

HUMANIZED MEDICINE: ROLE OF MEDICAL EDUCATION

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INTRODUCTION

All professions need to be humanized, but humanization is particularly required for medical profession. It is because medical profession is largely responsible for “Life and Death” of people, relief of people’s suffering, and at the same time promoting people’s wellbeing and quality of life. Medical professionals must always be willing to help others with steadfast compassion and sympathy, unwavering sincerity and trustfulness without expecting anything in return. Today humanized medicine is in decline. Medicine becomes more and more commercialized, instead of humanized. It is therefore necessary to remind medical profession of the at most importance of humanization in medicine, so that the situation would be improved for the benefit of people’s well beings.

HISTORICAL PERSPECTIVE

To have a clear perspective of humanized medicine, it is important to understand some part of the History of Medicine, particularly during the period of Hippocrates (460-370 BC). Hippocrates was a Greek physician who was prominently well-known in the history of medicine (in those days modern medicine was known as Western Medicine). Hippocrates Oath was originated for medical practice during the time of Hippocrates. The Oath was the statement of “Obligations” and “Proper Conducts” of medical practitioners who had to solemnly undertake the Oath before starting their medical practice, swearing to uphold and maintain

“Specific Ethical and Moral Standards” of the practice [1].

Content of the Oath had been reviewed and changed from time to time during the past to ensure its appropriateness according to time and situation. The last modification was done in 1964, in which Louis Lasagna, Dean of the Medical School of Tufts University had played the key role in this modification [2]. Various medical schools may not have exactly the same version of the Oath, it may vary according to local situations and circumstances; but the spirit of the Oath must still be strictly on its original foundation, which is directing medical professionals to act towards the same goal, i.e. high standards of specific ethical and moral practices in medicine. The following are some elements of the Oath from its latest version that have been used for swearing by newly medical graduates before going out for practice [2]:

- To fulfill my obligations at the best of my ability and judgment;
- To respect the hard won scientific gains to those physicians;
- To apply all measures which are required for the benefits of the sick;
- To avoid those twin traps of over-treatment and therapeutic nihilism;
- To recognize that there is art to medicine as well as science;
- Warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist of drug;
- Not to be ashamed to say “ i do not know” or fail to call for help from colleagues;
- To respect the privacy of patient;
- Not treat a fever chart, a cancerous growth,

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but a sick human being;

- To prevent disease, prevention is preferable to cure;
- To remain a member of society with special obligations to all my fellow human beings.

ART OF MEDICINE

Consideration of various dimensions of humanized medicine requires understanding of the broad scope of medicine, which is defined as science and art, dealing with the maintenance of health, prevention, alleviation, or cure of a disease [3]. Art of medicine is very important indeed in this definition of medicine:

- The art is not merely part of the medical humanities; but it is integral to medicine as an applied science [4].
- Doctors may undertake various kinds of activities which may not be scientific, but essential to the practice of medicine as healing art.
- Medicine is a profession that incorporates science and scientific methods with the art of being a physician who is a human being.
- The art of tending to the sick is as old as humanity itself; but scientific basis of medicine is just recently discovered.
- The physician is always advised to understand the patient as a person, as a human being.

Therefore, there are three important fundamental principles in medical practice [5]:

- **Welfare** - the patient's interest and concern come first;
- **Autonomy** - the final decision on his or her treatment options lies with the patients;
- **social justice** - health care is equally accessible and available to all people;
- **Respect** of human right and dignity of all people.

Physicians do not allow scientific medicine to blunt his humanity – ignoring ethics, or ignoring the need for **empathy** [3], which is the capacity to understand or feel what another being (a human or non-human animal) is experiencing from within the other being's frame of reference; i.e. the capacity to place oneself in another's position.

A surgeon, a physician or any other health care provider needs to be essentially "a good human being". Everywhere in medical practice, there is "the Doctor-Patient Relationship" that requires compassion, a caring attitude from doctors. Major

factors in caring the sick, such as concern, sympathy, compassion, assurance and other human qualities of doctor, which can be termed "the Art of Medicine", are of much importance in the practicing of medicine. The vital forces of the body, the intense desire, and/or the positive attitude of the patient to live are what really count in medical practice.

