

**The Importance of Humanistic Medicine Relating to The Patient-Physician Relationship
and Future of Medical Practice**

A Senior Thesis Submitted to the
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I pledge my word of honor that I have abided By the Washington College Honor Code While
completing this assignment

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1 Introduction

1 – Introduction to Humanistic Medicine

The correct practice of medicine has been

using hypothetical case studies, previous medical cases, and the *Carlos vs. Consuela case*. Humanistic medicine, in particular narrative ethics, will then be used to tackle the issue of over-medicalization. The issue of over-medicalization will be explored through *The Immortal Life of Henrietta Lacks* and additional bioethical case studies. When evaluating how narrative ethics can challenge over-medicalization, it is essential to realize the importance of why narrative ethics is better than the previous ethical theories. Overall, this thesis demonstrates recommended ways of interacting with the patient in a humanistic light which is then viewed to amount to the most ethical guidance.

2 - Medicine: Relationships, Science, and Art

2.1 - Two Roles of Medicine

There are two main roles within the practice of medicine: the scientific role and the clinical role. First, the scientific role is extremely important because it gives the physician information to problem solve, diagnose, and then treat. An example of its importance can be seen in the Medical School application process. Medical Schools require prospective students to show achievement in science pre-requisites and scientific research to be seen as competitive on their applications. Applicants are expected to take a rigorous sequence of science courses in their undergraduate years, especially in Biology, Chemistry, Physics, and Mathematics. These students need a near-perfect score to be accepted into a competitive medical program. The MCAT is divided into important scientific topics and applied critical thinking. The scientific role of medicine is a necessary condition for successful applications to medical school. Following admission, the student attends medical school for two more years of education in the medical sciences. It is not until the student's third year of medical school that they have substantive interaction with patients. Therefore, the scientific role of medicine is the first role taught to physicians.

The other side involves the clinical role of medicine. The clinical role of medicine teaches physicians how to apply their knowledge while still communicating in a humanistic way towards their patients. It allows the physician to interact with patients as fellow human beings and not as objects. Due to this, the clinical role of medicine is the foundation of humanistic medicine. Hence it is referred to as *humanistic medicine*. The clinical role of medicine is first instilled in the third year of medical school. These students are exp1 0 0 1 111.862.024F2 79tudents are exp1 0 0 1 111.862

To begin answering these questions, one must have a slight overview of what the medical school application process looks like. As previously discussed, a pre-medical student must take all the needed courses and standardized MCAT exam to become accepted into medical school. These two qualifications coincide with the scientific role of medicine. Along with these two qualifications, a strong applicant must also have outstanding extracurriculars. If this applicant has these stellar qualifications and scores, they are then invited to an interview. The applicant must be personable enough to stand out in an interview for complete acceptance to that certain medical school.

Since medical schools want to incorporate physicians with good character, how can they extracurriculars are the only aspects of a application that represents the clinical role of medicine. Based upon the information offered by the interview and extracurriculars, it is the only representation of whether they could be a humanistic physician or not. However, a single 30 60-minute interview does not completely demonstrate Someone could easily prep for that interview in which they answer every question with precise detail. They may look like a striving fantastic human on the surface, but they prepped for that image. Based on this, it seems as though personable skills and moral amplitude are unable to fully shine through in the application process. These humanistic skills are undervalued and seem to be less of a priority for medical school admissions

role of medicine, one may ponder whether medical students who lack these skills are able to learn them during their years of medical school. As mentioned earlier, clinical rotations are first installed in the third and fourth year of medical school. It is disheartening to think that this may be

one of the first times a medical student could be exposed to humanistic skills. Some medical schools have seen this concern and have started initiating a few humanities courses to be taught between the first two years of their program. This is essential when understanding if the clinical role of medicine can be taught in an effective manner. Since most of these humanistic values of clinical medicine relate to virtue ethics, it has been seen that virtues within medical practice can be taught to physicians through exposure and practice.² So, since these certain medical schools are exposing their students to the ideas of practice early on, they will be able to learn this humanistic way of medicine in a more effective way.

