

Integrating Humanism and Science in Patient Care

By Teresa Gilewski, MD

Overview: Both science and humanism are integral components of medicine. Because of the difficulty in quantifying the humanistic aspects, this area of medicine tends to receive less attention, yet it remains integral to patient care. The effect of humanism on patients, family members, and the caregivers themselves can be immeasurable. The com-

bination of science and humanism is challenging, but the experience of seasoned physicians can provide significant insight. This issue is of paramount importance to all disciplines in the field of oncology. Continued efforts to develop innovative approaches that focus on this topic are crucial.

THE PRACTICE of medicine includes both scientific and humanistic approaches. Both of these areas are integral to optimal patient care. The explosion of scientific advances and the emphasis on technology can diminish the deserved focus on humanism. The integration of these two important areas of medicine is challenging; however, insight can be gained from the perspective of seasoned physicians. Several points are worth considering: 1) humanism is not necessarily easier than science, 2) humanism matters, even if its true effect cannot be easily measured, 3) whether one can teach humanism may be controversial, but one can convey an awareness that humanism is of value, 4) humanism and science are integral aspects of patient care in all areas of oncology, and 5) there is potential wisdom in experience.

Years ago, physician William Osler recognized that a sole focus on the disease is a disservice to both the physician and patient. An approach that incorporates science and humanism can be of great value.

“The good physician treats the disease; the great physician treats the patient who has the disease.” — William Osler, MD

HUMANISM IS NOT NECESSARILY EASIER THAN SCIENCE

In medicine, we learn to value data and place great importance on numbers. The scientific aspects of medicine are hypothesis-driven and defined by the realm of measurements. The discovery and reproducibility of these results in the laboratory followed by translation into humans clearly move medicine forward. Application of this knowledge to diagnose and treat patients with the goals of cure, prolongation of life, and alleviation of suffering is of unquestionable importance.

The human-human interactions that make up a large part of the day-to-day practice of medicine, especially the patient-physician relationships, are often referred to as the “softer” side of medicine. Although ongoing efforts are measuring some of the effects of these interactions, the majority are not easily measurable. It is difficult to quantify the degree of suffering that a patient experiences from the emotional, psychologic, existential, and cultural effects of illness. It also is challenging to measure the effect that the medical community has on the alleviation of this suffering. In addition, there may be significant variability among patients, not only between patients but also within the same patient during different times of an illness, and as such, reproducibility can be quite complex. Hence, the

description of the humanistic aspect of medicine tends to be more qualitative than that of the scientific component. If we cannot place a numerical value on the humanistic facet of medicine, does that make it less valuable than the science? Therefore, is it perceived as “easier?”

In a recent interview, Murray Brennan, MD, a surgical oncologist, eloquently stated his perspective on this question:

“Well, one of the difficulties about balancing . . . what you might call humanism versus with technology, [is] it’s much easier to deal with technology than to deal with the humanism. You ask me a sensitive question, I feel emotionally uncomfortable — it challenges me when you’re in tears, or you’re frightened or anxious. There’s no challenge to me ordering another [computerized tomography] scan. There’s no challenge in me ordering another [magnetic resonance imaging] scan. So in some ways, we take an easy route and you have an issue that I address with technology, when in fact, I should be able to be willing to listen to your pain. Having said that, the physician has to accept that hurt. And have I shed tears with a patient? Of course, I have. Now, did I cry all day about it? Of course not. But I think that it’s . . . about being a doctor. I should [always] have some awareness of your needs.”¹

Focusing on the humanistic aspect of patient care requires that the physician extend part of himself/herself to some degree. Jordan J. Cohen, MD, president emeritus of the Association of American Medical Colleges, defined humanism as “. . . a way of being. It comprises a set of deep-seated personal convictions about one’s obligations to others, especially others in need. . . . Humanism provides the passion that animates authentic professionalism.”² The practice of humanism requires effort on the part of the physician and may be emotionally overwhelming at times. The lack of an objective set of measurements to quantify its value does not make it easier to accomplish.

HUMANISM MATTERS, EVEN IF ITS TRUE EFFECT CANNOT BE EASILY MEASURED

The medical literature provides many qualitative descriptions of the critical effect of humanism on patients

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and physicians.³ The nonmedical literature also has stories written by physicians that focus on the value of humanism.⁴⁻⁶ These are usually isolated examples, and there is a paucity of large-scale evaluations. Yet, more value should be placed on these individual narratives. One could also argue that common sense would inform us that a physician skilled in science and humanism is preferable to one who focuses on science alone. Qualities exemplified by a humanistically focused physician, such as compassion and understanding, can alleviate suffering. Unfortunately, physicians often do not receive the feedback from patients or family members regarding the consequences of their actions/words (or lack thereof). By listening to physicians who are also patients, we can gain a deeper appreciation of this area.

