SPECIFIC PROPOSITION ON HUMANISTIC FORMATION IN MEDICINE [1]

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This paper is the most recent of a sequence we began in Galveston 2000 (37th Congress), with the paper "Some proposals for teaching History of Medicine", where we said that History of Medicine must have three levels of objectives: descriptive, explanative and utilitarian, each one answering the questions what, why and for what. But we also said then that there are three categories of objectives in medical education: first, those that enable futures physicians to take care of each person's health; second, those that enable them to take care of the community health issues; and third, those that help physician behaviour to be modelled. And we finished then saying that the objectives of the History of Medicine belong to this third category. In Istanbul 2002 we read the paper "Endless problem of the medicine: its unchangeable humanitarian objective facing its incessant technology development". There we said that, despite the constant and non-stop technological formation, it is also greatly necessary the humanistic formation, which is the essential and eternal characteristic of medicine, to promote and strengthen it.

Most recently, we read in Bari 2004 the paper "The Department of Medical Humanism: An educational necessity", trying that the creation of the Department of Medical Humanism in each School of Medicine could be a good way in order to get the best humanistic formation in medical studies. We insist using these events for presenting our ideas because we are convinced at all that this Society has been able to create and develop an image of respectability that make its proposals be studied by the universities with carefulness. For that we presented now the paper "A specific proposition on humanistic formation in medicine", asking and exhorting our distinguished friends in this important Congress to review it and to discuss about it, in order to get a good proposal that the International Society to the universities could offer for their consideration. We began ratifying our steady conviction that what we are doing when we teach Anatomy, Physiology, Medical Clinic, Surgery, Pharmacology, Histology, Psychiatry, Pathological Anatomy and so forth is enabling future physician to try the health problems of each person,

[1] Lecture presented during the 40th International Congress of History of Medicine in Budapest (Hungary), on Sunday 27 August 2006.

individually. Likewise we also believe that what we are doing when we teach Social Sciences, Statistics, Epidemiology and Public Health is enabling him to try the health problems of the community. However, we consider that something is needed. In fact, during centuries, they thought that physicians' behaviour was acquired and developed practically in spontaneous and natural way, almost just for studying medicine. Unfortunately, the increase of technological formation is proving that such a thing is not quite true. Surely everyone here knows some examples of it. The important thing here and now is that these situation demands something should be done. Our conclusion is this: a structure that would be specifically responsible to establish and to develop the humanistic objectives of the future physician's formation should be created.

We also have observed that some chairs that exist in some Medical Schools do not exist in others, and that we cannot include their objectives, sometimes exposed with scattered arguments, within the two former categories. That situation shows clearly some conceptual and terminological confusion that could be resolved if those objectives were related with the physician behaviour. In this point, it is fitting to ask ourselves if something that could be named "physician behaviour" really exists. We take the free definition of behaviour like "... the way or manner that guide the human beings actions..." as a starting point. The question now is: Is there a particular, proper and specific way or manner that guides the actions of the physicians? We do believe YES. Let us to evoke here the Great Master of Cos, mentioned by Castiglioni:

> "... (the physician) should know how to keep silent in the fair moment and how to live with order an respect... His behaviour should be always that of an honest man, especially in front of all the honest men: kind and tolerant... He should act with control, not rashly, showing always a calm and peaceful face, never out of humour, but, of course, not too cheerful..." (Ippocrate, Del Medico) (1)

> "... The physician should have all the good philosophers' qualities: generosity, modesty, worthy aspect, dignity, serenity, decision, purity of life, objectivity, rejection of the bad things and knower about what it is necessary and useful, ... (Ippocrate, Del Comportamento del medico) (2) "...