If this humanistic way of medicine is not taught in a more effect way or valued, the scientific role could be the only determining factor regarding the practice of medicine. It is important to address the distinction between physicians and medical scientists. The major difference between the two lies in whether the clinical role of medicine is present or not. Physicians are required to work hands on with patients where medical scientists are not. If someone decides to be a medical scientist, they only use the scientific role of medicine since all their moral training involves research ethics. However, *The Immortal Life of Henrietta Lacks*, states that medical scientists tend to forget their original motive, to eventually cure diseases that harm humans.³

imagining her sitting in her bathroom painting those toenails, and it hit me for the first
n working with all this time and sending all over the world,

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Mary, never once thought about the origin of why she was experimenting in the first place. Science overtook her moral awareness and outweighed any possibility that these scientific units came from a live individual. Most medical science is like this because there is not enough education behind the humanistic and clinical side of medicine. This is an essential fact since majority of physicians also partake in medical research as a side obligation or interest while practicing medicine. this represents that the poor clinical training involved with medical research could be another reason why science is taking over in the world of medicine since medical science is increasingly taught during medical school.

The humanistic medicine virtues that are beginning to be taught in medical school for the clinical side of medicine include trust, compassion, justice, temperance, and self-effacement.⁵ Trust is one of the most important virtues in human relationships so of course it is one of the most significant virtues in medicine. It involves medicine because a relationship needs to be formed so the patient can be comfortable enough in the care being provided. If a patient does not trust their physician and does not believe their physician is capable of doing their job, they could easily disregard the advice given by said physician. Compassion is the virtue seen with the most deficiency in medicine today.⁶ The physician should not treat the patient like an object but attempt to understand what the patient is experiencing. This allows the physician to better understand the

⁴ Ibid, 91

⁵ Ibid

⁶

issue and want to treat the patient since they can envision the experience they are facing.⁷ The virtue of justice coincides with the virtue of compassion. As previously stated compassion allows the physician to truly treat the patient and justice helps the physician see what the patient deserves. Basically, the physician will understand what treatment is best for that person on an individual basis.⁸ These two virtues work together to prove that the emotion of compassion and the rationality of justice can help determine the best plausible outcome for the patient.

Temperance, another virtue included in medicine, represents that act of fighting against self-indulgence. Self-indulgence is typically viewed as an excessive desire such as hunger or sex. However, in medicine it can be seen as playing God.⁹ Physicians are put into situations where they must decide treatments and results of patients especially with the assistance of technology. Therefore, physicians need to practice a good balance of temperance within their daily careers to prevent any form of excess self- Finally, the virtue of self-effacement coincides with temperance. Self-effacement is essential in medical practicean

physician to be a virtuous person. The patient is known to trust their physician more if they are virtuous because the physician can be assumed to try to do everything in their power to act in the . Whether that be in a scientific or social way.¹² These moral virtues are one of the expectations most patients expect from their physicians according to multiple studies. Therefore, practicing a more humanistic form of moral virtue in the context of medical care could be beneficial to both the physician and the patient in the situation at hand.

2.2 The Most Effective Relationship Model

Now that the distinction of the two roles of medicine has been made, other important definitions involving the different models of relationships within health care surrounding the patient and physician can be addressed. James Childress has defined the main relationship models that exist today by introducing the definition and then comparing some of the positive and negative effects of each model.¹³ The three most significant models for this thesis include the technician, friendship, and partnership models

The quote refers to a physician who only uses the evidence and methods of diagnosis consistent with scientific research. This physician does not have any moral obligation to treat the patient with the clinical role of medicine, only a technical authority to treat and diagnose the disease at hand. Childress views this model as a fruitless endeavor representing what physicians should not practice. The model is meant for those who evaluate the data but do not necessarily interact with the patient, and does not foster communication and humanistic value with them. It is almost as if the patient is now an object of scientific investigation. Since only the scientific role of medicine is present, the physician does not necessarily display any moral virtues. In a way, the physician has no need to become virtuous if science can solve all. Unfortunately, this model does not create future goals and does not fully aid the patient due to no connection or trust being established.

Sarah does not exactly know what to do but decides to not give her friend the stitches. Although her friend is appreciative, Sarah gets in trouble for not following protocol and her friend had a prolonged healing period with dangerous infections. This is why most physicians are not supposed to treat their family or friends. It provides the physician with some type of bias which makes the physician act out of emotion instead of rationality.

