

It is necessary and imperative to “humanize medicine”

*“Where is the wisdom we have lost in knowledge?
Where is the knowledge we have lost in information?”*

T. S. ELIOT

Since the beginning of medicine, many things have changed; hundreds of years have turned the shaman, leader of primitive tribes, into the current physician, dependent on different health care systems.

Today, the physician is a professional with an overwhelming load of responsibilities derived, among other multiple causes, from the growth of medical knowledge, the expanding technological progress, and the society's expectations expressed through the patients' anguish and anxieties who do not tolerate the uncertainty, characteristic of our profession.

Unfortunately, those demands are rarely recognized or rewarded by the community.

Despite this difficult situation, which is the result of the change of conditions for the professional practice, what still remains from the very beginning of medicine is the medical act.

This triangular relationship between condition, patient, and doctor goes beyond a simple consultation or a statistical number in the institution, or an income, or an interesting clinical case, or a candidate to be recruited for a clinical trial.

The medical act involves a human being whose humanity is beyond any material value.

“Trust placed in conscience”, said Orgaz.

The medical profession can be achieved just by being an expert in the science, but the real essence of the profession is to **become an expert in the difficult art of understanding the human being.**

Over the past years, those of us who have been working in health care and education have noticed with concern that many young—and not so young—colleagues confuse or are unaware of this professional road.

Multiple circumstances, others than the body itself, deviate from the transcendental and unique goal of restoring the delicate balance that health is.

The physician's role has been devaluated to that of a senior technician, who only provides scientific and technical solutions.

Many of them have become scientists overwhelmed with statistics, formulas, guidelines, and diagnostic and therapeutic procedures.

Evidence-based medicine (EBM) has turned into the new paradigm of medicine; its proponents point out that “it is a new proposal for the teaching and practice of medicine”. “It is a novel viewpoint proposing a healthy subversion in medicine.”

Nobody questions its significance; undoubtedly, it is a very strong technical tool that quantifies and quali-

fies data or studies, and explains to us the best way of using and applying “the evidence”.

However, it should mean no more than that if we do not want to build a disjointed and partial medicine, based only—and almost exclusively—on a single “paradigm”.

Tanenbaum points out that the excess of confidence in EBM is motivated by a belief in the practical superiority of statistical knowledge of other types of knowledge. In his view, those who adhere to the “new paradigm” aspire to supplant the use of intuition, un-systematic clinical experience, and causal (physiologic) rationale by the direct use (application) of evidence from clinical research. Professor Bunge reminds us that statistics is just one auxiliary tool, an auxiliary technique to the scientific method. Statistics did not precede the ‘invention’ of the scientific method, but it came afterwards; its aim is to correct and measure the error, and not to give guidelines for knowing. Similarly, statistics in medicine is also a tool, and not a “form of knowledge”.

Another circumstance we usually observe is the world of images, which distorts the doctor-patient relationship.

Everything that is related to technology produces an **irresistible fascination**; advances in medicine are often confused with advances in physics, electronics or chemistry applied to medicine. The community also notices that medicine progresses just because it makes use of more technology, and the advertisements of health care systems support this concept.

Advances in medicine are measured by the outcomes obtained on significant final points, and not on intermediate points which do not define the course of the damage.

Imaging reduced the value of clinical observation, of listening to, and of having physical contact with the patient, which are the basis for the diagnosis and also for the doctor-patient relationship.

The point is not to fight “against technology” but to redirect it, so that medicine can continue serving people, and not diseases or machines.

The process of physicians' remuneration/proletarianization also entails substantial consequences in their relationship with patients.

At present, many physicians have a clearly devaluated professional ideal; their profile brings them closer to that of a member of any occupational group and moves them away from the committed professional

with a high ethical sense and a strong commitment to service.

Demotivation, frustration, and burn out syndrome are usually observed among medical professionals. There is nothing so detrimental to maintaining a health care system as physicians with no motivation and little commitment. These conditions produce a negative effect on patients, as they cause more errors.

These facts, which dehumanize the medical practice, are perhaps just a few of the many events that occur in reality.

The reasons that explain why the situation has come this far may be political, economical, institutional, legal, or socio-cultural, while the educational factor is –in my opinion– the most important one.

Learning to be a physician is an effort that entails a lot of time and requires a lot of vital experiences. This transformation requires a figure which guides along the road, immerses in knowledge, and mainly shows that “hidden curriculum” with which learners learn how to behave on the basis of their teachers’ behaviors, besides the content of the formal curriculum.

The education is the process –different from the instruction– aimed at developing humanism and shaping

the personality, and the teacher becomes a key figure to achieve that goal.

Becoming an expert in the difficult art of understanding the human being requires a natural disposition with which one is born and then grows and becomes stronger in life, but it is necessary to rely on a teacher, a model to imitate, someone who permanently stimulates and instills passion for learning and **commitment to service**.

Unfortunately, the increasing loss of academic centers –or their substitution for strictly health care or pseudo-academic models– led to the extinction of teachers, with the following risk of disappearance for the humanistic medicine.

It is an impossible task to recover them, but the model should not disappear. The challenge for scientific societies is to take on this gap and become natural leaders of the profession, and encourage, guide, and design future scenarios that enable the comprehensive development of physicians.

We are convinced that the worst times can be the prelude to better times.

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