

COMMENT & ANALYSIS

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Bringing back humanity to medicine

We've tilted too far toward a scientific basis of medicine — infusion of humanities will make us better doctors



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Medicine has made tremendous scientific advances. Once-fatal diseases like diabetes and HIV are now chronic conditions and organs can be replaced when they fail.

But amid these triumphs of science, let us not forget that medicine has two faces: The empirical, evidence-based one born in sterile laboratories and state-of-the-art hospitals — and a softer, gentler one from an era when medical men could do little more than comfort.

As the *Journal of the American Medical Association* comments: “The physician’s role in medicine is not just to bring to bear the technological and intellectual instruments to achieve healing, but to learn to share our most important element with our patients: Our human qualities.”

How can we recognise the humanistic side of medicine while still grounding medicine in a firm foundation of science?

It boils down to two essential related ingredients: Communication to truly understand what the patient wants, and empathy to use this understanding in healing. And both can be successfully grafted into the consciousness of doctors through the introduction of the humanities into medicine.

The irony of modern medicine is that communication has become even more important in this era of exploding knowledge. Today, all of us, including our patients, have all the information about any particular diseases at our finger tips, and the key task of the doctor is to help patients

to explore this information, place it in the context of the patient’s goals and aspirations and guide a decision on next steps.

The paternalism that largely characterises Asian healthcare today is increasingly unwelcome by patients who want and expect their doctors to be advisors and advocates rather than decision-makers on their behalf.

We still commonly face the patient who says, “doctor, you know best; you decide”. But our approach should not be to decide, but to ascertain instead what the patient wants to achieve in life, what her goals are, and then translate the medical options into genuine choices that respect these life goals.

This has been somewhat revolutionary in Western medicine and this “motivational interviewing” is all the rage. Ancient Indian healers have long known this as *atma shaksatkara* (Sanskrit for “self-realisation”).

EMPATHY AT THE HEART OF MEDICINE

At its simplest, empathy is the ability to understand and share the feelings of another and this is absolutely vital in medicine. Can empathy be taught? We believe so and incorporation of humanities into the medical curriculum best achieves this.

Dr Hunter Doherty “Patch” Adams, through his *Gesundheit!* Institute, has been championing the belief that one cannot separate the health of the individual from the health of the family, the community, the world and the health system itself. In short, empathy.

In Asia, “Silent Mentors” in Taiwan’s Tzu Chi University’s Medical School is a remarkable programme involving an elaborate farewell for those who have donated corpses to a surgery-simulation class.



Dr Hunter Doherty ‘Patch’ Adams. REUTERS

Students who have benefited from the learning opportunities afforded by this generous gifting take part in commemorative services along with family members, and honour the donors with poems, biographies and incense.

At the end of the course, they also carry the coffins of their donors to the crematory mourning those who taught them silently with their bodies.

This has helped to not only humanise surgery to the students, teaching them respect and com-

passion, but has also led to a surge in the donation of corpses to medical science from the community.

In many other schools, medically-related literature such as *The Spirit Catches You and You Fall Down* — describing a severely epileptic Hmong child’s cross-cultural struggles in the American healthcare system — or films like *Wit* — starring Emma Thompson who plays an English professor diagnosed with terminal ovarian cancer — are used to open discussion and discourse.

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However, much more can and needs to be done to prepare the next generation of doctors in Asia.

Baylor University, one of the earliest pioneers in medical humanities, describes aptly that the medical humanities provides “an understanding of the human experience and by focusing on the value of human life. It embarks into the insight of the spirituality of art and sciences of medicine”.

The aphorism “To cure sometimes, to relieve often, to comfort always” is over 200 years old and is a powerful reminder to return medicine to its spiritual and humanistic origins. The balance has tilted too much towards a scientific basis of medicine; infusion of the humanities will restore this balance and make us better doctors.

By its three pronged agenda of research, high-level policy forums and leadership programs, NUS Initiative to improve Health in Asia hopes to contribute significantly to this vision. ■

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