Childress partnership model allows for a progression of the patient-physician relationship, but it can be difficult to achieve. The partnership model posits that the physician should strive to achieve a shared value of health, ¹⁷ thus creating a mutual relationship based on mutual trust.

model the physician helps the patient to help himself, while the patient pursues expert help to

¹⁸ Since the partnership model calls for a shared value, it requires a balance between both the physician and the patient. However, there may be certain situations where the physician will have to put more effort into the scientific atmosphere of science or act professionally. An example of this is could be an emergency medicine physician dealing with an emergency patient. They may not have the time to talk to the patient since they are providing lifesaving procedures that are time sensitive. Not to mention, the patient may be unconscious if it is an emergency. So, in this situation, the physician needs to cling more to the scientific role of medicine. Moreover, they may have to act towards the opposite spectrum by providing more support than science for their patients.

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This quotation represents how fearful patients are because they are sick and are not really in control of their life anymore. Patients

need additional empathy and care due to their feelings, this is when physicians should practice humanistic medicine. The physician is the only person who could possibly help and be there for them. Although they should practice humanistic medicine, it can be hard to maintain a balance between science and clinical medicine. This balance is usually achieved in an actual medical setting since the patient may demand more or less of a certain role depending on the situation.

I offer a model that synthesizes the friendship and partnership model which can be referred to in this thesis as the compassionate-trusting model. When the strengths of the friendship and partnership models are used together, it can allow for an extremely virtuous relationship between the physician and patient. The compassionate-trusting model is needed because it consists of the positive traits of both the aforementioned models, while mitigating the potential consequences of using only one of them.. The combination creates a much more humanistic argument that tends to challenge the previous criticisms. It allows for a balance to be found between the relationship of friendship and partnership so there is not an excess or deficiency found in the relationship. If followed correctly, the compassionate trust model is lined up to create goals within medicine

Currently, the advancements of science and technology are controlling medicine. These advancements are helping physicians cure and diagnose diseases at a faster pace. This can be seen as a definite benefit. The benefits of technology relating to medicine can be observed by evaluating

2.3

teaching philosophy. The student may understand the philosophy but needs to grow the skill of philosophizing through their own experience.²⁴ The same type of results can be seen in someone practicing medicine. This means the art of medicine is understood through the practice of it. Since medicine is an applied science as previously mentioned, there must be practice within it. This is due to the assumption that all applied sciences are simply the application of pure sciences related to specific cases.²⁵ So, there must be both science and art within medicine.

This synthesis of both art and science being involved within medicine was first introduced in the Hippocratic oath. The oath was made for physicians promising they will be diligent in all their duties and follow the certain rules provided within said oath. Two lines which pertain to the combination of art and science in medicine is as followed:

I will respect the hard-won scientific gains of those physicians in whose steps I walk,	
	I will
remember that there is art to medicine as well as science, and that warmth, sympathy,	
an	26

The first line represents the applied science concept by respecting previous scientific gains and attempting to gain knowledge in the scientific field. In the second line, Hippocrates wanted to establish that both science and art should be taken into account when physicians treat patients. When this artistic side of medicine is represented, they become great medical practitioners with the help of the virtues previously mentioned in this chapter. The second line also provides insights on the way art is significant throughout medicine. It represents that the act of practicing medicine

²⁴ Ibid

²⁵ Ibid

²⁶ Tyler, Peter.

PBS, Public Broadcasting Service.

will always outweigh the scientific principles taught to physicians. So, it is safe to say that medicine is mainly an art that is practiced with an applied science component included.

Since it has been determined that medicine is both art and science, specially a practiced art with an applied science component, one can finally look a bit further into the real issue of this thesis. Medicine is both an art and a science but in modern times, the balance is challenging to obtain. Since medical schools are only teaching students about the scientific component, values of humanistic medicine are either not being experienced or lost. This leads to the issue in current medicine that science is taking over the way physicians treat their patients. As if, medicine has become a robotic transaction.

2 -

give them to other medical researchers to further progress the field of science.²⁷ These HeLa cells are still currently used today to research certain diseases including cancer.

So, besides ethical dilemmas presented in this situation that are morally wrong regarding medicine, there were some underlying scientific discoveries. These discoveries included the progress of growing cells in a petri dish and investigating diseases that kill many like cancer, polio, and AIDS. Even though these impressive scientific discoveries were made, Doctor Gey undermined Henrietta as a human being with the assumption that it was acceptable to take her cells without her permission. A main factor behind what distinguishes a human being is their autonomy, which is essentially a patient's independent freedom to make their own decisions. So, when a physician sees them as another human being. In this situation, Doctor Gey let the future and advancements of science take hold of his career. Essentially, he was a physician without the clinical role of medicine. He was not striving to achieve the overall goal mentioned earlier to aid a patient but to mainly progress scientific finds.

