated the mind-body union and its continuous, indissoluble interdependence [7, 8].
5. ***Paul Tournier***. His preaching and human, committed action to the care of the sick were especially exemplary. For decades, he tirelessly generated, practiced, and spread person-centered medicine and tolerance [9], a movement that would be reborn at the beginning of the 21st century [10].
6. ***George Engel***. The dissemination of the biopsychosocial hypothesis of medicine by Engel is a precedent and a cornerstone of humanism. He affirmed the holistic sense of our medical perspective and reunited the parts that had been separated [11].
7. ***Pellegrino and Laín Entralgo*****. Philosophical support has been given to us by the thought and philosophical preaching of Edmundo Pellegrino and Laín Entralgo, who explored the complex and profoundly moral nature of the doctor-patient relationship [12, 13].
8. ***Antonio Damasio***. In the last 40 years, there have been novel, creative, and very important contributions from the field of neurosciences that have increased the deep knowledge of the human being and their behaviors and have allowed for a more complete conception of the humanist paradigm and medical humanism. Damasio has led this movement by clarifying and teaching the neurobiological bases of impulses, emotions, feelings, and behaviors [14, 15]. In the same vein, Joseph LeDoux [16] and Eric Kandel [17] have allowed for a deep understanding of instinctive impulses (survival circuits), memory, and the global functioning of the brain.
9. ***Current Humanists in Medicine***. Many distinguished authors, thinkers, and researchers have enriched, supported, and consolidated the integration of the humanist paradigm into medicine in multiple countries [18-28], and also in Uruguay, where H. H. Muiños [29], R. Bernardi [30], Á. Díaz [31] and others stand out. We have been following this path since 2006, and many of the reflections, experiences, and proposals contained in this work have been previously communicated in our publications [32-39]. They have also been disseminated on our blog (Humamed.info).

All of them have nourished us, each from their particular perspective. Some, by promoting the rebirth of humanist medicine, teaching tolerance, empathy, and solidarity, especially with the weak and the sick. Others, by researching and disseminating a greater knowledge of the mind (memory, reason, affectivity, motivation) and behavior, which has been fundamental for a greater understanding of human beings. All share the common denominator of having tried to understand and explain the human—the reality of man in the world—with a deep, inquisitive, and compassionate perspective.

The incentives, challenges, and lessons learned during the practice of medical teaching, the dialogue with colleagues committed to humanism on various levels of activity, and the raw experiences that one of us (HCR) has had during more than 30 years of work in Intensive Care Medicine have been fundamental to the development of our project. In the Critical Care environment, the deep suffering of patients, but above all of their family members, was present every day, reminding us of human vulnerability, pain, and the need for companionship and support.

Everything has conspired to favor the desire for a deep and reflective understanding of the human being as a mind/body unit, the understanding of the social and cultural environments in which they are immersed, and a more humane behavior with our patients.

Some Essential Motivations and Obstacles to Humanism

Pains and hopes motivate us to undertake this path: 1- the experience we have lived (and which is universal) of the lack of compassionate, empathetic, and respectful care for many sick people; 2- the suffering of many doctors and medical students, confirmed by numerous worldwide investigations [34, 40-43]; 3- the confidence that most people have the possibility of broad and balanced emotional and cognitive development, a vocation to be fraternally integrated into society, and the potential capacity to develop empathetic behaviour and be gratified by it; 4- the evidence of real—sometimes moving—solidarity from many people vocationally dedicated to caring for the sick; 5- and with a broader and evolutionary perspective, the confirmation of friendly and supportive relationships in some groups of animals that are our brothers on the rungs of evolution. This has been deeply studied by Frans de Waal [44, 45].

We believe that humanism is the stance and activity that can, even partially, reverse the degrading "carousel" of medicine that begins with inhumane treatment, excessive demands, and the stimulus for competition in medical students, continues with disillusioned and unempathetic doctors, and ends with neglected and even rejected patients.

We know that for the proposed attributes to become a reality, many basic favourable conditions (social and economic) in people's lives are needed, as well as specific suitable means for their development.

Of course, we are not blind to the reality of our environment and the world, where the full development of the person and solidarity are diminished, degraded, eliminated, or frequently transformed into their opposites for different and complex reasons: individualism, indifference toward others, rapacity, violence, and excessive desire for power and wealth. Unfortunately, this happens in various societies in a majority way, and sometimes with a terrible intensity and extension, but it does not discourage the humanist movement. On the contrary, it justifies its existence, the effort, the conviction, and the enthusiasm for its dissemination.

