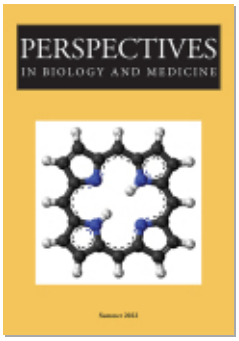
Joining Humanity and Science: Medical Humanities, Compassionate Care, and Bioethics in Medical Education



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Joining Humanity and Science

medical humanities, compassionate care, and bioethics in medical education

Stephen G. Post* and Susan W. Wentz†

ABSTRACT Educating medical students to be physicians involves many dimensions. But in an educational culture where science and technology dominate the curriculum, these subjects also too often dominate the academic value system as well. While a firm grasp of scientific knowledge and technical skill is essential, cultivating humanistic virtues is at the core of all good medical care and the full well-being of those within it. This article describes a formative educational process that points towards compassionate flourishing and unfolds through dialogue and reflection on the human aspects of patient care and the student experience, a process coequal in value to scientific development. This educational process has been successfully implemented at the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook. When supported by a broader institutional culture through an ongoing reflective group process in residencies and other clinical settings, this process fosters professional flourishing, which leads to deeper meaning and compassionate care of patients.

The work of a physician and the teaching of medicine involve more than rational knowledge: they call for development of a full humanity. The healer's work is done in a human context, with physicians caring for patients, for one

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another, and, hopefully, for themselves. Offering that care with humility and wisdom requires cultivating a kind of knowing that emerges not through logic and left-brain reasoning but through other realms of experience. Rather than being taught didactically, these qualities of being are often inspired and supported by caring role models and mentors. While medical education must emphasize science, we argue that it must simultaneously nourish physicians who possess the ability to listen and respond to their own voice and to the voices of their patients. In this article, we present an educational and institutional approach to fostering this goal, an approach that is guided by compassionate flourishing.

Compassionate Flourishing

"Compassionate flourishing" refers to the well-being and sense of integrity that emerges from alleviating patients' suffering and uplifting the full measure of their being, including supporting patients' life meaning and social roles. We see compassion as the essential opportunity for clinicians to affirm the meaning of their professional vocation as healers. The conceptual framework of compassionate flourishing was developed by Stephen Post to capture three integrated aspects of clinician flourishing: altruism (other-regarding care), self-care, and resilience. By sustaining the meaning of being a healer, compassionate flourishing provides protection from the debilitating emptiness—or burnout—of dehumanized medical care.

Compassionate care animates the lives of patients and clinicians. No matter what their specialty, physicians are often the first ones there in moments of crisis, sorrow, or an uncertain future. While many health-care professionals contribute in these settings, including nurses, counselors, pastors, and others, the physician-patient dyad has a unique place. Although physicians do not necessarily need the specific skills of other domains, they must be ready to be kind, empathic, and compassionate in those crucial moments.

Empathy involves understanding another's experience and narrative. To be felt as genuine by the patient, it must also convey authentic "presence" and "emotional resonance" (Halpern 2003; Paek 2019). Compassion is empathy expressed in action to relieve suffering, and meaningful action includes attentive listening, the welcome use of comforting touch, and, importantly, emotional presence (Post et al. 2014). Authentic presence or emotional resonance with the patient in itself contributes to flourishing, not only helping provide care for the patient, but also providing meaning and sustenance for those who offer it.

In addition to altruism, the unselfish care of others, flourishing includes intertwined strengths of self-care and resilience. Affirming one's own well-being, health, meaning, integrity, and core relationships both within the clinical setting and outside of medicine is essential, as is being attentive to physical and mental health. Clinicians should cultivate the insight and practice of being mindful

of their emotional well-being, including self-compassion, and of how they feel about their engagement with patients and colleagues. Resilience, the capacity to recover from challenges and experience growth through adversity, includes qualities such as "grit," purposefulness, courage, perseverance, and commitment. Most physicians make significant sacrifices for the good of their patients, but they must also be able to flourish in their own humanity. They should never have to look back with regret for having ignored loved ones—or themselves.

Physician virtues, or "character strengths," can be introduced didactically and then captured in moving narratives. However, for the most part they develop with time and experience in a community of active healers that is explicit about the importance of these virtues (Coulehan 2005). This medical community should encourage all members to be intentional role models, and the community should also allow students time to reflect safely on the psychological, emotional, and ethical aspects of their clinical experiences. Reflection is essential to internalizing and forming those physician virtues.

