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Humanism in medicine as the main premise for rethinking medical ethics education

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"The goal of medical education is to produce the physician we would like to see if we are sick" -Melinkoff

The great humane physician William Osler remarked "The education of the heart- the moral side of man- must keep pace with the education of the head. Our fellow creatures can not be dealt with as man deals in corn and coal."[1] The most important premise for medical ethics education is the view of medicine as a humane enterprise,

The medical profession enjoys the privileges of autonomy in practice and self- regulation in society. In return the society expects two fundamental attributes from the physicians- expertise in the scientific aspects of medicine and humanistic care. Unfortunately it is commonly observed now that the 'human touch' is not there in the practice of medicine. Samuel Le Baron[2] remarked "W(w)e have lost a healthy and necessary balance in the learning and professing of medicine between knowledge(science) and wisdom(humanism).

The word humanism has many connotations. In the context of medical practice it is used in the sense of "an attitude towards other people vaguely described as 'love of man"[3] The word is derived from the Latin 'humanitas'. According to Pellegrino, humanism includes cognitive and affective components, the cognitive aspect pertaining to the physician as a human and the affective component referring to the physician's feelings towards the patient as a person.[4] Presently it is the affective component that is implied when the word humanism is employed- perceiving the patient as a whole human being situated in his/her psychological and social context.[5] Humanism in medicine is defined as "the physician's attitudes and actions that demonstrate interest in and respect for the patient and that address the patient's concerns and values."[6]

The concept of humanism in medical practice has a long history, since the beginning of the Hippocratic tradition. [7] In ancient India, the Caraka Samhita and Susruta Samhita laid down the codes of conduct for the physicians, students of medicine and their educators."Thou shalt behave and act without arrogance and with undistracted mind, humility and constant reflection, thou shalt pray for the welfare of all creatures"- Caraka Samhita.[8]

It cannot be disputed that the responsibility of educators of medical professionals lies in producing future physicians who exhibit the quality of humility and

disposition to honour the dignity of their colleagues and patients as fellow human beings.[3] Patients who approach the medical professionals have two kinds of needs- clinical needs and interpersonal needs. Interpersonal needs can be fulfilled only by humanistic physicians who possess the qualities of integrity, honesty, respect for persons, empathy, compassion and altruism.[9]

In the past, the technical aspects of health care- diagnosis, therapy and prognosis were not so advanced as they are today and "often the physician had only a good bedside manner to offer". [10]But now that there is knowledge explosion and technological developments by leaps and bounds the tendency is for the 'science' of medicine to dominate over the 'art' of medicine. The focus of ethics teaching is presently on problem solving or "dilemma ethics". The educators of medical students must focus on the affective component of clinical ethics.[11] Professional organisations all over the world have drawn attention to the need for emphasis on the this aspect of the profession .[12]

It is true that humanism cannot be taught as a subject. Formal curricula may not be totally effective in inculcating humanistic behaviour in the medical students. Humanism should be imbibed by the students and expressed in day to day experiences of the students in their encounters with their patients and colleagues. Positive role modelling by the teaching faculty and other members of the health care team can effectively shape the attitudes and behaviour of students. It is essential that the students themselves are treated with respect, care and compassion by their superiors to create an atmosphere conducive to assimilation of humanistic values. A pragmatic teaching method is presented by Branch and colleagues which includes taking advantage of seminal events, role modelling and using active learning skills.[13] Medical students, when they enter the medical school, are idealistic and they have the desire to become competent, caring and compassionate professionals. They are empathic, ready to listen to the patients in order to find out the perspectives of the patients. In the fast-paced clinical settings they lose sight of their idealism in order to fit into the system. Efforts are required on the part of the educators to enable the students "to keep alive the core values, validate their importance and learn to incorporate these into professional work"[14] Opportunities must be created for students to identify the patients' perspectives, time allowed for reflection and focused mentoring provided by senior professionals because unguided reflection may prove to be counter productive.[15]

If the educators of medical professionals can motivate the young students to realise the essence of what the famous physician William Osler said more than hundred years ago that it is more important to know the patient who has the illness than to know the illness the patient has,[2] they will succeed in making humane future doctors. The idea is not to demean the value of knowledge and skills in medical profession, but it is to emphasise the significance of attitudes, because physicians are much more than technical experts from the perspective of the patients.

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The Epistemological Importance of Informed Consent in Clinical Research

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Abstract

This paper attempts to establish the epistemological import and limits of informed consent in clinical research. It points out that informed consent is a necessary requirement in clinical research because it ensures adequate participation of care receivers in issues relating to their health. Besides ensuring that care receivers have knowledge of whatever medical intervention they are consenting to, informed consent, as an ideal, provides assurance that care receivers and others are neither coerced nor deceived. While the question of the value of