

Taking Humanism Back to the Bedside

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After attending The Arnold P. Gold Foundation's "Barriers to Sustaining Humanism in Medicine" symposium in 1996, Steve Miller and Richard Sarkin proposed a Traveling Fellows program for the foundation. The program was approved, and Steve and Rich served as the program's 2 Traveling Fellows until their untimely death on October 19, 2004. Steve and Rich, both Council on Medical Student Education in Pediatrics presidents known for their creativity and charisma, brought to our collective consciousness the need to promote humanism in our work as clinicians, teachers, and role models. When they died, Steve's Chair at Columbia, John Driscoll, urged that their memory be honored by devoting time each October to promoting humanism.¹ It is in this spirit that COMSEP Perspectives provides the following article.

– Kenneth B. Roberts, MD

WHAT IS HUMANISM?

Reflecting on our journey through medicine, we may recall pivotal moments that re-affirmed our commitment to the values of our profession. These moments may relate to the spirit of discovery inherent in the practice of medicine, to the recognition afforded by society to medical practitioners, or to service toward those who are suffering and in need of care. This last attribute, which encompasses a spirit of sincere concern for the centrality of human values in every aspect of professional activity, is referred to as humanism.² Humanism is a way of being defined by the characteristics of empathy, altruism, and compassion.³ As so eloquently stated by Sir William Osler, "it is much more important to know what sort of person has a disease, than

to know what sort of disease a person has."⁴

WHY PRACTICE AND TEACH HUMANISM?

The literature demonstrates that patients cared for by humanistic clinicians have better outcomes,⁵ increased satisfaction,⁶ and improved adherence to an agreed-upon plan of care.⁷ When coupled with the observations highlighting the decline of empathy among learners⁸ and the missed opportunities for demonstrating empathy among practicing physicians,⁹ it becomes essential for us to consciously role model and teach humanistic values to learners. Fortunately, the medical literature provides supporting evidence that the construct of humanism can be learned and taught.¹⁰

ATTRIBUTES OF HUMANISTIC TEACHERS

Today's health care environment poses challenges to a practice founded on humanism. Exponential advances in medical technology, documentation demands, and an increasing emphasis on the clinical productivity and the business aspects of medicine have the potential to distance physicians from their patients.¹¹ Recognizing the potential impact of these challenges, we, as educators, need to maintain the focus on humanistic practices. In 2014, Chou et al¹² examined the attitudes and behaviors of highly humanistic physicians. Her team found that attitudes of humanism include humility (cherishing the privilege and responsibility that society has bestowed upon us), curiosity (a genuine desire to know about the people we interact with), and a desire to maintain high standards of behavior.

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Behaviors that have helped educators maintain these attitudes include self-reflection, seeking connections with patients, a focus on personal resilience and wellness, and teaching and role modeling humanistic care. Intentionally practicing these behaviors and creating an environment with a focus on humanism can hold teachers accountable, help maintain humanism, and ensure that we role model humanism for our learners.

A FRAMEWORK FOR TEACHING HUMANISM

Steven Miller and Hillary Schmidt proposed that the practice and teaching of humanism could be conceptualized by using a framework, similar to the approach for the physical examination or creation of a differential diagnosis. Their article, "The Habit of Humanism: A Framework for Making Humanistic Care a Reflexive Clinical Skill," posits that humanism can become a habit by practicing 3 steps: (1) identifying perspectives of the patient, the patient's loved ones, and the health care provider; (2) reflecting on how these perspectives converge or conflict; and (3) choosing to act altruistically by endorsing and understanding the perspectives of the patient and family.¹³

There are numerous teaching strategies that build on this framework to promote humanism in daily medical practice.¹⁴ Many strategies are embedded during the practice of providing care to patients while others can be taught outside of a patient-care setting, as outlined in Table 1.¹⁵⁻¹⁹

SUMMARY

A quotation by George Eliot in *Middlemarch* summarizes everyday humanism:

