Medical Humanities and the Development of Social Responsibility and Accountability of Health Care Professionals

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Welcome to the present moment

• Pause….breathe…
Social responsibility and accountability

Issues
Factors in development

The hidden curriculum in our school

Help from the Medical humanities and general education

Social responsibility in medicine – beyond interests of self

Self
NGO
Rural
1st World
Social responsibility – definitions (Google)

• SOCIETY’S INTERESTS
  • en.wikipedia.org/wiki/Social_responsibility

• COMMON GOOD
  • en.wiktionary.org/wiki/social_responsibility

ACCOUNTABLE
  • mcgrawhill.ca/college/larson10/student/olc/10fal_gloss_01.html

• JUSTICE AND CHARITY
  • www.gogreentoolshed.com/a-green-vocabulary-for-green-people

Social Accountability
World Health Organization, 1995

• "[Medical Schools have] the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve.

• The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public."

Working in partnership for common good (beyond the interest of self)
Social accountability – Approach of U. of Toronto  
(Recommendations of Community Program Advisory Council)  

CPAC recommends that:  

• 1. Recognition of opportunities and the challenges in the area of diversity and urban health care  
• 2. Faculty development and curriculum development  
• 3. Promoted in all teaching programs.  
• 4. Early exposure to generalist health professionals  
• 5. Support of community-based programs  
• 6. Electives to be promoted  
• 7. Translation of knowledge-based research into actual care by building on community partnerships.  
• 8. Interdisciplinary and community partnership  
• 9. Interdisciplinary collaboration and teaching opportunities  

1. How should a medical school improve its capacity to respond to future health challenges in society?  

2. How could this capacity be enhanced, including the use of accreditation systems for self-assessment and peer review?  

3. How should progress towards this end be assessed?
Consensus consists of ten strategic directions for **medical schools**:  

Respond to current and future health needs and challenges in society **Reorient their education**, research and service priorities accordingly  
Strengthen governance and partnerships with other stakeholders  
Use evaluation and accreditation to assess performance and impact  

It recommends synergy among existing **networks and organizations** to move the consensus into action at global level.  

Competencies include:  
Development of values of **professionalism** – ethics, teamwork, cultural competence, leadership and communication  

Social accountability  

**Accountability** – an integral of and interconnected ‘facets’ of professionalism (American Board of Internal Medicine)  

- **Excellence** – competence (improvement of quality)  
- **Humanism** – respect, compassion, empathy  
- **Accountability** – **justification, responsibilities, quality of care**  
- **Altruism** - best for patient, over one’s interest  
- **Duty** - commitment to service  
- **Honor and integrity** – truthful, avoid conflict of interest and personal gain)  
- **Respect for others** – essence of humanism
Excellence, Humanism, Accountability and Altruism?

How do we ensure the above is part of the undergraduate/postgraduate medical curriculum? At very least, an ongoing conversation?

How to develop humanism i.e. what makes a humanistic doctor? (selfless behaviour and avoiding self interest) together with demanding the best for patients?

Social responsibility and accountability – road map

- It needs its own ‘syllabus’ – outcomes, teaching and learning activities (experiential learning), assessment tasks

- General education – key issues involved in social responsibility and accountability

- Perspectives from medicine and health care

- Build on what we are doing already (SSM)

- Medical humanities may be the scaffold (facilitate positive experiences) coupled with redesign of a new curriculum (reduce negative experiences)
What factors create a humanistic (doctor? 
(Moyer et al, 2010 Acad Med.)

- 4th and 1st year Focus groups

**Positive influence:**
Authentic, unique and participatory experiences before and during medical schools (involved with dying process of patients, volunteer work, international rotations, reflective blogs, **positive role models**)

**Negative influence**
**Stressful conditions** (busy workload, tiredness, higher debt)

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Faculty as poor role models (Maheux B et al, 2000 Med Education Effects of role modeling (Wear D and Zarconi J, 2008 J Gen Intern Med)

**STRESS AND BURNT OUT DO NOT MAKE HUMANISTIC DOCTORS – NEED FOR DOCTORS TO CARE FOR THEMSELVES**

How do medical schools influence the development of humanistic values?