Identity Formation and Science

At the core of medical education is the accumulation of rational knowledge and technical skills through diligent scientific study, observation, and clinical practice. However, medical curricula should equally be designed to foster humanistic aspects of professional identity formation—a developing inner transformation of the student. Caring requires expertise as complex as scientific knowledge, but it calls on different aspects of a physician's being and is fostered in different ways. In the student's education journey, there must be a coequal imperative to develop both scientific expertise and an identity formation centered in caring.

If we prioritize the ability to care within medical education, we must form a community of purpose around it and make compassionate care central to our values as physicians and educators. This emphasis is likely to enhance physicians' professional identity and flourishing, create new curricular opportunities for nourishing it, and foster a caring environment throughout our medical community. But encouraging medical schools to grow in this direction is complex. Frequently, the process of identity formation, much deeper and "whole person"–centered than the teaching of bioethics principles, does not receive the explicit and systematic attention it deserves.

From their first day in class, many students are alert to the human experience. They think about how a diagnosis will affect a patient or find that an early clinical contact evokes a flood of related questions about the illness experience. That process intensifies in year three, when an attending physician may treat a patient with indifference, or when the wrenching gap between clinical demands and what attending physicians need to know to truly act as caregivers is felt. Throughout this formative experience, students frequently do not feel affirmed and nourished

in their own humanity. The impact of the clinical years on student development has been described as entailing a "significant decline in empathy" (Hojat et al. 2009). Others have noted the importance of psychological safety in the clinical settings, without which students are at "greater risk of burnout, depression, and in the worst of cases, suicide" (Tsuei et al. 2019). All too frequently there is no ready collegial dialogue to affirm and deepen students' insights as the unyielding path of study and rotations unfolds before them.

Building Community and Identity

Identity formation entails a community with explicit values, interactive expectations, role models, and mindful reflection across all four years of medical school (Chandran et al. 2019). At Stony Brook's Renaissance School of Medicine, this process begins with preclinical reflection circles that are focused on patient expressions of the illness experience. The process continues in clerkship-based reflection within "Circles of Trust" that draw on clinical experience. The two parts of this process are essential: without this continuation into experiential practice students may assume that what they learn preclinically is not relevant to the "real world" of clinical care.

Preclinical Reflection Circles

A required preclinical course emphasizes humanities, virtues, and clinical ethics, with the illness experience and professional identity formation as the core. Faculty members facilitate small-group sessions across the 12-month preclinical phase and offer four-week elective seminars. Themes expand outward, considering the patient experience through medical humanities, art, and narrative medicine—including "art and observation" and "the patient experience of hope"—to the essential humanistic virtues such as humility, listening, and empathy, to compassionate care and clinical ethics. This portion of the educational process includes a reflective experiential "tool kit" course on providing compassionate care and overcoming obstacles.

Clerkship Reflection in Circles of Trust

Clerkship Reflection provides intentional nourishment of compassionate flourishing during this transformative clinical year, a pivotal time of identity formation. Drawing from the students' immediate experiences, principles are made vivid for students in full human dimensions. They are able to understand and integrate principles of compassionate flourishing in ways that are individually meaningful. Groups occur during all 12 months of required clerkships. Usually not more than eight students gather for an hour in small groups including a faculty facilitator, who is present primarily to observe and occasionally guide the process with a thoughtful question. Faculty from the particular clerkship itself do

not participate, giving students comfort to speak freely without concern that it might influence their clerkship evaluation.

Reflection rounds are guided by the concept of a "Circle of Trust" (Palmer 2004), which is a safe haven within which the emotional and spiritual dimensions of human experience can rise to the surface. In a time rich with both challenge and meaning, students are supported as they identify and express vital human aspects of experience that might otherwise remain unnoticed. Validating that experience affirms their own humanity, yielding a protected space for understanding and growth. We have developed guidelines for Reflection Rounds to help foster these goals, thereby nourishing compassionate flourishing (see Table 1).

