doi: http://dx.doi.org/10.11606/issn.1679-9836.v102i1e-208477 Rev Med (São Paulo). 2023 Jan-Feb;102(1):e-208477.

Editorial

Editorial

Professionalism in Medical Education: training humanistic and competent physicians

Profissionalismo em Educação Médica: formando médicos humanistas e competentes

Pablo González Blasco[1], Guilherme Ayres Rossini[2], Graziela Moreto[3]

1. What doctor do we want to train?

A seemingly rhetorical question, but perfectly clear when formulated directly, with personalism: which doctor do I want to take care of me? What about my family, my loved ones? Without a doubt, we would opt for a competent, scientifically up-to-date doctor who listens to us and is attentive to our requests, demonstrates empathy, values, compassion, and harmony with others' pain. A doctor who always comforts us, cares for us and, when possible, also heals us. Because it is centered on the patient and not on the disease; caring for the sick is their goal. He knows that although the disease is chronic, incurable, terminal, his mission to care is not directly proportional to the therapeutic success: it never ends, he accompanies the patient until the end[1].

Being a doctor and caring for people implies knowing not only the pathophysiology of diseases, but being able to understand the human being who suffers from a certain disease. While technical knowledge helps to solve problems based on the disease, the real challenge is to know the patient affected by the disease in order to achieve an excellent medical practice[2].

The challenge of getting to know the human being, who is currently in the position of a patient, includes the acquisition of humanistic values such as: high moral and ethical standards; seek excellence through the continuous acquisition of knowledge and development of new skills; deal adequately with high degrees of uncertainty and complexity; demonstrate empathy and compassion; honesty and integrity; care and altruism; loyalty and respect for others; and, finally, reflect on decisions and actions[3]. When speaking of this "complete and versatile" doctor, we are simply describing what a few decades ago was synthetized in the term professionalism, which defines the integral characteristics of excellence in the practice of medicine.

1. MD, PhD. Scientific Director at SOBRAMFA. ORCID: https://orcid.org/0000-0001-8682-8770. Email: pablogb@sobramfa.com.br.
2. MD, PhD researcher ABD status. Medical Professionalism Meetings Coordinator at SOBRAMFA. ORCID: https://orcid.org/0000-0003-3267-9743. E-mail: guilherme@sobramfa.com.br
3. MD, PhD. Educational Programs Director at SOBRAMFA. ORCID: https://orcid.org/0000-0003-0651-2595. E-mail: graziela@sobramfa.com.br

2. Professionalism: Featuring medical quality

Nowadays, a terminology widely used to characterize medical quality is professionalism. The word of English origin designates a movement of ethical character that originated in the US academic environment in the eighties through which they defined the essential elements of a medical practice of excellence. It includes aspects such as reflection on the values of the profession, correct professional performance and its curricular implications in undergraduate and graduate courses.

Beginning in the 1980s, the American Board of Internal Medicine (ABIM) recognized humanistic qualities, including integrity, respect, and compassion, as a formal component of clinical competence. Since then, with the development of the Professionalism Project, ABIM has defined professionalism as a set of principles and commitments to improve clinical results in patient health; maximize patient autonomy; create relationships characterized by integrity, ethical practice, social justice and teamwork. Certainly, training professionals who meet these requirements involves incorporating and/or reinforcing some personal attitudes such as altruism, responsibility, excellence, acceptance, and commitment to work, honor, integrity and respect for others, and includes the acquisition of high ethical standards[4].

Reflections on medical professionalism, even appearing as a new terminology, have an old and classic flavor. It is worth remembering what Ortega y Gasset expounded in his classic essay on the University over 80 years ago[5]. It is one thing, says Ortega, to be a researcher and another to be a teacher. And the first does not imply the second. The university education process -which is the institutional projection of the student, in the words of the Spanish philosopher- requires professors who train young people for their professional life, and not researchers who inform them of all the novelties that appear in the scientific universe. University training time is limited, and it is necessary to choose what can be taught to build a good professional. In other words, you have to stick to the Archimedes principle – where something goes in, something has to go out – to decide what a doctor can't help but know. These are the generic, transversal skills that will always accompany the doctor, regardless of the technical progress in which he will necessarily have to update himself throughout his life.

In other words, but with the same purpose, a current Italian thinker underlines these concepts in a publication that is as brief as it is provocative[6]. Promoting professionalism – competence and excellence – does not mean training technicians. No trade will be performed competently – says Ordine – if technical skills are not subordinated to a broader cultural background that encourages the cultivation of the spirit. And he adds, in a long but succulent quote: "the cultivation of the classics, of the superfluous, of what is not beneficial, helps us to resist, to keep hope alive, to glimpse a ray of light that will allow us to walk a decent path. Culture, literature, humanistic knowledge are like the amniotic fluid where the ideas of democracy, freedom, justice, solidarity develop. Humanistic knowledge is like the memory of humanity. Dismissing them is building a forgotten society, which loses its own identity".