The physician should be attentive about how sitting and behaviour when enter in the patient's stay; he should try well wearing, have a peaceful face, act with calm, be careful with the patient, answer quietly the objections and not to loose the patience nor the serenity because the difficulties. He should do quietly and kindly his prescriptions. The physicians gathered in consultation should not discuss sourly nor deriding each other... (Ippocrate, Delle prescrizioni) (3)

Now, which are the factors that determine the human behaviour and, as a type of this, the physician behaviour? We believe that those factors are concepts, norms, examples and laws. Of course, we do not pretend to be exhaustive. Possibly there are other factors. Anyway, they make it from different angles, but their similar objectives as for modelling the human behaviour, is evident and clear. In this aspect, we want and hope a constructive deliberation. Because of that, we simplify the most our explanation, saying: Concepts are subject of the Philosophy Norms are subject of the Ethics Examples are subject of the History Legal dispositions are subject of the Law Our question becomes now more concrete: Do concepts, norms, examples and legal dispositions to determine specifically the physician behaviour really exist?

CONCEPTS

It is evident that some concepts are strongly influential on physician behaviour. Let us mention some of them as questions: what is life?; what is health?; what is really medicine?; is it a science, an art, a technique or a service, or all of them, totally or partially?; what is a physician?; is it only a legal definition after accomplished some requirements, or, on the contrary, are there equivalents without accomplish these requirements, at least in other cultures or societies?; does it exist levels in health or in disease?; is illness the lost, the contrary or a level of health?, what determine the therapeutic condition of a substance or resource?. We believe that these examples demonstrate enough the necessity of such a chair as PHILOSOPHY OF THE MEDICINE in medical studies. At this point, we consider important an additional clarification: The study of the relationship between philosophical systems (originated in Plato, Aristotle, Kant, Leibniz or another Master of the Philosophy) is very convenient, but this study is Philosophy IN the Medicine, not Philosophy OF the Medicine.

NORMS

As for norms, they are strongly decisive to determine person behaviour. Of course, that is also true for physicians who work with such special things as life and health. It is necessary to determine precisely if universal norms really exist for everyone or, on the contrary, they vary from one to another society according to their cultural differences. Anyway, the list of norms for medical formation should be established and highlighted. Let us mention here one of the most important physicians in our country, Dr. Luis Razetti (1862-1932) who pointed out:

> "... Medical action needs ethics limitations, not because it could be presumed wrong, but because medicine is not a liberal profession like others: medicine is an apostolate, it is a very special service whose only objective is the others' well being. Because of that, anything that could physician turn aside from practicing good action is immoral..." (4)

This justifies enough that BIOETHICS should exist, and it certainly exists. But we have to resolve the confusion we see in the different denominations, such as Ethics, Bioethics, Clinical Ethics, Medical Moral and Deontology.

EXAMPLES

Maybe, example is the most easily recognised factor in order to determinate any person behaviour and, of course, physicians'. First, we have to consider carefully the teachers' role, in spite of the difficulty of planning it. However, we most refer here to other examples that we are really able to program: the ones originated from history. History teaches us how the facts and ideas have evolved through time and how they have being related each other up today. So that we see, through eyes of the History, the manners how the philosophical and ethics factors, that is concepts and norms, are formed through time. But, most important of all, history teaches us how men have observed, felt, suffered, thought over, and finally worked over those ideas and facts. Undoubtedly, each of these studies is an extraordinary lesson for similar cases that physicians could have to live at any time. All here expressed show to us that HISTORY OF MEDICINE is absolutely convenient and necessary in medical studies. But, moreover, this consideration compel to us for reviewing the present History of Medicine programmes, in order to overcome the classical objective of "knowing the past" for getting "the study of lives, facts and ideas of the past within their circumstances, including the social, cultural, politic and economic conditions as dynamic examples to follow for the present and future physicians.

LEGAL DISPOSALS

Laws are also strongly influential on physician behaviour because of what they permit or forbid to do. That is obvious, but we think that it is necessary an exactness. Really, a chair named Legal Medicine exists in most medical studies, but the experience shows that it is generally developed as Forensic Medicine. We recognise the importance of this, but we also know that the study of the laws, decrees, resolutions and regulations that define the conditions of medical exercise as an important modelling factor of physician behaviour has been unfortunately minimized, when not disappeared. Because of that, we propose the creation of a new chair named LAW IN MEDICINE. Anyway, it is a general perception that

