INTRODUCTION TO HUMILITY TALK

Welcome, everyone, we're going to get underway. My name is Johanna Shapiro, and I am the moderator and facilitator for this session; this is Audrey Shafer, Howard Carter, Deb Kasman, the organizer of this workshop, and Jack Coulehan.

We have what we hope, with all due humility, will be an interesting and thought-provoking presentation, during which one of our tasks will be to explore, but not definitively settle on, what exactly we mean by humility as a professional virtue. Perhaps the greatest problem in moving this often-praised quality from lip-service to practice is that medicine as a profession, in contrast to the often humble attitudes of individual practitioners, is often not comfortable with, nor does it always value, the voice of humility. The voice of humility is humble, meek, modest, unpretentious, gentle, and mild, qualities not always associated with the medical profession. Humility is inextricably linked to concepts of service, radical not-knowing, groundlessness, and mystery. Despite efforts at reform, the culture of medicine remains rooted in expert authority, certainty, power, and control. In this workshop, we will attempt to address how physicians can learn to recognize, legitimate, and utilize the voice of humility. Focusing on individual and cultural change, we will examine how both living exemplars and fictional archetypes can provide cautionary and inspirational role-models.

We will start with a readers' theater reworking of Hemingway's classic Indian Camp. We hope that this role-play can serve as both context and reference point for the more academic presentations that follow. Afterwards, Howard will provide us with a cultural and anthropological context within which to consider humility and why it might prove such a challenge in western society. Deb will detail something of her personal journey as a physician in relation to humility, as well as help us conceptualize four different although overlapping types of humility. Finally, Jack will guide us in beginning to operationalize aspects of humility; illustrate for us how these are brought to life through first person narratives; and in so doing move us from the realm of abstraction to that of practical application in terms of both clinical practice and medical education.

In her well-known poem "Doctors," Anne Sexton warns: "The doctors should fear arrogance more than cardiac arrest," and continues: "If they are too proud/ and some are/ they leave home on horseback/ but God returns them by foot." Perhaps this will be a useful cautionary image to keep in mind as we reflect on this topic.

QUESTIONS:
We would like to open up the remainder of our time for discussion and reflection.

1. **Jack has helpfully started the process of translational application through his operationalizing of at least certain dimensions of humility. How can we begin to extend this process?**
2. **What are examples of the voice of humility in clinical practice and medical education?**

3. **What are the biggest obstacles to finding this voice, and how can they be surmounted?**
4. **How can we support the voice of humility and invite it into our own practices and teaching?**

Summary:
We have learned how easily we fall into arrogance; how much protection it offers us; and how devastating the consequences of arrogance can be, both directly and indirectly.

We have acknowledged that individual values, such as humility, are embedded in cultural and societal attitudes, values, and norms; that Western philosophical, religious, economic, and intellectual traditions encourage ways of being in the world that, at their worst, produce arrogance and other values that work against humility; and finally, that to find ways of stimulating personal humility, we need to explore alternative ways of understanding and relating to the world such as are found in the voices of indigenous peoples and Eastern thought.

We have come to understand that humility is not a single entity, but may be conceptualized in multiple overlapping ways, including moral humility, epistemological humility, cultural humility and professional humility. We have come to realize that unless we learn how to accept uncertainty and groundlessness as a fundamental aspect of doctoring, humility will always remain an elusive goal.

Finally, in considering an operational definition of professional humility that includes the self-awareness to know one's limits and the ability to balance self-interest with altruism, we begin to see why humility is so difficult to achieve. We have identified some valuable clues about how we can begin the translational application of abstract theoretical concepts to clinical and teaching settings; and we have seen that one of the most effective ways to metabolize humility is through narrative.