**Students hear teachers articulate about:**
Empathy, compassion, altruism i.e. learning is explicit through articulation

**Students see teachers practising instead:** (hidden curriculum)
Detachment, entitlement

**Students respond by adopting:**
Non reflective professionalism – detachment as compassion
View that “Good” doctor is one with best technical skills – ethics of competence

**Altruism**
**Promoted by:**
A. Gender, belief systems, non medical commitments
B. Medical school features: medical ethics, humanities, social issues in medicine

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Coulehan J and Williams PC 2001: Vanquishing Virtue – The Impact of Medical Education (Academic Medicine)
Social responsibility and accountability in HKU – *paradigm shift in medical education*

**University**
- General education: Common themes affecting humankind, its interconnectedness, and relevance to our humanity and daily life,

HKU (new common core curriculum)

**Medical School**

*A medical humanities* combined with ethics curriculum
- Clear learning outcomes, teaching and learning activities and assessment
- Longitudinal

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**Curriculum reform in HKU**

**General education for all students**

- From 2012, 11 years of secondary school (from 12)
- Undergraduates programs – 6/4 years (from 5/3)

- I year of Common Core Curriculum (CCC)
  - 6 educational aims
  - 4 Areas of Inquiry (syllabus)

  **Module**
  **Teaching, Learning and Assessment: Outcome based approach** (what students are expected to learn)

- Teachers and students – diversity within the class
## HKU’s Common Core Curriculum – AOIs

<table>
<thead>
<tr>
<th>Areas of Inquiry (AoS)</th>
<th>Courses (2011)</th>
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<tbody>
<tr>
<td>Scientific &amp; Technological Literacy</td>
<td>18</td>
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<tr>
<td>Humanities</td>
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<td>Global Issues</td>
<td>16</td>
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<td>China: Culture, State &amp; Society</td>
<td>18</td>
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<tr>
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## General Education Aims in HKU

### 6 Educational Goals

1. Critical intellectual inquiry and life long learning
2. Tackling novel situations and ill defined problems
3. Critical self reflection, greater understanding of others, personal and professional ethics
4. Intercultural understanding and global citizenship
5. Communication and collaboration
6. Leadership and advocacy for improvement of human condition
University of Virginia Medical School Sept 2008

Medical Humanities Electives for 4th year students

http://healthsystem.virginia.edu/internet/bioehums
(Narrative Medicine and Professionalism, Reflection and Spirituality, Cultural Competence, Medicine and Society)

**Literature and Medicine class : Marcia Childress**

*Physician writers – Stories about lives of doctors, patients, illness, life in medicine*

*Power of illness experience and narrative to transform life and to heal*

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**Humanities in Medicine**: Treatment of a Deficiency Disorder:
EW Hook 2003 – Jeremiah Metzger Lecture. UVA

- Huge problem in human dimension of health care in US
- Imbalance between sciences and humanities in medical education (college to residency training)
- **Humanities in medicine** (Broad cultural and philosophical issues of doctoring) – themes from history, literature, ethics, philosophy, religious studies, visual arts, jurisprudence) offer **knowledge and skills to enhance clinical competence (performance)**
- Enhance human dimension in health
- Restores society’s trust in medicine

*The humanities are the hormones…To infect with the spirit of the Humanities is the greatest single gift in education.”*  
*William Osler, The Old Humanities and the New Science, 1919.*
• Medicine is the most humane of the sciences, the most scientific of the humanities.

Pellegrino ED. Humanism and the physician. Knoxville: University of Tennessee Press 1979,

Medicine, the Arts and Humanities (Hurwitz, Clinical Medicine, 2003)

Humanities are reflective endeavors which seek to retrieve, record and interpret the span of human experience.....

Disciplines which value reason and explore emotion

Focus on meaning and ambiguity, approach subjects from many viewpoints..

Medical stories: “narratives”
The neglected curriculum in medicine

- "What makes us human?"
- "What is the nature of suffering?"
- "What gives our lives meaning?" (patients, doctors)
- What can we do for when there appears to no cure or hope for improvement? (Issue of healing)
- "How do we bring compassion to patients who are difficult (don't like); face uncertainties; admit mistakes?"

What do sick people worry about?

- Sick person rely on physicians for skilled diagnosis, effective therapy and human recognition of their suffering
- How do they live their lives around their diseases?
- What sense can they make of random events of their illnesses?
- How can doctors help them to find meaning in their experience of illness and thereby facilitate in participation in treatment or acceptance of the inevitability of death?
- Patients: “I am not treated like a human being”

- Literature and Medicine: Contributions from Clinical Practice: Rita Charon et al 1995  Annals of Int. Medicine
Facing our mistakes –NEJM 1984 -David Hilfiker)

• As a rural doctor, after aborting a live fetus, mistaken as dead, in a woman, a family friend…

• “impossible for physicians to deal with errors in a psychologically healthy fashion”;
• “expectation that the physician will be perfect”;
• “opportunities daily to miscalculate, often with drastic consequences”;
• “how can we who see ourselves as healers deal with the guilt”;
• “physicians are rarely trained to talk about mistakes or emotional responses”.