Thinkers – from yesterday and today – confirm the need to incorporate the humanistic dimension in the teaching of professionalism. This is why we know that initiatives that intend to integrate the humanities into the medical curriculum are not peripheral artificial proposals – like useful "hobbies" –, as they require a methodological, systematic, and modern integration. Proposing to create the habit of thinking and teaching paths of permanent reflection - a true philosophical exercise of the profession[7] - is the challenge that is presented to us, and to which we must respond with courage.

Professionalism is today a requirement in the context of medical education, something that educators must teach future physicians. An apprenticeship that includes the specific competences of scientific novelties – which will be replaced over time, and therefore continuing education is necessary, what is called Continuous Professional Development (CPD) – and other competences, designated as transversal or generic and that will remain in force throughout professional practice, as they do not go out of style. These are the competences directly related to Medical Humanism, the values and attitudes that structure the professional attitude, credibility and confidence that inspire the patient[8]. It is, therefore, necessary to understand how medical education is today.

3. Medical education: knowing the past to understand the present

To better understand current medical education, it is worth analyzing the history of medical education.

The final years of the 19th century and the beginning of the 20th were times when the education of North American physicians was far from the ideal of quality, as it did not keep up with the real progress of related sciences in practice. The founders of the John Hopkins medical school (1889) – William Osler, Halsted, Hurd, Welch, Kelly – pursued a clear objective: to establish the academic training of physicians on a scientific basis.

With this new model of excellence and also inspired by the Faculties of Medicine in Germany, Flexner prepared his report in 1910, which was the starting point of a revolution in the reform of medical education. Medical faculties will, from this point on, be governed by scientists and researchers, who are experts in the field of research in which they are specialized. It was the beginning of the era of specialization in medical teaching, in an attempt – which was successful – to guarantee the quality of future doctors. The general practitioner had his days numbered at the Academy.

The reform of medical education brought undeniable benefits in terms of quality. And with them came, as a necessary tribute, some losses. The fragmentation of medical knowledge, installed as a resource for scientific progress in the academy itself, led to the consequent fragmentation of the doctor-patient relationship: depending on the disease that affected the patient, it would be one or another doctor who would take care of him. Medical Science was divided in order to get to know it better, master it and teach it. And in this division the patient, as a person, was naturally affected.

Flexner himself recognized that, within the much that had been gained with the reform, something important was beginning to be lost: the sense of integration of the patient and the disease, the true medical art. Almost thirty years after his report, Flexner makes the following comment[9]: "I have spent many years advocating that our schools should pay more attention to the world in which their students are destined to live. Now I wonder if this current has taken on excessive force and if we are leaving room for a full life if we strip the world of those useless things that give it a spiritual meaning. That is, if our concept of what is useful has not become too narrow... Most of humanity's important discoveries are due to people who were not guided by the desire for usefulness, but by curiosity... I defend the convenience of abolishing the use the word utility (in laboratories) and liberate the human spirit".

Medical students leave medical schools with impressive knowledge about the various aspects of medical science, but they lack the ability to integrate this knowledge. And what is worse, many lack a wisdom that is vital: Medical art, that is, knowing who the patient is behind the disease, with the creativity of an artist, can take care of him. Training the right, competent, up-to-date physician with scientific knowledge and a professional attitude is the challenge that the 21st century poses to university institutions.

4. Teaching Professionalism today

We observe among physicians – perhaps more prominently when it comes to young professionals and medical students – the coexistence of disguised technical knowledge with deficient humanistic embellishments. This imbalance explains the shortcomings in the doctor-patient relationship and, as a consequence, an insufficient development of modern professionalism. As a result, we have a doctor divided in half: a "people mechanic"[10]. The science and art of medicine are inseparably linked, both are necessary but not sufficient conditions in themselves.

It is necessary to pave the way for a new profile of medical humanism capable of harmonizing technical-scientific advances with people's real needs. We say harmonize and not balance. It is not a question of contradicting technique, but of harmonizing it with humanism in a symphonic arpeggio made of notes, all different and essential. This is the mission of the University and of all those involved in the process of training future doctors. Teaching how to care for patients in their entire human dimension and not just sectoring them is the main challenge in medical education today. A deep knowledge of the disease and the patient's personality is necessary, of what the technique is able to assess and of the intimacy that professional intuition reveals. This is the new medical humanism capable of harmonizing the care that the patient needs[11].

This is the model of professionalism that, reconciling objectivity and subjectivity, based on an ethic of values, emphasizes the person. It contemplates the personal case – which has a specific name, that of that patient – with attention, affection, without limiting itself to applying codes and rules, always trying to do the best without being satisfied with what it is obliged to do, by norms or legislation. It is an ethics that fits perfectly with medicine centered on the patient – not on the disease – which is the action of the humanist doctor. Caring for the patient competently, without losing sight of him on the technological carousel. Incorporate

progress in an appropriate way, offering the best in medicine, in a personal way. Posture and understanding with the patient's experiences. In a word, professionalism, which is also at the heart of true medical ethics.

