

### **Medical humanities: addition to academic burden**

I read with interest the articles in the latest issue of *IJME*. Most seem to advocate that teaching humanities to medical students would make them more humane and concerned doctors and would develop empathy towards their patients in their future careers as practising doctors.

I beg to differ. I feel it will only add to their academic burden. Then how can we make doctors more human and less mechanical in their dealing with patients? To do this let us first try and find out why we have become what we are today.

50 years ago when we entered medical school, most of us came from a poor or middle class background and studied in government-run medical colleges. Our peers too were not rich. Our professors rarely flaunted their wealth (if they had any). I remember one of my surgery professors came to the hospital in the city bus. Even our pre med education, with few exceptions was in state schools. As a medical student I did not consider it as demeaning to give a bed pan to a patient or roll a trolley from the ward to the x-ray or to another department. Earning money was important but not an all consuming goal in our training years. The work load during the final year when we did most of the work that is done by the interns of today (if at all they do) made us come into contact with the patients and their socioeconomic background. This contact continued during the houseman years and later when we became doctors.

Many of us became General Practitioners(GPs). Though the craze for specialization had already started; many of us were forced to become GPs because of the urgent necessity to make an early start due to dire socio economic need. As we grew we learnt more about our people and the way they live and often their suffering became partly ours. Practising medicine in the community, in contrast to that within the confines of the institution, is a blessing which took some years for me to realise.

Hospitals are like ivory towers and often far removed from the reality of life that exists outside. The advent of private hospital care has made this problem more acute and private medical institutions have contributed to making the doctor less human. The medical student of today usually (not always) comes from a more affluent class and the ethos of this class is different from that of those from poorer socio economic backgrounds. I have observed with dismay even those who come from this background getting drawn into this vortex of insensitivity, which was much less in my younger days.

A doctor obsessed with specialisation and super specialisation and who keeps the motive of monetary success as the primary object will find it difficult to become a more humane doctor, even if he is exposed to all the humanity topics. Exposure to art, music, drama, social science will not make him a better human being if his primary objective is different.

While agreeing that not all those who come from a poor socio economic background, necessarily become more humane, I feel that the government should not abandon its responsibility for providing medical education and training by delegating it to private players. This will help to some extent. The other measure will be to expose students to community health in a more comprehensive way than is being done now. Get more and more GPs into institutions and let medical students come into contact with family doctors and let them do a stint of family medicine before their specialisation. They will learn more humanities by being with a GP than by doing courses in humanities. Give a higher status to family medicine and take some of the gloss away from the super specialties.

In a society where graft is all pervasive and ethical life has been given the go-by, I agree it is an uphill task to get doctors to behave differently. But loading them with humanities will not meet the objective.

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