Although the case involving Henrietta Lacks is several decades old, it does not weaken the importance of physicians losing humanistic values due to science. In fact, cases like Henrietta Lacks still exist today! These present-day cases involve a process called medicalization.

experience or

²⁸ In

simpler terms, medicalization is when symptoms, experiences, or conditions are seen to be

²⁷ Rebecca Skloot, *Immortal Life of Henrietta Lacks*.

within this field. Without it, these people would have continued to be overlooked and infertility would still be an issue today.

Another example of positive medicalization can be related to the idea of transgendered bodies. In the past, transgendered individuals were often overlooked and no one in medicine took the time to try to understand the importance of the human body to a transgendered person. This led to many psychological issues within transgendered individuals who could never be the person they wanted to be entirely. In the last decade, transgendered body transformations have become an increased medicalization need. Medicalization allowed science to come up with a way to operate and change this uncomfortable dysmorphia transgendered individuals have. Not only does this help the individual at hand, but it helps encourage the LGBTQ+ community since science is advancing in their favor. Therefore, the example of medicalization in transgendered bodies has

Medicalization is more often seen as a negative though since it takes away from the humanistic part of medicine by reducing the complex person with goals and values to a biological object

- ³⁰ Over-

medicalization happens when the biological processes become the fundamental analysis component. So, when patient/human symptoms, experiences, or conditions become viewed this way, the patient/human becomes a set of medical processes. Since the patient/human becomes a set of medical processes, they are undermined by science and all humanistic qualities tend to

³⁰
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disappear. Overall, medicalization (especially in supreme forms) takes away the subjective qualities of a person and only focuses on their body as merely an object for science.

An example using over-medicalization would be a woman being treated for depression as a disease when she mainly has the external factor of an alcoholic husband causing the sadness. This was a real case that a psychiatrist recalled in *On Good and Bad Forms of Medicalization*.³¹ The psychiatrist gave the woman antidepressants to treat her medicalized depression disease. However, when the psychiatrist asked her how she felt on the medication weeks later, she replied,

, science may not always be able to treat

involving her husband, not within biological depression.³² However, the psychiatrist did not see this until he already undermined her as a patient and followed medicalization protocol. But now he does see this, because he is listening to her goals and understanding her values as a human being. Situations like this are seen a lot with mental illnesses but recent studies have proven that there is not even one distinct form of depression but multiple. Therefore, psychiatrists need to utilize the clinical role of medicine (along with other physicians) before taking the easy way out, which is over-medicalization.

Another example of over-medicalization that could relate back to the gender and sex of an individual occurs in intersex individuals. Medicalization has shown a positive effect for transgendered individuals since they now have the choice to change their body with how they see fit. Intersex is the opposite, where an individual may be born with male and female genitalia

hormones. Medicalization has created a stigma that growing up as an intersex individual is challenging and abnormal. Since intersexuality has been stigmatized this way, physicians now offer surgical procedures on newborns. These surgical procedures are an attempt to assign a gender and sex to these newborns in hopes that it creates a normal life. This idea is summed up in a 2013 United Nations report describing Children who are born with atypical sex

recognized and stopped because the scientific role of medicine could potentially take over the clinical role of medicine. The main values of humanistic medicine do not align with medicalization, so there is a way humanistic medicine could help challenge medicalization. In particular, narrative ethics, which can be seen as a way of ethical thinking when practicing humanistic medicine should be further explored.

3.2 Ethical Significance of a Narrative

There is noticeably an epistemic model that unbalances the humanistic model in several current day situations due to the prevalence of science. So, it can be questionable whether the

home nurse since he has a caregiver at home already. Consuela agrees to take on the responsibility g. However, the catch is Carlos informs his physician of a pre-existing HIV virus that he has. Carlos insists on the physician not informing Consuela of his HIV disease even though she will be the one in charge of his wound care. Apparently Carlos has been a homosexual individual for years and has kept it a secret from his whole family. He believes if his sister is notified of the disease, the news will spread to his father who will practically disown him.³⁷

scholarly views reviewing the case through different ethical lenses. The first lens took a standpoint from Maria Angell, where the physician is obligated to tell Consuela about her brother HIV virus. The physician is obligated to the standing that Carlos is putting another life in jeopardy. This standpoint also thought that Carlos owed Consuela a great deal due to her wanting to take care of him, so it is only necessary to make Consuela be aware of his HIV status by breaking confidentiality.³⁸ Although this standpoint may narrative in full. This is providing great stress for Carlos due to the fact that he has not come out yet to his family. Any physician who takes the time to hear this information and truly understand confidentiality.

