

## The Scientific Societies and Medical Humanism

### *Las sociedades científicas y el humanismo médico*

The dehumanization of the physician-patient bond is a common reproach expressed by the community. As physicians, we have no doubts about the importance of listening to the patients and their families in order to understand the real problem and the source of suffering, or about the crucial role of interpreting adequately that requirement and cooperating in its solution. It would be naive to ignore that a giant technical, scientific and economic structure is constructed over this basic and intimate encounter between sufferers and assistants. In this dynamics, we are victims and victimizers. It is not easy to keep a sensitive human bond in this setting, stressing the unavoidable complexity of medical practice history.

Over the last 15 years, different movements have emerged attempting to deal with undergraduate and postgraduate medical education and with clinical practice settings. These undertakings (known as Narrative medicine, Medical humanities or Medical humanism) try to postulate not only a reflection but also action programs. During the Second National Meeting on Medical Humanism, and through the warm invitation extended by Dr. Ceriani Cernadas, president of the meeting, I was assigned to make a presentation on the role of medical associations in this aspect. I shall reveal some of those reflections in this letter.

The first problem is that the action field of this approach is suspected but is not clearly defined. If in cardiology it is occasionally relevant to analyze the words we use to avoid being caught in their meaning, such as high risk, new infarction, mild mitral valve prolapse or metabolic syndrome, in humanities, the use of adequate definitions is much more critical. I propose a simple question:

What would define a modern physician as humanist?

Some approaches tend, with the best intention, to answer this question with an ideal image of an unattainable Utopian doctor, at least for the average practice. For instance, in the preface to Patient-centered clinical practice, written by Borrel i Carrió, José Lázaro, a pre-eminent authority on this subject, states: "The need every good doctor will have...of achieving high competence in the biomedical, humanistic and sociological spheres". In the same direction, Ignacio Chaves Rivera, founder of the Institute of Cardiology of Mexico, declared some decades ago: "The lack of humanistic culture is the worst form of a physician's spiritual mutilation. ...he/she will be no more than a barbarian..." and, consequently, he proposed a new humanism: "A culture based on the knowledge of modern languages, contemporary history, the lit-

erature of our time and arts corresponding to daily experience": Nothing could be further away from the current formation in secondary schools and schools of medicine, Utopian and probably unnecessary. Ruy Pérez Tamayo, another contemporary Mexican author and master of medical thought, identifies the requirement of society in another opposed subject: "Not to be cultivated, but to do good, to be kind and charitable, that is, to be humanitarian rather than humanist".

What does the Argentina Society of Cardiology do in this aspect of medical training and medical practice, and what could we aspire to?

Firstly, we shall enumerate what we do today:

A Psychosocial Aspects Council, founded by Dr. Carlos Nijenson, a working and meeting setting of cardiac psychologists and psychocardiologists, with teaching activities once a month. The attitude of the Argentine Journal of Cardiology which, starting with the proposal of its current director, Hernán Doval, has created the tradition of thematic letters with reflections about medicine in today's society, doctor-patient relationship, rhetorics and medical communication, and many other cultural topics. In addition, many years ago the Journal started a section of contemporary Argentine art, directed by Jorge Trainini, for the dissemination of works and opinions. The Society and the Foundation have also worked on the analysis of cardiovascular disease from the gender perspective, and the Argentine Journal of Cardiology has dedicated a complete issue to original studies and debates from this innovative perspective in 2013. We have also developed a cultural blog that is open to communicate personal stories, opinions, trips or anecdotes. The postgraduate cardiology course dedicates several weeks to anthropology and bioethics, communication skills, narrative medicine and doctor-patient relationship. During the last years, the SAC has assumed the importance of getting involved in the physicians' working conditions and adequate payment. The health policy area has covered these issues in multiple activities.

What is our greatest debt and the current proposal.

The residency program and medical practice should incorporate the analysis of doctor-patient relationship, professional-related experiences and self-reflective practices. The SAC Teaching Area has presented the National Ministry of Health an excellent document that is being used as a source for the development of the nationwide residency program in cardiology. In this document, we will try to incorporate the suggestion of creating training areas in narrative and communication skills, acknowledgement of

self and external conflicts, and a humane dimension of suffering. Group meetings may include narrative experiences or Balint-like groups, among others. The participation of psychologists, sociologists and linguistic specialists would be ideal, as they can contribute to the interpretation of what the patient tells cooperating also in the elaboration of an adequate rhetoric for the medical encounter, and the participation of leaders or experienced physicians would also be convenient to give relevance to these activities in the dynamics of the institution. It would also be important to set the standards for the working conditions of the residency program to prevent early burn-out.

Moving from a document to a real change in prac-

tice will require a continuous discipline for many years, with many obstacles, but we cannot keep neglecting, during our formation, a greater professional development in communication and in the interpretation of what happens to the patients and what happens to us. Such a cutting-edge achievement in Argentine medicine will require the support of each of the institutions involved in the formation of cardiologists.

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