Training must begin with students. Helping them to be trained holistically in humanism will make them empathetic and compassionate doctors, and many of them will also be responsible catalysts—direct or indirect—for other necessary structural changes in society that humanism cannot make directly. Macrostructural changes must be managed and attempted by the great sociopolitical currents of ideas and action and by governments, in their nature and complexity. Humanism is not a political party, a sect, or a religion, nor does it govern anything, but nevertheless, it supports and fervently desires that systemic changes exist or are produced that make society more equitable, fraternal, and free, without which large groups of the population will not be able to access the minimum resources for a dignified life, and much less aspire to comprehensive human development.

Medical Humanism in the UCLAEH Medical Program

UCLAEH is a university in Uruguay founded by the Latin American Center for Human Economy (CLAEH). Previously, this center had been intensely dedicated to social, political, economic, and educational studies and activities that, in accordance with its philosophy, were oriented toward the common good [46, 47].

The humanistic orientation of CLAEH was a fertile and free ground for its faculty of medicine to give birth to, develop, and see a humanist medicine project bear fruit, which integrated the medical curriculum since the faculty's foundation in 2006, being a distinctive characteristic of it. The program also includes courses in anthropology, history of medicine, epistemology, and bioethics and receives between 45-50 young people each year who begin their contact with sick people and attend the clinical environment from the first year.

The founding mission of the UCLAEH Faculty of Medicine is that, integrated with adequate, sufficient, and updated professional knowledge and skills, the graduating doctor achieves a profound humanistic development. This humanistic program is an original and pioneering project in our environment that is part of the universal trend to integrate this paradigm into medicine in order to recover the vocational, compassionate, and respectful essence of the treatment of the sick.

Medical Humanism is a mandatory subject in the curriculum of the medical program at Universidad CLAEH, which is taught from the first to the fourth year of undergraduate studies. Each year it occupies 70 hours in in-person and field activities. In the following years of the degree (5th and 6th), specific activities are carried out, and it is also taught in the specialty programs offered by the faculty.

Its teaching staff has a director and 11 tutor teachers specialized in small-group management who have graduated from the specific course for their training that is taught at the faculty ("FORHUM Course").

Medical Humanism Program

General Objectives: To ensure that medical students achieve the highest possible degree of:

1. Authentic self-knowledge and fruitful personal growth in the affective, cognitive, behavioral, and relational areas.
2. Group and social solidarity.
3. A deep conviction—translated into congruent behaviors—that the specific role of the doctor is primarily centered on the holistic and individual assistance and care of each patient, based on respect, empathy, and compassion.
4. Construction of their own life in balance and well-being.

Training Cycles by Year and Contents of Each Cycle

There are four Medical Humanism training cycles (respectively HM I, II, III, and IV). Each cycle is composed of several modules centered on a specific theme or activity that corresponds to the objectives mentioned. Some topics in the program may be replaced by the consideration of important emerging problems for student life or teaching at the request of the students or teachers. The programs for each year or cycle of Medical Humanism can be seen in Tables 1, 2, 3, and 4.

Objective: Knowledge of the human being and the humanist movement, self-knowledge, socialization process, and personal re-identification, identification of good role models and hidden curriculum, holistic and empathic encounter with sick human beings.	
Contents	
Module 1	The Human Being and Humanism in Medicine
Module 2	Pre-Adulthood: Awareness of the current stage of development
Module 3	"My Place in the Group"
Module 4	Habits and Traditions in the New Culture: University and Hospital
Module 5	Before the Corpse," a session integrated with Anatomy
Module 6	Humanization and Dehumanization in Patient Care
Module 7	Meeting and Personal Conversation with an Inpatient

Table 1: First-Year Medical Humanism Program (HM I).

Objective: Neurobiological, psychological, and behavioural aspects of human affectivity and its regulation by reason; dynamics of relationships between individuals and within groups, and the study of violence. Advancement of the holistic and empathic relationship with patients and the pursuit of mental health and balance in students' lives.	
Contents	
Module 1	Human Affectivity: Feelings, Emotions, and Behaviour
Module 2	Empathy and Interrelationships Between Human Beings
Module 3	Functioning of Human Groups
Module 4	Constructs of Health and Illness
Module 5	the Doctor/Patient Relationship

Module 6	Meeting with the patient and colloquial conversation.
Modulo 7	Individual and Social Violence: Domestic Violence, Violence Against Women, and Violence in the Healthcare Setting. Sexual Harassment. Bullying
Module 8	Stress, burnout, depression, and mistreatment in medical students. Ways to avoid or minimize them and to take care of students' mental health and well-being.

Table 2: Second-Year Medical Humanism Program (HM II).