One overriding dimension of art of medicine is "doctor-patient relationship"; in which it is a central to the practice of health and medical care; and it is also an essential for the delivery of high quality care in the diagnosis and treatment of disease. The principle of doctor-patient relationship is very important in the health practice in term of forming one of the foundations of contemporary "**Medical Ethics**", maintaining a professional rapport with patients, upholding patients' dignity, and respecting their privacy. "Doctor-patient relationship" is not only implying the relationship between doctors and patients, but also the relationship between doctors and the patients' family members as well as individual people in the patients' community.

MEDICAL ETHICS

Medical ethics is a system of "**moral principles**" that applies "value" and "judgements" to the practice of medicine. There are four guiding principles that govern medical ethics [6-9].

- **Respect for autonomy**: The patients have the right to refuse or choose their treatments.
- **Beneficence**: Medical practitioners should act in the best interest of their patients.
- **Non-maleficence**: "First, do not harm."
- **Justice**: Concerns with the inappropriate distribution of scarce health resources, and the decision on who to get what treatment (fairness, impartiality and equality.)

Other values in medical ethics:

- **Respects for persons**

The patients have the right to be treated with dignity and respect.

- **Truthfulness and honesty**

Medical practitioners must always be truthful, trustful, and honest.

Medical doctors have ethical duty and responsibility to protect the human right and human dignity of the patients. Applying advanced scientific knowledge and technology in medical practice in particular, "human vulnerability" should be properly taken into account. Individuals and groups of vulnerability should be specially protected; and "the

personal integrity” should be appropriately respected.

It has been observed that there is a serious concern of declining in medical ethics. It deteriorates doctor-patient relationship. Historically and arbitrarily, medical practice might be seen chronologically in three main periods:

Period 1 When medical practice was almost purely art, the practice was mainly on the basis of “observation” and “faith” handed down from one generation to the next. Interaction between doctor and patient was directly on one to one basis with no outside influence (patient-based treatment), patient as a person, as a focus.

Period 2 When medical practice was both **art** and **science**, scientific discoveries and findings were firstly introduced for consideration of doctors in their interacting with patients; and decisions of doctors were partly or wholly on the basis of these discoveries and findings.

Period 3 When medical practice was almost purely science, there were science-based medical products, procedures and equipment. These were used exclusively or almost exclusively in diagnosis and treatment of disease (disease-based treatment); disease was seen as a pathogenic organism, apart or separate from patient who is a human being.

A doctor treating a patient as a whole (holistic treatment and care) is almost negligible to day. Medical specialization tears apart the patient’s organs and disintegrates medical treatment and care. Over emphasis on the science-based treatment brings about or contributes to the deterioration of doctor-patient relationship, lengthening psychosocial distance between doctor and patient.

Improving medical ethics including doctor-patient relationship has to first start in medical schools at the undergraduate level. In order to impart knowledge, teachers teaching in medical schools have to be perfect role models in the area of medical ethics for students and staffs to follow. On the other hand, students can imitate the quality of the teachers in term of perception, attitude and practice. Role model is a person, whose behavior or success is or can be emulated by others, especially by young people [10]. These are important qualities of the role model:

1. Passion and ability to inspire;
2. Dedication to teaching, advising, and coaching;
3. Helping and empowering people;

4. Clear set of values;
5. Acting in the ways that support people’s benefits;
6. Helping people to understand the underlying values that motivate them to become advocates for social innovation and change;
7. Selflessness and acceptance of others
 - Commitment to societal activities,
 - Acceptance of others, who were different from them,
 - Always seeing no social barriers with positive outlook,
 - A type-of-service attitudes and lifestyles.
8. Ability to overcome obstacles:
 - Success is measured by overcoming obstacles or hardship, not so much by the position reached in life.
9. Commitment to community and its institutions:
 - “Other-focused” as opposed to “self-focused”,
 - Giving dedicatedly time and talents to benefit people,
 - Active member of community organizations.
10. Self-respect
 - A high respect for oneself as a human being.
 - Regard for one’s own standing or position
 - Honesty, sincerity, transparency and trustfulness
 - Not seeking credit, popularity or reputation by advertising one own good deeds beyond truth or fact; the merit of one own work has to be seen objectively by others, not by one own self alone.

CONCLUSION

Today humanized medicine is declining. There is an urgent need for improving ethics in medical practice in order to restore good doctor – patient relationship for better quality of medical care. This improvement has to start firstly in medical schools at the undergraduate level with the teaching of relevant principles and practices, and the development of effective role model for medical students and others to emulate.

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