

Humanism and the Art of Medicine

Daniel Lewis

In the book, *Becoming a Doctor: A Journey of Initiation in Medical School*, author Melvin Konner uses first-hand experiences to provide insights into the system of modern medicine. More specifically, his book as a whole represents an indictment of the American medical system. Through numerous examples of physicians' inappropriate and insensitive behaviors, Konner elucidates that the humanistic elements of medicine have been lost in a world inundated with scientific technology. Pleading for humanistic training, Konner points out the problems of a medical system that instructs students to distance themselves from patients and focus on technology instead of humanity. He vouches for humanistic physicians who are able to express themselves clearly, listen attentively to their patients, and exhibit compassion and a strong bedside manner. Indeed, physicians must keep in mind the inherent value of qualities such as communication, listening, and empathy because humanism remains a powerful tool for quality medical treatment.

In order to highlight the importance of humanism in medicine, Konner principally employs an ethnomedical approach in that he studies medical systems as cultural systems, analyzing the social and cultural dynamics of the physicians within these systems. Having completed medical school after already establishing himself as an anthropologist, Konner offers a unique perspective in perceiving peoples and cultures such as modern medicine as systems involving patients, healers, and society as a whole. Konner himself states in the preface that the book represents a "social-science account of becoming a physician: the 'socialization' or

‘enculturation’ into the social and cultural world of the principal healing profession.”¹ In other words, Konner acknowledges that he is, in effect, using an ethnomedical approach and that the book represents more than a sort of medical diary. After all, he imparts new insights into the customs, habits, and rituals that shape the strengths and weaknesses of the medical profession. Through this ethnomedical approach, Konner uses numerous narratives to immerse the reader into the medical “culture” that arises from the intensive third year of medical training—the language used by doctors and students, the sleepless nights in the hospitals, and the life and death situations that regularly take place. Moreover, with a sort of critical tone, Konner argues that “medical schools fail to produce graduates who are capable of humane as well as merely scientific medical care.”² Since the book includes this criticism of the culture of medicine and its lack of humanism, Konner’s book includes elements of a critical medical approach as well. After all, the book itself serves to examine and critique the American medical system. Therefore, Konner primarily utilizes an ethnomedical approach, along with some features of a critical medical approach, to analyze the sociocultural dynamics of physicians, and more specifically, depict the absence of humanism in the culture of modern medicine.

Analysis of Konner’s book elucidates that an integral aspect of quality physician care is the importance of listening to the patient because it allows the doctor to make a more informed diagnosis. In his book, Konner stresses that doctors often pay too little attention to what the patient says about his or her illness—information that could ultimately prove valuable in formulating a diagnosis. In fact, Konner vividly paints how physicians often treat patients as if they are “inanimate objects to be analyzed by a computer” (Konner 98)—as if they “cannot

1 Melvin Konner, *Becoming a Doctor: A Journey of Initiation in Medical School* (New York: Viking Press, 1987), xvi.

2 *Ibid.*, xii.

verbalize what ails them.”³ As a result, doctors steer the discussion onto familiar technical ground, depriving the patient of the opportunity to tell the whole story of his or her illness. Konner, however, points out that doctors would be wise to utilize the patient’s story since specific symptoms do not always correlate with a specific condition or disease. Physicians must allow patients to take command of the conversation instead of attempting to elicit short responses from them about their illness. Thus, the art of listening to the patient represents an element of humanistic care because it remains an invaluable tool for patient diagnosis.

Just as listening to the patient is crucial, open communication between the doctor and patient is necessary to promote a patient understanding of the illness and compliance with the treatment. In fact, Konner provides a vivid example in which an absence of communication between a patient and physician directly leads to a negative patient outcome. He tells the tale of Sophie Hellman, a patient who supposedly refused catherization for treatment, was discharged, and eventually died outside of the hospital. Konner discusses how there was no evidence indicating that she had ever refused treatment and or that anyone had held a pre-discharge discussion with her to inform her of indications that should make her call the doctor or return to the hospital. In other words, the patient had not received a complete explanation of the value of catherization, and more importantly, the physician failed to provide her with an explanation of the symptoms that should worry her. In fact, as Konner reflects on the case, he laments, “Sophie Hellman died of a lack of communication,” acknowledging that there was a real possibility that a more open dialogue could have saved her life.⁴ Indeed, the physician and patient failed to construct a two-way communication channel, and as a result, the patient and physician did not establish an understanding about the patient’s condition and the treatment plan. Indeed, by

3 Ibid., 98.

4 Ibid., 308

increasing patient compliance and understanding, communication holds immense value for physicians and is fundamental to patient care.