Objectives: Acquisition and improvement of cognitive skills; exploration of personal identity; uncertainty in life, especially in medical care. What is the real life of physicians and caregivers like? Continuation of empathetic and respectful personal contact with patients.	
Contents	
Module 1	Critical thinking, reflection, and metacognition
Module 2	Medical reasoning and decision-making
Module 3	Identity (inherited and acquired). Uncertainty in medicine
Module 4	The life of a physician: stress and burnout. Career/family balance and degree of contentment with life
Module 5	Caring for the caregiver
Module 6	Continuation of conversational and humane relationships with hospitalized patients and their families

Table 3: Medical Humanism in the Third Year (HM III).

Objective: Study, reflection, and practice on social and personal values; bioethics and moral discussion in medicine; patient rights. Practice and management of critical events in medicine. Consolidation of a holistic, empathic, and respectful relationship with the patient. Reaffirmation of concepts and attitudes conducive to physician balance and well-being.	
Contents	
Module 1	Social values and personal values. Schwartz's general theory of values
Module 2	Laws related to medical practice and patient rights. Bioethics in medicine. Code of Ethics of the Uruguayan Medical Association. Moral discussion in medicine
Module 3	Breaking bad news in medicine
Module 4	Adequacy (Limitation) of Therapeutic Effort in the Incurable Patient
Module 5	Palliative Treatment and Euthanasia
Module 6	Reflections on the End of Life: Death and Grief
Module 7	Brain Death and Organ Donation
Module 8	Maintaining and Consolidating a Holistic, Empathic, and Respectful Relationship with Patients. Colloquial Interviews.
Module 9	Research on Factors, Attitudes, and Life Positions That Promote Balance and Well-being in the Lives of Physicians and Students

Table 4: Fourth-Year Medical Humanism Program (HM IV).

Training Modalities

Classroom activities are carried out (Interactive Plenaries and Small-Group Learning Workshops -SGL- coordinated by a trained tutor) and practical field activities (in hospitals, the community, or the faculty itself).

Each annual course is divided into 6 to 8 modules, each lasting 4 weeks. Each module is dedicated to a topic or activity whose contents can be seen in the program tables (tables 1, 2, 3, and 4). A 2-hour meeting with the students is held each week of the module.

At the beginning (week 1), an interactive plenary session is held, and another at the end of the module (week 4). In between, two small-group learning workshops take place (weeks 2 and 3).

In each year (or generation), Medical Humanism students are divided into 4 or 5 small groups for work in SGL Workshops. Each group has between 9 and 10 students who remain in it all year.

Plenary sessions

The plenary session is the only instance in which all students of the generation are together with all the teachers of the year. It allows students to get to know each other, learn what their classmates think, interact with students from other SGL groups, and receive didactic instructions that include everyone. See Table 5.

Week 1°: Plenary Session at the Beginning of the Module	
1	Preliminary Reading Related to the Set Content
2	Beginning: Learning Objectives for that Module. Presentation of the "Core" Content
3	Subgroups of students discuss and reach a consensus about what they know about the topic and what critical points they find in it or need to be explained
4	Each subgroup presents their results to the entire class
5	The concepts or "key words" from each presentation are compiled
6	The most frequently used concepts or key words are discussed in detail, and feedback is given on the questions
7	Summary
8	Work schedule for the next meetings: two small-group learning workshops and fieldwork
Week 2° and 3°: PGM Workshops	
Week 4°: Plenary session to conclude the module	
1	Each PGM Workshop student group presents their conclusions from their work: the results of their studies and fieldwork.
2	Students and faculty present analyze each presentation. Discussion between the presenting students and the other students.
3	Summary of new learnings gleaned from the fieldwork experience.

Table 5: Structure of the Plenary Sessions.

Small-group learning workshops (SGL)

Before describing our small-group workshops, it is essential to honor the founder of the method of reflection in small groups in medicine that inspires our SGLs: Michael Balint. He was an inspiring psychoanalyst, founder, and manager of the "Balint Groups" with the collaboration of his wife Enid from the mid-20th century in England [48, 49]. These were relaxed meetings of doctors in small groups to address emotional problems, develop empathy and communication skills, critical thinking, and face threats to their mental health problems. The groups were coordinated by a psychologist or a trained person. This system or its modifications has been used with good results by others [50-52].