approach from Leonard Fleck.³⁹ For instance, Fleck begins by understanding that Carlos has his own worries and concerns from his own life as well. This is important so physicians can recognize

³⁷ Ibid

³⁸ Ibid

³⁹ Ibid

that they are not only treating

After evaluating

required and should not breach confidentiality. When one breaches confidentiality, it is typically because there is a huge threat towards others. I

invested in their scientific work that they do not take a step back to process the clinical side of medicine previously discussed.

Most medical malpractice cases are due to a misdiagnosis or unnecessary surgery.⁴² In these types of situations, it is typical to find that the physician missed an important detail in the leading to a negative result. In other words, the physician never fully connected ther. Although this is a reoccurring theme, it can be resolved from utilizing narrative ethics within daily medical practice. Narrative ethics can allow the physician to stem together all the possibilities of diagnosing, treating, and outcomes by retaining all the information provided. Think of this almost like when a detective pins up clues on a wall and connects them to eventually solve the case. It takes all the information include the narrative of the case to understand the next action.

If a physician pays attention to the narrative of a patient, ethically they are more willing to care for that person and the surrounded . Not only will they be willing to care, but they will know what is best for that person

Therefore, the essential way to reach a balance between science and art within medicine is through physicians understanding the narrative of their patients.

One may wonder what makes narrative ethics better than other ethical theories like Kantian ethics and utilitarianism. The truth is that some may see narrative ethics as pointless teaching since distraction for the science that should be taught in medical school. However, I argue narrative ethics is the most moral ethical theory and should be taught because it relates to the humanistic

he best outcome for all proved by an equation.

But where is the care and compassion in these ethical theories? They do not truly empathize with the patient and represent the important virtues needed to understand a human being and treat them the best way possible. Narrative ethics approaches a patient as another human being who is unique and has their own story worth noting in which the other ethical theories do not. That is why narrative ethics is the most important ethical theory relating to medicine, since it incorporates the humanistic desire of the art. Narrative ethics could be a way of challenging medicalization since it relies heavily on the artistic role of medicine instead of solely on the scientific role of medicine.

3.3 Challenging the Issue Through a Narrative

Narrative ethics as discussed in the previous section presents the ability to challenge a
 Thus, creating a
 balance between both the scientific and clinical side of medicine. Since over- medicalization is essentially the ability of applying too much science to certain problems within medicine, narrative ethics may be a helpful solution. Narrative ethics can help challenge over-medicalization by

indulging into not -being. The over well-being of a patient can only be processed when all the information is provided. So, uncovering personal traits about the patient may help with treatment. Since the physician can become closer to the patient through narrative ethics, it allows them to see what may be best for the patient. Therefore, narrative ethics can help the physician see the problems with over-medicalization. This may be a way that physicians can stop over-medicalization before it occurs again by using a cause-and-effect approach.

oath in medical school to practice benevolence. This is seen in

⁴⁶ So, from a Kantian view, Jill made the correct decision by giving Jack a blood transfusion since that was the best solution to saving his life. The duties one takes should overcome all and a principlist theory should be established. Although, his life was not able to be saved, in

4 - Conclusion

Through this thesis, I have argued that humanistic medicine should be utilized to provide ethical guidance in the field of medicine. In order for humanistic medicine to be thoroughly practiced, one must understand that although there are the fundamental sciences that goes into medicine, it is foundationally a practice or art. Next, one needs to comprehend that humanistic medicine can be best represented through the compassionate-trusting model. This model allows an important amount of compassion and trust to be added to the physician-patient relationship. Not only is the compassion and trust replicated to the patients, but a physician can use this model for their own personal help. For, a physician cannot treat patients if they are not well themselves.

Once, the concepts of humanistic medicine are learned, they can be used in practice. The use of humanistic medicine in practice helps challenge medicalization. Medicalization leads to physicians not practicing humanistic medicine but focusing solely on the scientific side of

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