

## **HUMANISM IN MEDICAL EDUCATION: CHALLENGES AND OPPORTUNITIES**

**Greetings from California. My thanks to Dr. Pablo Blasco and SOBRAMFA for inviting me to share a few thoughts with you about humanism in medical education.**

**Humanism involves acknowledging and centering human beings and human relationships; medicine is a healing art, designed to ameliorate suffering and do good for human beings. They're a perfect fit for each other. So what's the problem?**

**The problem is that developing a humane medicine is a lot more complicated than we sometimes think. Humanism can too easily become bounded by assumptions and prejudices. On individual, familial, cultural, and structural levels, us vs. them, in-group/out-group dynamics operate. These forces serve to privilege some and exclude others. Those with more resources are still more likely to receive better healthcare than those with fewer. Multiple other factors impede trust and understanding between doctor and patient, such as historical maltreatment at the hands of the medical community, as well as ongoing racism and misogyny.**

**In the face of such challenges, what is the role of medical educators?**

**There is plenty of evidence that physician role models are the strongest influence on how learners go on to conduct themselves as doctors. So demonstrating – and discussing – how physician-teachers bring humanistic values at the bedside, in patient care is key. Above all, as exemplars of this informal curriculum, medical educators must strive to challenge its negative aspects, whether institutional or individual, and show students how to resist and speak up against unjust and inhumane policies and practices.**

**Also essential is the formal medical school curriculum because this is an important measure for students of “what really counts.” This curriculum should include required exposure to the humanities and medical students should be able to establish a minimum proficiency in humanistic studies. By this I mean less knowing who wrote The Tempest and more**

**metabolizing methods of reasoning and critical thinking that will enable students to reflect more broadly and deeply about their own profession and its role in society.**

**Equally important is the way in which studying the humanities connects us with our shared humanity, so that across time, place, and worldview we can broaden our ability to understand the Other and empathize with their perspective. In particular, reflective curricula that encourage self and other-awareness as well as narrative-based professionalism portfolios, moral reasoning assignments, and experience sampling methods are invaluable in helping students metabolize humanistic values and behaviors of humility, altruism, compassion, social-environmental justice and so forth.**

**Returning to my opening reflections on humanism as involving attention to human relationships, humanism in medical education requires recognition that there are (still! despite AI) two human beings involved in clinical care – the patient and the doctor. Care for the humanity of both is essential in creating a humanistic medicine. While patients suffer most in unjust, exploitive and discriminatory systems, physicians too suffer when they are treated as cogs in a machine, when they are the recipients of racist or misogynistic practices. Creating a compassionate and equitable system of healthcare means honoring the humanity of its doctors equally with that of its patients.**

**In summary, to promote humanism in medical education, we must be willing to change ourselves, change the culture of medicine, even change our society in the direction of greater caring, kindness, inclusion and justice. As the philosopher Fernando Pessoa said, “Everything is worthwhile if your soul is not narrow.” Let us have large souls that inspire us in this enterprise.**