The SGL Workshops that we carry out in our Medical Humanism course have two purposes: a) academic and b) personal development and, stimulating friendly and productive interrelation. (See Table 6)

a) Academic	
1	Presentation of their accounts from interviews or personal conversations and their surveys.
2	Synthesis of the knowledge gained in the plenary session and in their personal studies with facts gathered during fieldwork.
3	Presentation of summaries of topics and personal writings on topics consistent with the course objectives
4	Collective preparation of presentations for the plenary sessions
b) Personal and group growth: Cognitive, affective and communication skills maturation	
1	Encourage spontaneity. In a small group, a young person's true thoughts easily emerge
2	Practice reflection and metacognition
3	Stimulation and practice of critical thinking
4	Group reflection, encouragement of dialogue, spontaneous discussion, and debate techniques
5	Mutual information: learning to receive, offer, and request feedback
6	Exercise on expressing emotions
7	Analysis of empathy
8	Stimulation and practice of collaboration and support among members

Table 6: Objectives of the Small-Group Workshops.

SGL workshops are the students' preferred activity. They report that a smaller, more intimate, and relaxed environment is generated in them, which allows them to share their problems, opinions, and ideas with more confidence. They can even express deeper intimate concerns or propose ideas that go against what is "politically correct." There they can freely and spontaneously express what they feel and think about everything that concerns them. They can express discomfort they have experienced in their group relationships, with the faculty, or in the hospital, which causes them anguish and anxiety. Sometimes they propose remodelling the planned program.

It is essential that the teacher-tutor be flexible in this work to favour greater sincerity and spontaneity and allow the students' mental functioning to be more fluid and unimpeded. The meetings should be prevented from turning into "coffee talk." If this occurs, the tutor must monitor the progress of the exchange process, its motives, and its content and then reorient the group and remember what the main objective is. However, if a different and worrying problem emerges that harms the mental health of the group or a single student that causes commotion in that student, the group, education in general, the community, or society, the new topic is accepted.

Field Activities

Field activities (outside the classroom) are carried out in the healthcare environment, in the community, or in the student environment. They are:

1. ***Colloquial personal encounter with a hospitalized patient*** [18, 39, 52].

   Is the field task that we consider most important. We will elaborate on the description of this exercise because it is the heart of humanist training [18, 39, 53].

   Contact with the patient is obtained by the student, who attends the healthcare institutions that they generally already know from their clinical learning and training. The interaction should not be an interrogation or a survey, nor will clinical data be collected. It is a colloquial conversation.

   The student must state what they intend to do and why they are doing it with sincerity and ask for the patient's agreement. The sick person's good reception has historically been almost automatic, and the visit is very welcome because generally no one has

previously taken the time to talk to him or her personally, and no one has been interested in his or her emotions, fears, and hopes in the process he or she is going through. Therefore, the patient finds a sincere and containing listening ear in the student. Almost no interview has been denied in 18 years of education in Medical Humanism. Colloquial conversation is fundamental.

The objective is to establish a sincere and spontaneous exchange where the patient can tell their story, express their emotions, concerns, and hopes, their relationship with the family and with the treating team, and their feeling of "being sick." The student can intervene by telling them parts of their life that are congruent with the conversation.

The student must identify the patient's emotions and feelings, as well as their own, resulting from the interview and conveyed by the functioning of their empathy, and reflect on what they have experienced.

The justification for this activity is that if we want to sensitize the future doctor and generate humanist feelings in them that involve the development of empathy, the holistic consideration of the patient, listening, and understanding their emotions, fears, and hopes, it is essential to provoke deep emotional movements. To humanize, it is not enough to make recommendations, speeches, or lectures, since these activities—although they may have some value—are aimed mainly at the student's intellect, and what can change the motivations of human beings toward help and compassion is the real affective content of the training activities.

2. ***Participation and observation of medical consultations***. In this exercise, one or two students request authorization from a doctor to be present in their consultation. In this case, the doctor asks each patient if they allow their presence. Students who are in advanced years may even collaborate by gathering information. They must observe, evaluate, and reflect on the behaviors of doctors and patients in this instance. Written report is mandatory [54].
3. ***Observational work in the hospital healthcare environment***. They should evaluate humanization and dehumanization of care [55]. While attending the hospital for their clinical practice and learning, students have the mission to observe the behavior of all health personnel, as well as patients and family members. They must then write a report with personal reflections on what they experienced as a reflective and narrative exercise.
4. ***Personal interviews with practicing doctors***, [56-58]. These are formal interviews with doctors to find out how they live their work, what they consider important and what is accessory, their satisfaction with their work (satisfaction or not with professional life). If the interviewee agrees, they are asked about their mental health problems and especially about how they maintain a balance between professional work and personal/family time.
5. ***Interviews with people from the community*** [59]. Surveys and interviews on Health and Illness in the community the students go to the community and talk with various people chosen by chance or at random and listen to the opinions of the towns people about what health and illness are. Later in the classroom—in a plenary session or SGL workshop—they analyze what the population values in this regard and the differences with academic definitions.
6. ***Surveys on well-being, discomfort, and mental health in medical student*** These are semi-structured surveys that are offered to all students of the faculty who want to respond. The objective is to find out what are the negative or positive factors for their mental health (at the faculty, hospital, or in their private life) and what is their satisfaction with their current life. It is especially investigated whether they have free hours for themselves, the quality of their sleep and diet, how and how much they relate to people outside the student body—be it family, friends, or romantic relationships [60, 61].
7. ***Research on Violence***. Domestic violence, violence in the healthcare environment and violency in the school , Bullying or other types [62-64].
8. ***Institutional visits*** Students attend nursing homes or other institutions with one of their tutors and talk with the people who live there. They inquire about their attitudes towards life, their comfort or lack thereof, their family relationships, and their needs at that stage of life. Or they talk about a topic proposed by the person visited. At the same time, for institutionalized elderly people, it is a time of recreation and joy to talk with the students.