• Doctor who is ill, makes mistakes, is afraid, is uncertain, involved in conflicts …how does one deal with the physical and mental trauma..

• What can be done to help the wounded healer?

Medical Humanities in HKU - setting the foundations

2008
• Seminars on medical humanities to faculty
• Frontiers in Medical Education: Making Doctors Human
• Post conference surveys

2009
• Center for the Humanities and Medicine
• Special Study Module in Medical Humanities

2010
• Task Force in Medical Humanities – setting the curriculum

2010-2011
• Development Fund in Medical Humanities, LKS Faculty of Medicine
• Soft launch of MH modules
Welcome to the present moment

- Pause….breathe…

**Medical Humanities (MH) Programme (from 2012)**

**Vision**

To deepen our experience of being human, of our humaneness, and our humanitarianism

**Mission**

To nurture in our students, through engagement between the humanities and medicine, the development of humane and humanitarian values which will enable health care professionals, assisted by the wider academic community, to provide the best medical and holistic care to patients and their families, and to better look after themselves.
Neglected curriculum: Understanding suffering and facilitating healing

The Current Curriculum emphasizes:
• Disease

The Humanities and Medicine explore:
• Suffering – fear, loss, isolation, stigmatization, despair

• Cure

• Healing – love, respect, trust, hope, compassion

Medical Humanities 2010 – (2012 – core curriculum)

Five Themes
• Narrative Medicine: Doctors’ and Patients’ stories
• History and Philosophy of Medicine
• Culture, spirituality and healing
• Death, Dying and Bereavement
• Humanitarianism

Four genres - Teaching and Learning Format:
• Literature
• Films
• Visual Arts – paintings, sculptures, multimedia
• Performances – music, drama

Task Force in Medical Humanities, Faculty of Medicine
Centre for the Humanities and Medicine, HKU - www.chm.hku.hk
Medical Humanities in HKU - Objectives

Students should be able to:

• Examine the values underpinning what is meant by being human, humanistic and humanitarian (contributions from all disciplines of the humanities and medicine)

• Cultivate skills of reflective thought and critical analysis in dealing with ill defined problems and situations in illness and healing (contributions from medicine, philosophy, literature, law, and ethics)

• Explore the many dimensions and contexts of human experience in health and illness (contributions from medicine, literature and narrative, music, psychology, history, philosophy, visual arts)

• Discuss the role of culture, traditions, ethical and spiritual concerns in health and illness (contributions from medicine, history, sociology, drama, anthropology, literature)

• Develop professional competencies and humanitarian values in the relief of suffering and the betterment of mankind and society (contributions from medicine, philosophy, literature, history, sociology, reflective writing, mindfulness training, ethics, outreach programs)
When will teaching and learning take place?

- Faculty passed new curriculum with MH as core elements February 2011 (following faculty retreat)
- Year 1 – year 6
- Year 1 from 2012 (and year 3)
- Aligned to modules (IHD, Cardiovascular..)
- 30 hours per year (20 hrs lunchtime events)
Where will teaching and learning take place?

- Venue
  - Traditional: Lecture theatre, Tutorial rooms, bedside, outpatient
  - Others: Open spaces, museums, cultural venues, community centres etc

Assessment

- Evidence of attendance
- Evidence of participation (quality)
- Reflective portfolio (with CETL)
- Creative piece of writing, art, photo etc

- Annual festival – presentation by student or group with prizes
Pen, Brush and Camera – outcome based medical humanities

Julie Y Chen, Diane J Salter, Li Chong Chan
Medical Education 2010

RON HARDEN INNOVATION
IN MEDICAL EDUCATION AWARD
IMU, KUALA LUMPUR 2010

Narrative in Medicine

“Human beings are storytelling animals, and narrative is the most compelling from by which we recount reality, understand events and through which we make sense of our experience and ourselves” -
Narrative and the Practice of Medicine: 2000. The Lancet: Brian Hurwitz

“Only in the telling is the suffering made evident….. fresh means to understand the disease itself….

not only is the diagnosis embedded in the narratives but deep and therapeutically consequential understandings of the persons who bear the symptoms…”

Narrative and Medicine
Rita Charon NEJM 2004
Doctors Stories

- Doctors’ confessions – Williams Carlos Williams
- Doctors’ conflicts – Abraham Verghese
- Doctors’ self awareness – David Hilfiker
- Doctors on medicine – Atul Gawande
- Doctor’s activism – Tracy Kidder