We do not expect people to be deeply moved by what is not unusual. That

TABLE 1 Teaching Strategies

Clinical Practice Recommendation	Examples
Strategies embedded during patient care activities	
Encourage learners to incorporate humanism into personal learning goals and individualized learning plans	"I want to explore and address the fears expressed by the parents/guardians of the patients I see"
Promote perspective taking, the act of viewing a situation from others' points of view, by asking learners to explore the perspectives of the patient, the family, and the health care team	"What do you think is the patient's most important current priority? Why? What is your point of view on that? What do you see as your priority and role?"
Heighten learner awareness regarding the potential impact of illness	"Did it surprise you when that patient's mother became upset when you told her that her child has a lung infection? Why do you think she became so emotional?"
Incorporate psychosocial aspects of patients' stories into presentations	Encourage learners to spend 5 min getting to know their patients and families as people, rather than as patients, and share this information with the team
Refer to patients and parents by their actual names, not as their diagnoses ¹⁵ and not necessarily as "Mom" or "Dad"	Role model for learners how to ask family members how they would like to be addressed by the health care team
Practice family/patient-centered rounds that include active participation of the patient and family in the discussion and decision-making process	Include introductions, meeting and acknowledging all members of the family and team Ensure that presentations are directed toward the patient/family and do not use medical jargon Consider having the main presenter seated next to the patient and family member Explicitly give family members permission to interrupt rounds when they have any modifications to the history, questions, concerns, or things to add
"Reflect on action" on impactful events as they occur	Share emotional impact of patients' stories on your own self Acknowledge your individual struggles Use opportunities to teach when encounters could have been more humanistic ¹⁶
"Reflect on action" after impactful events have occurred: capture the opportunity to reflect on seminal events by debriefing after patient encounters that have a powerful impact ¹⁷	Use a debriefing framework such as Welcome and introductions Factual information and case review Grief responses and other emotions Strategies for coping with grief Lessons learned Conclusion ¹⁸
Facilitate end of day/week/rotation reflection	"What did you learn about your patients today?" "Here are the names of our patients that we cared for this week. What did they teach you? What will you remember? What do you recall about these patients as people?"
Structured activities independent of direct patient care	
Engage in experiences with graphic, fine, and performance arts to facilitate "enstrangement" (making the familiar unfamiliar) and viewing what may have become mundane with a keener vision ¹⁹	Visit a museum; discuss a piece of art, poem, or video Ask learners to take on the roles of the subjects or characters and share their feelings and emotional reactions to the events described Debrief on how perspectives may differ from person to person yet all are valuable
Use trigger videos or movie clips	Watch and discuss <i>Use of Empathy: The Human Connection to Patient Care</i> created by the Cleveland Clinic (https://www.youtube.com/watch?v=cDDWvj_q-o8)

TABLE 1 Continued

Clinical Practice Recommendation	Examples
Use narratives to stimulate discussion	Distribute selected works from such series as The Journal of the American Medical Association's <i>A Piece of My Mind</i>
Gain better understanding of patients in the context of their family, cultural and spiritual values, and their community	Arrange a home visit of a patient or neighborhood Send learners on a tour of the neighborhood around the clinic or practice, then talk about what they saw and the implications for patient care decisions

*element of tragedy which lies in the very fact of frequency has not yet wrought itself into the coarse emotion of mankind and perhaps our frames could hardly bear much of it. If we had a keen vision and feeling of all ordinary human life, it would be like hearing the grass grow and the squirrels' heartbeat, and we should die of that roar which lies on the other side of silence. As it is the quickest of us walk about well wadded with stupidity.*²⁰

As Eliot so eloquently states, being empathic can be considered a double-edged sword; while it facilitates the opening of oneself to others' perspectives and emotions with the purpose of understanding them and caring for them better, it can also lead to our bearing a heavy burden. There should remain little doubt, however, that empathic actions are a core part of the virtue of humanism and must be practiced and taught, both implicitly and explicitly. Our hope is that by using Miller and Schmidt's framework on the "habit" of humanism¹³ and the various educational strategies outlined here, a great clinical teacher can channel his or her innermost humanistic attributes as a role model and overcome perceived barriers. Such actions could only further improve the care we provide and foster humanism in our learners.

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