In all these field Works students must write a narrative of their experience in which, in addition to the survey data (if applicable), the affective movement (emotions and feelings) and behavior of the people they interact with and of themselves must be included. This story is given to their teachers and always has personal or written feedback. It is also used as a reason for interactive work in the SGL Workshops. The fact that the student must write a narrative of the experience and then talk about it—during the feedback—reinforces the affective process and falls within the scope of narrative medicine, a topic treated in depth by R. Charón and others [65, 66] and also addressed by us [67].

Educational Environment

The role of a model. To encourage young people to develop in the humanist paradigm, the teacher must be a model in attitude and behavior. It would be ideal if all those who influence the training of the young student, including non-teaching doctors in healthcare institutions—who are the example of what the young person wants to be—had a real behavior as humanist models. If they are not, they will contribute to training a graduate without empathy, disillusioned, and perhaps cynical. This last possibility is more likely if the students are not trained to prevent and be attentive to the effects of the hidden curriculum [68, 70].

The educational environment must be welcoming, tolerant, participatory, stimulating of spontaneity and originality, non-punitive, entertaining, and sometimes fun. It must also be serious and demanding to the appropriate extent for the purposes. Containment and listening must be offered to young people, and their problems and proposals must be taken seriously. The activities, whether in a plenary session or in small groups, must seek interactive, cooperative, and equitable participation. Feedback must be appreciated, requested, and offered. Any tendency or attitude of violence or discrimination for any cause, as well as the tendency to exclude some members from the group, must be clearly identified, prevented, and corrected [62, 63].

Student Balance at the end of all Medical Humanism Cycles

We have tried to obtain the students' evaluation of the medical humanism course repeatedly in the form of anonymous accounts of their opinions and analysis of the aspects in which they have been favored—or not—in their personal development and growth by this type of training. Their evaluations have been extremely stimulating for the entire teaching team and strongly encourage us to continue our program and improve it every year. The results of an anonymous survey conducted with a generation of students after finishing all the medical humanism cycles have been recently published [71]. This group considered that taking medical humanism adjusted to the indicated program had provided them with what is stated in the following table 7.

• Having been treated as people
• Development of a holistic vision of the sick and the exercise of empathetic and respectful treatment with them.
• Increased and improved mutual knowledge among the members of the generation. Achievement of better communication and internal solidarity of the group.
• Acquisition of new values or reaffirmation and critical analysis and better understanding of those they had previously
• Greater personal strength, better preparation for life and the profession, and efficient tools to achieve it
• Greater intellectual-cognitive development and emotional management
• Greater well-being

Table 7: Main benefits obtained by students from having taken all years of the described program, according to their own opinion.

Conclusion and Summary

In this work, we have defined our conception of Medical Humanism, reflected on its roots, and referred to part of the host of authors and thinkers who have generated the humanist path. We also presented our reasons for adhering to this current of idea and feeling and putting it into practice, and we have given sufficient reasons for its essential inclusion—as a mandatory subject in our case—in undergraduate medical curricula. We also analyzed the favorable factors that support and encourage the task of humanizing medicine, as well as its main enemies.

We presented the bases of the Medical Humanism project of the medical program at Universidad CLAEH, the objectives of its programs, which are applied mandatory from the first to the fourth year, as well as the training modality used. The essential characteristics of the educational environment (friendly, receptive, and stimulating), classroom tasks, and different field tasks were analyzed and highlighted. Among the latter, the main one is the personal contact of each student in colloquial interviews with hospitalized patients and their analysis and understanding of affective aspects related to the patient's own experience of the situation they are in. We also highlight that the student must identify their own affective movements, about which they receive regular feedback. For the entire teaching team and for the faculty, the students' response has been very gratifying and encouraging.

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