Besides listening and open communication, empathy and bedside manner also represent powerful humanistic methods that physicians can use in treating patients. Konner illustrates the importance of these qualities by describing the story of a patient who he heals primarily not by laboratory tests or scientific machinery, but by simply speaking with her. He writes how while removing stitches, which is usually a simple, quick procedure; he learns from conversation that she had received gonorrhea from her husband, who originally became infected with the disease by cheating on her. Konner uses this narrative to demonstrate that his bedside manner helps the patient not only begin to smile and laugh, but also make an important self-realization—that she does not want her marriage to stand or fall on her husband’s infidelity. While he estimates having spent twelve minutes more than necessary with the patient, Konner understands that this time hardly went to waste: “I didn’t know whether she really would have left her husband...But something told me that those extra twelve minutes were among the most important of my two months in surgery.”⁵ Regardless of the patient’s ultimate decision, his bedside manner and empathy undoubtedly relieve her anxiety, for she says, “Thank you for talking to me. I feel much better.”⁶ Thus, empathy and bedside manner represent powerful humanistic qualities that offer the ability to comfort the patient.

Humanistic qualities are also potent, invaluable tools for physicians in treating their patients because they satisfy patients’ yearning for such personal care. In his book, Konner encounters a poem posted on a hospital wall—a poem that provides powerful images of a patient pleading for personal care from a physician. From the very start, the poem’s author uses the

5 Ibid., 122.

6 Ibid.

words “take time to hear my words” to emphasize how highly a patient values personal time with a doctor as well as the importance of a doctor listening to the patient’s words.⁷ In fact, the poem evinces how the patient places more value in this one-on-one time with the physician than in scientific methods, such as laboratory tests and cutting-edge machinery: “I don’t want a world of cold machines / I just want some time from you.”⁸ Furthermore, the third stanza of the poem juxtaposes the patient’s ideal amount of time with the physician with the time he or she actually receives from the doctor: “You check for fever – you check for pulse / And then you’re on your way.”⁹ Indeed, the poem criticizes the physician’s penchant for following a scripted plan of action that overly emphasizes scientific methods, such as checking vital signs, while devaluing humanistic methods. After all, the physician departs from the room immediately after checking vital signs, instead of lingering for a few more minutes: “Oh please just sit and hold my hand / A few minutes – can’t you stay?”¹⁰ Overall, this poem encapsulates all that a patient desires from a physician. It demonstrates that humanistic methods are powerful healing tools because they satisfy patients’ yearning for time, conversation, and physical contact with the physician.

Physicians should also employ these powerful humanistic methods because they can implement such techniques in a straightforward and simple manner. For example, in describing one of his patients that passes away, Konner asserts that the patient does not die from a lack of deep emotional contact, of elaborate bedside manner, or of makeshift psychotherapy. In other words, humanism does not involve abstract concepts of healing: “Nothing so complex or deep. Just a couple of simple conversations.”¹¹ Indeed, to some extent, the power of humanistic

7 Ibid., 123.

8 Ibid.

9 Ibid.

10 Ibid., 124.

11 Ibid, 308.

methods stems from their simplicity. Konner also provides an example in which a resident physician emphasizes that treating a patient in a humanistic manner is incredibly simple and straightforward: “It’s about teaching the patients how to go to the toilet when they’ve lost control of their bladder. It’s about making sure they can still breathe.”¹² In essence, Konner uses this example to convey to the reader that humanism involves simple tasks, as opposed to “cyclophosphamide or oligoclonal banding or any other cute experiments.”¹³ Konner also presents another example echoing this sentiment in that he writes how his resident physician decrees, “What matters is that you put your ass in the chair, and keep it there.... You just sit there and stay there and listen a say a few words. Mainly you listen. But the most important thing is that you stay.”¹⁴ Through this situation, Konner elucidates that the art of listening is extremely simple, only requiring the physician to sit down in a chair, listen to the patient, and add a few words. Indeed, doctors should use the powerful tool of humanism also because of its simple and straightforward nature.

While humanism is undoubtedly important for patient care, physicians nevertheless continue to underutilize this powerful tool. For one, Konner showcases the example of a television show named “St. Elsewhere” to emphasize the discrepancy between the ideal humanistic doctor-patient relationship and the current state of this relationship. Specifically, he writes how the doctors on television care deeply about their patients, treating them as people as opposed to medical cases. In fact, he tells the tale of how one physician in the show sleeps in her patient’s room as a show of affection—to comfort the patient as she was being transferred to another hospital. Furthermore, he describes how another doctor in the show cannot find one of

12 Ibid, 209.

13 Ibid.

14 Ibid., 153.

her patients, depicting how the physician is preoccupied with the welfare of this patient, whom she “seems to view as something like a sister.”¹⁵ While Konner notes that the show is a bit unrealistic, he nevertheless hopes that real-life physicians can emulate their idealized counterparts on television. To emphasize the power of this anecdote, he juxtaposes this ideal realm of the television show with the grim realm of reality. The main thoughts of a physician faced with these situations in real life would be, according to Konner, along the lines of ““Damn, that was a great case, I could have used it on rounds,”” or ““One less to worry about; easiest turf this week.””¹⁶ Indeed, the television show reinforces the power of humanism, and the sharp contrast between these physicians on television and physicians in real life underscores the grave need to introduce humanism into hospitals.

