



## Nurturing professionalism and humanism in the 21st century medical professional

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### Abstract

There is a need to redefine physician excellence through promoting professionalism with humanism to meet the needs of a diverse generational and cultural society. My goal is to bring together and advance concepts that cultivate emotional and social intelligence to complement the clinical skills required for the effective practice of medicine in the complex milieu of the 21st century.

**Keywords:** Humanism; Medical Education; Professionalism

I agree wholeheartedly with Dr. Jordan Cohen's contention that "...humanism is a way of being and professionalism is a way of acting. Humanism provides the passion that animates authentic professionalism."<sup>[1]</sup> The new millennium has brought new challenges to the clinical teaching of humanism and professional values owing to greater pressure on time, an increasing number of students, shorter exposure to patients and the competing demands of regulatory edicts in the clinical environment. The societal attitude toward medicine's professionalism has gone from supportive to critical. The business aspects of medicine seem to be difficult for society to "swallow" as physicians are criticized for pursuing their own financial

interest. Physicians themselves are partly to blame, to the extent that they have failed to self-regulate, financially and otherwise.

The American Board of Internal Medicine (ABIM) has composed a professionalism charter that describes the three fundamental principles of professionalism as autonomy, patient welfare, and social justice.<sup>[2]</sup> The new generation of physicians, with their focus on personal lifestyle and their lack of inner virtues has been described as a "crisis of professionalism" by Dr Lawrence Smith. According to Dr. Smith "the core of professionalism is the personal transformation of self from lay person to physician."<sup>[3]</sup>

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Dr. David Leach sees humanism and professionalism as a moral reflex in moral agents. He argues that the biggest challenge is preserving and nurturing the authentic, human, and moral reflex already present in our young physicians. Moral reflex is not just an old concept from psychology but a theory that is close to the meaning of life.

Steven Pinker has proposed the idea of a 'moralization switch' where we constantly moralize or amoralize particular behaviors in our society.[4] There is the Law of Conservation in moralization, so that we remove old behaviors out of the moralized column and add new behaviors. We are doing the same on ethical and professional behaviors in medicine. Dr Smith attributes this change in professionalism to the generation gap. The characteristic of an "authentic Physician in our future environment" may be different than the traditional values seen in our profession in the last two hundred years.

Emotional and social intelligence will bring authenticity to humanism and professionalism in a scientific way

Effective communication is fundamentally related to humanistic professionalism. They are part of a broader domain known as emotional intelligence (EI) described by Daniel Goleman in 1998. Recent research in the field of social neuroscience has described what happens in the brain while people interact with each other. This has brought forth the new neurobiological domain of social intelligence (SI).[5] These works suggest that people follow their leaders because mirror neurons in their brain detect their leader's actions and subconsciously dictate to them how to act accordingly. In order to get the most out of their followers, leaders must provide the positive environment in which their team can follow. Spindle cells provide attunement by choosing the best emotional response in a given situation. It is these cells that allow for a "finely attuned physician," or one that is emotionally in harmony with a given interaction.

There is another class of neurons called oscillators which coordinate our body language to stay concurrent with our emotional state during our interpersonal encounters. We will need to find ways to develop these neurons in our future physicians so that they can become socially and emotionally intelligent leaders in the medical profession of the 21st century. Social

intelligence is critical during times of crisis and the medical profession is constantly working within such stressful situations. Therefore, we need to analyze social weaknesses and strengths in a similar fashion to how we examine a medical disease.

Always develop a new level of understanding in humanism and professionalism

A basic tenet of teaching is to develop new levels of student understanding. This must include not only science, but also the nurturing humanistic skills necessary for achieving true professionalism. Reflection is a key concept in this form of transformative learning.[6] Reflective thinking derives from experiential learning. We need to foster critical self-reflection and self-knowledge based on exposure to real-time experiences. We must constantly raise learner awareness of assumption and beliefs through awareness of changing moral concepts in diverse populations. We need to ask open-ended questions to assess not only what the student knows, but how they arrived at this knowledge. We must strive to ask probing or clarifying questions sequenced to promote thinking at ever higher cognitive levels for a better understanding of humanistic professionalism. This is key to fostering an active learning process.

The late journalist Sidney Jacobson once said: "Never underestimate a person's intelligence, but don't overestimate their knowledge." We should try to do this all the time by avoiding answering the question, and instead questioning the answer. I try to probe and teach not only content but also process and premise. This type of learning is based on individual epistemic, moral-ethical, philosophical, aesthetic and cultural beliefs. Students and residents derive meaning from their experiences. Learner-centered education is a core tenet of adult learning theory. Imparting knowledge and sharing expertise is a crucial step in engaging the learner. We need to create transformative learning processes by which students can examine problematic frames of reference in humanism and professionalism, and utilize more open, inclusive, reflective, emotional intelligence in choices. This is a life-long learning process.

What does the Humanistic Clinical-educator of the 21st century look like?

Over the years I have learned from my students, residents and mentors regarding what characteristics they like in their

teachers. Here are a few common ingredients they see in a humanistic physician and teacher: one who listens and counsels with empathy, who is thorough and comprehensive, who makes complex problems simple, and who can explain clinical reasoning and illness to family, patients, students, and residents.

The humanistic physician and teacher learns from errors, cares about patients and peers and society, is humble but confident in making decisions, enjoys teaching, takes total responsibility, is intuitive, and feels comfortable saying “I don’t know.” He sees patient illness in context of a patient’s life, demands excellence, and never forgets to give constructive feedback. My basic understanding of teaching humanism and professionalism is that a good teacher converts information into knowledge, but a great teacher converts that knowledge into practical wisdom. Dr Leach said that residents and students seek “phronesis.” True practical wisdom is applying your wisdom in the face of reality. I feel that I am in the business of teaching practical wisdom.[7]

Patient centered humanism and professionalism

Teaching at the bedside is central to my philosophy of teaching humanism and professionalism. All teaching, in my opinion, should start with and be centered on the patient. It is very difficult to understand any illness and, therefore, its therapeutic and

prognostic implications, if it is not seen in the context of a patient and his values. This is especially true in the new era of evidence-based medicine. Narrative medicine, or the patient’s own story, must be integrated with evidence-based medicine. The true outcome in any patient should be seen as interpretive medicine for each specific patient.

We need to bring authenticity to our careers as physicians in a constantly changing moral environment. In adult learning, a lot of teaching deals with the context or climate of learning with imparting knowledge and sharing expertise. We need to create the right climate for transformative learning. While there is no ideal method of teaching humanistic professionalism, a good method is to identify the teachable moments of critical self reflection and experiential learning from each patient. I believe that critical thinking starting from the bedside and leading to the classroom is one of the most effective ways to teach. I concur with Dr Brenda Zimmerman that teaching and nurturing both humanism and professionalism in medicine is as complex as raising a child.[8]

It is our responsibility to preserve and teach traditional moral reflexes that are complementary and useful, and carefully give up those that are not. Lastly, my most important message to all my students and residents is that showing the courage to care about your patients, your peers, your career and your society is true humanistic professionalism.

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