In a recent video, physicians spoke about their experiences as patients. David Biro, MD, commented:

“The ideal physician should clearly be good at the clinical parts of being a physician. He should certainly be somebody who knows how to diagnose and treat diseases, and he should be very good at that. But I would also want him to have. . . some kind of awareness of the patient experience. Enough so that at certain critical moments he could provide the sort of compassion that’s so . . . important, it doesn’t have to be all the time, but just that he can be aware enough that when it’s necessary to put the hand on the patient, he knows or she knows that that’s the moment.” Dr. Biro also noted: “A lot of things came as a surprise to me about what it might be like to be a patient. You figure that you go to medical school, you learn everything about disease, but not illness.”¹

Scientific knowledge forms the basis of quality patient care, but without the humanistic component, it falls short of the possible ideal combination of science and humanism. One could even argue that there are times during a patient’s disease course when the humanistic abilities of a physician are of greater clinical effect than his/her scientific prowess. In medical schools, there has been a recent emphasis on the value of humanism by incorporation of societies that formally acknowledges these qualities in aspiring physicians.⁷

THE VALUE OF HUMANISM

Teaching scientific skills in medicine is often straightforward; in contrast, the techniques to teach humanism

are fraught with difficulties. Science can be taught in a didactic fashion, with specific guidelines, outlines, and details. Communication skills can be taught to some degree by use of didactic sessions and simulated patient practice.⁸ Some have focused on the development of workshops for fellows-in-training that focus on humanism.^{9,10} Yet it is unclear how best to teach a physician to be compassionate and recognize suffering. Even more importantly, how do we optimally integrate the teaching of science and humanism? Many believe that humanism is taught by example, learned from senior physicians, or that it is primarily innate. Some would argue that it is primarily experiential and learned throughout the course of one’s career.

However, in any profession, the general perception is that time is spent on teaching important topics. If little time is spent on a topic, the implication is that it is not important. We must spend more time in medical schools, residency and fellowship programs, and in continuing medical education programs for practicing physicians on the humanistic approach to patient care. The difficulty in teaching these skills should not inhibit our interest in developing innovative approaches to raise awareness of the value of this facet of medicine. The practice of medicine requires continuous learning throughout one’s career. This applies not only to science but to humanism as well.

HUMANISM AND SCIENCE IN ALL AREAS OF ONCOLOGY

The care of patients with cancer usually requires a multidisciplinary approach. This may include pediatric and adult medical oncology, surgical oncology, and radiation oncology. Although the focus for each discipline is specific, the components of science and humanism permeate all of these areas. The value of a humanistic approach is not the responsibility of one individual discipline but of all disciplines. However, there are unique challenges for physicians practicing in these various fields. An understanding of these issues may optimize communication between disciplines and may favorably affect patient care. In particular, humanistic issues involve every moment of patient care from the time of diagnosis; it is not specific to end-of-life issues.

KEY POINTS

- Humanism is not necessarily easier than science.
- Humanism matters, even if its true affect cannot be easily measured.
- Whether one can teach humanism may be controversial, but one can convey an awareness that humanism is of value.
- Humanism and science are integral aspects of patient care in all areas of oncology.
- There is potential wisdom in experience.

POTENTIAL WISDOM IN EXPERIENCE

The practice of medicine is complex. Although we constantly place great importance on new technology and new studies, there is much to be gained by learning from the seasoned physician. The art of practicing medicine combines both science and experience. In the humanistic realm of patient care, where data-driven studies are lacking and may not even be appropriate or necessary, we can gain insight by listening to physicians with experience. Perhaps for some, a broader appreciation of the true scope of medicine grows with age and experience. We also

can find wisdom in the medical humanities, where philosophers, humanists, and artists from all backgrounds can provide insight into the value of a humanistic approach.^{11,12} The perspective of an experienced physician that encompasses the true realities of medicine may shed light on the aspirations of the early-career physician, as well as provide valuable information that may enhance patient care.

CONCLUSION

The integration of science and humanism in medicine is challenging. At various times in the course of a patient’s illness, one or the other may be of greater significance. However, the optimal care of a patient combines these two components. There are no easy answers on how to best accomplish this goal; however, insight can be gained from the seasoned physician.

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