Paul Farmer – Leader in Public Health and social advocate extraordinaire

- Early experience with migrant workers in North Carolina
- Harvard graduate : Medicine and anthropology
- Founder member of Partners in Health
- Pioneer work in reducing AIDS, TB in Haiti
- Poverty – major determinant of health; need to understand cultural, religious and social mores
- Firm believer in social justice
Medicine and the Humanities –
New initiatives in Teaching and Learning

• Why Literature and Medicine — Narratives of Illness and Doctoring
  Reading and writing poetry, fiction, stories (narratives) enables doctors learn to take better care of patients and better care of themselves
  
  Focus on moral reflection and consideration of the “quality of a lived life” (ethics)
  Development of skills of observation and interpretation; and to formulate responses to difficult situations (critical thinking)
  Understand experiences and feelings about patients (empathy)

Initiative of “The Taskforce in Medical Humanities, LKS Faculty of Medicine
Supported by Developmental Fund in Medical Humanities (Prof. LC Chan, Dr. Julie Chen)

Better – Atul Gawande – A Surgeon’s Notes on Performance

Diligence

Doing Right (moral profession)

Ingenuity (of need to recognize and reflection on failure, search for new solutions)
Better medicine

- Understanding nature of suffering (so that one can become better healers)

- Mentally alert and with skills to respond versus to react under stressful conditions

To achieve a balance between reason and emotion as we face patients in difficult situations

“The Wounded Healer” - Healing the wounds: A Physican Looks at Work (David Hilfiker, 1998)

- As a doctor in community health care clinic for poor

- “face expectations from society that are unrealistic, to be ultimate healers, technological wizards, total authorities”.

**However imperfect, possibilities available for healing** involve:

Sharing work with co workers - Teamwork

Regular meetings for celebrations, worship, sharing, Study (ensuring hierarchy, prestige and competition do not dominate relationships) - *circle of peers*

*Respond to patients on their own terms* (a servant and not an entrepreneur)

Unravelling the social, economic, and emotional tangles that complicate patients’ lives (each doctor brings unique gifts to his work – and to discover such gifts)
Association of an Educational Program in *Mindful Communication* With Burnout, Empathy, and Attitudes Among Primary Care Physicians

- Michael S. Krasner, MD; Ronald M. Epstein, MD; Howard Beckman, MD; Anthony L. Suchman, MD, MA; Benjamin Chapman, PhD; Christopher J. Mooney, MA; Timothy E. Quill, MD


Mindful practice

- Pause….breathe…
- Stepping back
- Appreciative inquiry
- Reflective writing
How Mindfulness Can Make for Better Doctors


• “Mindfulness allows us to be in a whole host of situations with a sense of equanimity. We don’t get sucked into how charged an experience is but are simply having that experience.”

• Mindful Meditation, Shared Dialogues

• Reduce Physician Burnout: Science Daily Sept 23 2009

• Training in mindfulness meditation and communication can

• alleviate the psychological distress and burnout experienced by many physicians

• and can improve their well-being
Better medicine

Medical humanities:

Promote understanding nature of suffering (so that one can become better healers) - narrative medicine

Enable development of attentiveness – result is to respond versus to react under stressful conditions - mindfulness

Facilitate a balance between reason and emotion as we face patients in difficult situations

**Empowering ethical behaviour**

MH and its impact on wider community

*Social responsibility and accountability of medicine*

Advocates of healthcare funding (and its distribution between cutting edge medicine and the care of elderly and chronically ill)

**Activist role of doctors**

**Doctors as change agents**
HKU students’ humanitarian projects 2007-2010

- Individual or as part of group
- Direct or as part of NGO organisation

**Examples:**

- Earthquake relief in Sichuan
- Educating villagers on public health and hygiene in Ghana
- Check up and distributing medicines in rural India
- AIDS prevention counseling, and Malaria Education in Cameroon
- Working with front line health workers in refugee camps, Cambodia

A holistic framework for the humanities

- Can the humanities be brought to professions other than medicine to enable them to be more humanistic?
- Law
- Engineering
- Finance
- Science
- Food production
- Housing etc

“Professionalism regained”
Social responsibility and accountability

• High level task
• Development
• Sustainability
• Curriculum design – unique features (interdisciplinary, interconnected)
• Humanistic values (professionalism)

THANK YOU

• "THE TEST OF OUR PROGRESS IS NOT WHETHER WE ADD MORE TO THE ABUNDANCE OF THOSE WHO HAVE MUCH; IT IS WHETHER WE PROVIDE ENOUGH TO THOSE WHO HAVE TOO LITTLE"  
  Franklin D. Roosevelt

• Reaching out to others is the greatest cause of happiness

• "The wisest form of self-interest is being at service for others."  
  The Dalai Lama