medical formation is weak on humanistic aspects. Because of that, we formally reiterate our proposal for creating the DEPARTMENT OF MEDICAL HUMANISM, or similar denomination, in each Medical School, to which be responsible for programming and developing this fundamental aspect. Of course we know, as said before, that some of the chairs we propose here already exist in some Universities. However, we feel that they do not have enough conceptual clarity as for the function of modelling physician behaviour as they should have. In fact, they are frequently offered such as elective or optional matter, which is absolutely unsuitable with their fundamental and irreplaceable function. That is the issue. Practically everyone agree that physician needs to study the subjects we have mentioned here, but the function of these matters as modelling physician behaviour have not well and universally understood. Because of that, we bring our proposal:

1. The objectives of the chairs we have mentioned in this paper, where they exist, should be reviewed and well clarified under the criterion of "objectives to help to model the physician behaviour", and should be integrated in a Department of Medical Humanism.

2. The other chairs here mentioned that do not exist in any University should be created with similar criterion, in order to integrate them in the same Department.

Finally, we are firmly convinced that distinguished figures with more knowledge and experience than us will be able to add, to modify and, certainly, to enrich this proposal. Because of that, we formally demand that the XL International Congress on the History of Medicine approves this proposal, with the pertinent fitting modifications, and puts in charge the *Societas Internationalis Historiae Medicinae* send it to all universities to analyse it and to study its possible implementation.

1. Castiglioni, A. 1927. Storia della Medicina. Societa Editrice "Unitas". Milano, p. 161
2. Ibidem
3. Ibidem
4. Razetti, L. 1928. Moral Médica. Tipografía Americana. Caracas, p. 14

FURTHER COMMENTS ON TEACHING THE HISTORY OF MEDICINE [2]

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Almost universally, nowadays, medical practice is under pressure from the paradigm of natural science. Medicine became a measuring discipline in the middle of the nineteenth century and its methods thereafter were those of the scientist. Notwithstanding the progress which science has made in dealing with disease and prolonging life, many, such as philosophers, sociologists, psychologists, politicians and, not least, patients, have become more and more critical of this one sided development. Modern medical success cannot hide a lack of empathy, compassion and an inability to talk to patients and to deal with the problems of those who are suffering.

The ISHM believes that this development has caused a considerable image crisis. The role of the doctor and his behavior and image are more and more questioned. This is increasingly a problem when economics affecting health systems raise moral issues. Doctors may not be able to overcome political or economic restrictions or may not be sensitive enough to their implications to be effective.

One reason for this, it is our sincere conviction, is that the elements which provide models for medical behavior and deontology are poorly studied, or may not be studied at all, during the training of doctors.
Study of the history of medicine provides excellent examples of these models. The discipline can enlighten students so as to allow them to see that they will need an understanding of the humanities to compliment the science of modern medicine. In addition they will find that many aspects of illness and health, of suffering and fear and of the physician's role in practice and in society have already been examined and analysed in the past. The techniques and the conditions of medical practice may have changed, but its essentials, the delicate relationship between a competent doctor and an anxious, ill patient, have not.

The ISHM urges that programmes of the history of medicine in schools and faculties of medicine are reviewed with this in mind. In addition to contributions that the history of medicine can make, medico-legal issues, concepts of philosophy and moral standards all have an influence on the day-to-day life of a doctor. There

[2] Text published in Vesalius, Vol XII, n° 2, December 2006.

arc important interdependencies between these disciplines, which are all part of the humanities. At the heart of them all is the history of medicine.
Thus the ISHM proposes that all medical schools should have, support and develop chairs of the history of medicine. These should be separate from chairs in bioethics and law in medicine, although there is legitimate common access between the disciplines. Doctors and faculties must know where their roots lie. A discipline which does not know its past, with its highlights and its errors, is in danger of misunderstanding. It is not possible to have a clear view without the perspective that history offers. 200 years ago the German philosopher Friedrich Schlegel called the historian a kind of "retrospective prophet".

Our modern scientific medical community should get more from its thousands of years of history. In doing so, it will help its self confidence, strengthen its understanding of ethics and promote rather than inhibit, (as many fear it might), its scientific progress.

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