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Maintaining a culture of humanism in medicine

A friend of mine left his specialty practice after 15 years to enter a different residency program because he felt his ability to practice medicine with compassion was compromised by increasing administrative burdens. This dramatic change reflects the internal discord between humanism and production most physicians feel about practicing medicine today.

Humanism is—and should be—at the heart of medical practice; caring for patients is based on empathy, compassion, respect and an understanding that each patient is an individual.

Danielle Ofri, MD, writes, in a scathing *New York Times* opinion piece just last month on the routine exploitation of health care professionals, that while burnout is rising among physicians and nurses because of the increasing number of tasks they must perform—including filling out electronic medical records, the number of administrators who don't deliver direct care has also been rising and is now nearly 10 times that of the direct care providers.

A study by MaryAnn C. Gilligan, MD, MPH, et al. in *Patient Education and Counseling* did qualitative interviews with 32 health care leaders, including clinicians, from multiple institutions. While they agreed that changes are needed to promote and maintain humanistic patient care and came up with various activities, from development of programs to recognizing “random acts of kindness,” they fell short of envisioning new system approaches.

One participant in the Gilligan study said: “We are encouraged and most directly rewarded to do the things that are the least humanistic. We might perfect the ability to bill and collect while, at the same time, lose all ability to care empathically for patients. And our colleagues, our

students and our residents watch us while we do this.”

Efforts to understand and combat this have focused on medical education, with some evidence of success. For example, a 2018 study by Salvatore Mangione, MD, et al. in the *Journal of General Internal Medicine* showed a positive correlation between exposure to the humanities and positive qualities such as wisdom, tolerance for ambiguity, openness and empathy—and an inverse correlation with aspects of burnout. In short, the humanities make for better physicians—who are likely to be happier with their work.

The parallel efforts to affect individuals and organizations are consistent with a study of medical faculty by Elizabeth Rider, MD, MSW, et al., also in the *Journal of General Internal Medicine* (2018), which suggests that the increasing focus on humanism in medical education must coincide with organizational changes, such as directed activities to facilitate humanism, role modeling among clinicians and workflows oriented to support the humanistic aspects of patient care.

My hope is that physicians like my friend, who feel the need to improve their practice by leaving it altogether, can avoid such radical solutions by ensuring that humanism returns to the center of clinical practice, for both individuals and institutions. MM