In an attempt to produce more humanistic physicians, many American medical schools are now altering their curricula in ways to educate students about the humanistic side of medicine. In fact, in his book, Konner reads a *New York Times* article entitled “Scientific Detail Overwhelms Regard for Human Needs at Medical Schools,” which highlights the need for a change in medical training. The report details how specialization and the rapid rate of advancement of knowledge and technology draw the attention of students and teachers away “from the central purpose of medicine, which is to heal the sick and relieve suffering.”¹⁷ Thus, the article demonstrates that significant changes to the medical education system are necessary. In fact, many researchers today suggest that medical students need education in emotional intelligence to become more sensitive to their patients.¹⁸ To this end, medical schools and

15 Ibid., 125.

16 Ibid., 126.

17 Ibid., 125.

18 Peter Weisman, “Role Modeling Humanistic Behavior.” *Journal of the Association of American Medical Colleges* 81.7 (2006): 664.

residency programs now promote patient interaction involving humanism by teaching and assessing students in courses such as cultural competence.¹⁹ This newfound emphasis on teaching humanistic methods, at the very least, shows that society still values these methods. Even more, though, it has the potential to help doctors at the bedside by forcing them to grapple with patients' emotions and fears. Overall, it appears that, for now, the medical education system has recognized the importance of instilling future physicians with the sense of mission and communication skills requisite for becoming humanistic healers.

Not only are medical schools introducing humanism into the classroom, but they have also begun to focus on attracting prospective students who have demonstrated the strongest interest in the humanities and in community service. At last, they have begun to understand that countless science courses and examinations may produce doctors who know their biochemical pathways but who lack the personal skills to demonstrate humanism in medical practice. The Mount Sinai School of Medicine, for example, has recently implemented its Humanities and Medicine Program, in which students are accepted into medical school as undergraduates and are discouraged from taking the MCAT, organic chemistry, and physics.²⁰ Conversely, a few years ago, students were primarily selected on the basis of grades, test scores, and little else.²¹ Remarkable for their lack of compassion, some had dysfunctional personalities and limited social skills.²² Furthermore, some medical schools have pursued other methods of introducing more humanistic doctors into the profession. Recognizing the importance of recruiting students who

19 Jerome Groopman and Pamela Hartzband, "Keeping the Patient in the Equation – Humanism and Health Care Reform," *The New England Journal of Medicine* 361.6 (2009): 554.

20 Mary Rifkin, "The Mount Sinai Humanities and Medicine Program: An Alternative Pathway to Medical School," *Journal of the American Medical Association* 75.10 (2000): 124.

21 Paul Rousseau, "Has Medicine Lost Its Compassion and Humanism?" *Journal of the American Medical Association* 297.17 (2007): 1859.

22 Rousseau, "Has Medicine Lost Its Compassion and Humanism?," 1860.

naturally direct their attention to the needs of others, medical schools have recently formed incoming classes containing students who have higher levels of community service than those in previous years.²³ As a whole, medical school admissions committees have made attempts to return medicine to its Oslerian and Hippocratic roots—ones that care for the patient in all facets—by accepting more applicants who have studied the humanities and have exemplified altruism through community service.

The humanistic qualities of medicine, such as communication, listening, and empathy, remain as important as ever in cultivating a strong physician-patient relationship with the patient. Diagnosing disease and selecting the optimal treatment plan certainly requires scientific knowledge, but this knowledge alone cannot suffice. The primary reason for the lack of humanism in medicine is that physicians, in essence, face a role conflict. Ideally, the physician values communication, listening, and empathy, all of which are qualities that patients desire from their physicians. However, doctors are not paid to use humanistic methods. Hospitals receive funding for technology, and doctors are paid for examinations and procedures. In effect, medicine as charity has been replaced by medicine as a business and a science. Fortunately, the American medical system has begun to understand that it has a social responsibility to address physicians' role conflict by helping prospective physicians recognize the immense value of a marriage between humanism and medicine. Recent efforts possibly allowing physicians to assume roles as humanistic healers represent real progress in shifting the medical system away from an organization filled with clinician-scientist technocrats. In effect, this recent progress may finally enable physicians to make use of the powerful healing tool of humanism.

²³ Robert H Miller and Daniel M. Bissell, *Med School Confidential: A Complete Guide to the Medical School Experience, by Students, for Students* (New York: St. Martin's Griffin/Thomas Dune, 2006), 55.

Appendix

“Please See My Need” – Excerpt from Page 124

Take time to hear my words
Please know that I'm still here
Outside I'm weak and sick and worn
Inside my heart knows fear

I have so much I want to say
There's much undone to do
I don't want a world of cold machines
I just want some time from you

You check for fever - you check for pulse
And then you're on your way
Oh please just sit and hold my hand
A few minutes - can't you stay?

Skip my bath. Don't change the sheets
Use this time instead...
Let me share the fears I know
Please, sit here by my bed

Inside I beg, but I can't ask
Your time is yours to give
So many need your help and care
So many - who will live

I've used up all the life I have
I now await the day
So God, I pray you'll see my need
Please send someone who will stay.

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