The effort that today's physician will have to make to recover this position is not small. Scientific competence requires permanent updating; at the same time, one cannot lose sight of the reason for this update and at the service of those who must place it. Keeping the focus on its mission and on the patient as the primary objective of its scientific growth is an arduous task that requires tireless tenacity. If in other times the doctor kept his eyes on the patient because the technique he had was very limited, today the possibilities for distraction are countless and it is more and more frequent that the variety of technical trees prevents us from seeing the forest, the sick person[12].

Contemplating the patient is undoubtedly a safe way to humanize the health professional. Who is careful, responds with confidence. Confidence is an attitude that demonstrates security, hope; in the case of the sick, to improve their health. It appears here like an electric arc, between the caregiver's attitude and the patient's trust in him. And the spark that ignites this bipolarity is the humanitarian attitude. "A conscience before a confidence" - said a late professor of our environment[7]. The humanitarian attitude, humanism, and the humanist professional blend in a unique way in this cultural evolution whose objective is the care of the sick person[13]. This attitude is personified in examples of doctors[14] who managed to unite, in admirable harmony, scientific progress with the Humanities. And they also claimed that knowing the pathology was as important as knowing the patient's personality and circumstances, which is yet another etiology.

The theory and arguments are clear; now it is necessary to put them into practice. How does this modern doctor, who integrates technical progress with humanism, form as a "bifocal" professional, who manages to associate science and medical art in an effective symbiosis? The answer to this question puts us in front of the subject on whom this training focuses: the medical student. It is worth asking: is the patient-centered way of teaching ethics and medicine working? Are educational initiatives in this field really effective? And very important: how is this done today, in a modern way? How to construct this new humanist approach without naively reprinting mothball-smelling humanisms from times gone by?

It is evident that the student's interest in learning a certain subject is directly proportional to its usefulness. Perhaps for this reason, the promotion of the Medical Professionalism Meetings[15], where the technical-scientific aspects are placed simultaneously with the humanistic attitude of the doctor, is well accepted by the student environment, and offers satisfactory results. A concrete way to insert Professionalism in Medical Education.

REFERENCES

1. Blasco PG. A ordem dos fatores altera o produto. Reflexões sobre educação médica e cuidados paliativos. Educación Med. 2018;19:104-114. https://doi.org/10.1016/j.edumed.2016.07.010
2. Roncoletta AFT, Moreto G, Levites MR, Janaudis MA, Blasco PG, Leoto RF. Princípios da medicina de família. São Paulo: SOBRAMFA; 2003.
3. Swick HM. Toward a Normative Definition of Medical Professionalism. Acad Med. 2000;75(6):612-16. https://doi.org/10.1097/00001888-200006000-00010
4. Borrel-Carrio F, Epstein RM, Alenta HP. Profesionalidad y professionalism: fundamentos, contenidos, praxis y docencia. Med Clin. 2006;127(9):337-342. Disponível em: https://www.elsevier.es/es-revista-medicina-clinica-2-articulo-profesionalidad-professionalism-fundamentos-contenidos-praxis-13092322
5. Ortega y Gasset J. Missão da universidade. Rio de Janeiro: Ed. UERJ; 1999.
6. Ordine N. A utilidade do inútil: um manifesto. Rio de Janeiro: Zahar; 2016.
7. Decourt LV. A Didática Humanista do Professor. São Paulo: Atheneu; 2005.
8. Millán Núñez-Cortes JM. Humanización de la medicina, medicina humanizada, medicina humanista: ¿de qué estamos hablando? Educ Méd. 2018;*19*(*3*):131-132. Disponível em: https://www.elsevier.es/es-revista-educacion-medica-71-articulo-humanizacion-medicina-medicina-humanizada-medicina-S1575181318301529
9. Flexner A. Apêndice. In: Ordine N. A utilidade do inútil: um manifesto. Rio de Janeiro: Zahar; 2016.
10. Blasco PG. O médico de família, hoje. São Paulo: SOBRAMFA; 1997.
11. Blasco PG, Janaudis MA, Levites MR. Un nuevo humanismo médico: la armonía de los cuidados. Aten Primaria. 2006;38(4):225-229. Disponível em: https://www.elsevier.es/es-revista-atencion-primaria-27-articulo-un-nuevo-

humanismo-medico-armonia-13092345

12. Núñez Cortes JM, Blasco PG. Educación médica centrada en el paciente. Madrid: Unión Editorial; 2017. v.1, p.180.
13. Lifshitz A. The human, humanistic, humanist and humanitarian in medicine. Gac Med Mex. 1997;133(3):237-43.
14. Prats JAGG, Blasco PG. O humanismo médico de Gregorio Marañón: um exemplo sempre atual. RBM Rev Bras Med (Rio de Janeiro). 2012;69:18-24. Disponível em: ZZZ.moreirajr.com.br/reYistas.asp?id_materia=4906&fase=imprime
15. Sociedade Brasileira de Medicina de Família (SOBRAMFA). Reuniões de Profissionalismo Médico em SOBRAMFA. São Paulo; s.d. Disponível em: https://sobramfa.com.br/profissionalismo-medico/