During this formative initial immersion, students welcome time to reflect on the human, emotional, and ethical aspects of their clinical experience. When these circles are successful, students are able to identify the challenges they face as human beings attempting to sustain identity, meaning, and higher purpose while they navigate the uneven realities of the clinical setting. This helps them to grow in compassionate flourishing through reflection on their clinical experience, by processing difficult circumstances and emotions in a way that strengthens rather than diminishes their integrity. Roberts (2020) describes the inherent human challenges in becoming a physician: "We must remember that such experiences do not inescapably produce cynicism, secondary trauma, emotional exhaustion, or objectification. When these hard lessons are recognized for their significance, shared, and intentionally addressed in our curricula and our clinical environments, they can become sources of resilience and purpose" (971). Reflection in a community of fellow travelers helps students forge and affirm their values and virtues, generating resilience and understanding. Students transcend any ostensible "hidden curriculum" of cynicism or jaded care. Rather than being compromised by adversity, they are empowered by it.

A principal benefit of using actual experience as the basis of reflection is its intrinsic relevance for each student. While discussion of concepts and skill-building techniques, such as simulations and role-plays related to the doctor-patient interaction, provide important knowledge and skills, they emphasize rational rather than feeling awareness and so are often insufficient to foster active caring (Branch et al. 2001). When a student starts from an emotion, observation, or question drawn from direct experience, it cultivates a more ready integration of resulting insight with more technical aspects of patient care. The connection is vivid, tangible, and unarguable. In the crucial formative setting of the third year, this ongoing reflective process has heightened impact.

Virtually any topic may come up when students reflect on the emotional or spiritual side of their clinical experience. For example, a student brought up a derisive joke that his team made within earshot of a "difficult patient" and described how he stood there refusing to join in their laughter or even to smile. Later, a nurse commended him and suggested that he might want to diplomatically men-

Table 1 *Reflection Rounds guidelines*

1. Anyone in the group can bring up any case that engaged them emotionally and/or spiritually, and perhaps left them with unresolved feelings. Examples include suffering, compassion, guilt, loss, anger, fear, frustration, hostility, spirituality, integrity, death, hope, humiliation, inspiration, team interaction, role modeling good and bad.
2. Listen attentively, without interruption.
3. Respond generally with questions for clarification.
4. Focus on the speaker's feelings and experience.
5. Stay with the speaker, and generally do not redirect conversation or refocus on your own experience.
6. Offer confirmations rather than assertions or answers.
7. Respond, don't react.
8. Value moments of silence, especially after someone has spoken with heart and depth.
9. Be present emotionally.
10. Keep strict confidentiality: what is said in the room stays in the room.

tion his concern to the team. The young man did so, was well received, and felt affirmed in his professional and moral identity. In another case, a medical student described feeling humiliated by a patient while continuing to be empathic and attentive, and she was supported by her circle. In hundreds of similar experiences, students learn from and reflect in depth with their peers, affirming how they want to practice medicine.

In the pivotal immersion setting of the third year, principles of compassionate flourishing can be more fully integrated within a student's emerging professional identity. Occurring throughout the year, this reflective approach yields the distinctive capacity to unify clinical and human knowledge. Importantly, this includes support for the students in intellectual, emotional, and interactive dimensions of their experience. Students participating in third-year reflection rounds showed improvement in empathy as demonstrated by Jefferson scale of empathy (JSE) scores (Imperato and Strano-Paul 2021). Significance is, perhaps, best described by students:

> The reflection rounds allow students the space and the TIME to reflect on their emotions that may well have remained hidden or unaddressed unless otherwise discussed at these rounds.
>
> It reintroduces compassion into the experience of medical school.
>
> From reflection rounds I feel that I can affirm who I am and not be slowly digested by an invariably uneven world, human nature being less than perfect.

Attendings, residents, and all professionals need a space where they can speak freely about the emotional and human aspects of their clinical experiences. Re-

flection Rounds in clerkships affirm this aspect of professional life for students. They experience the benefits of forming meaningful bonds with peers based on feedback and sharing of similar experiences.

Residency Reflection Rounds and Schwartz Rounds

We have extended a similar level of emotional openness and trust through Residency Reflection Rounds and Schwartz Rounds, contributing to resilience, community building, trust, and ultimately patient care. Together these community building settings allow us to create the connectivity of what Martin Luther King Jr. called the "Beloved Community."

Residency Reflection Rounds and Schwartz Rounds extend Stony Brook's community of reflection to additional training levels and clinical settings. Residency Rounds allow residents to reflect on the human and emotional aspects of their clinical lives and are not attended by clinical faculty from their rotations. As previously described for medical students, these reflective experiences lead to an enriched sense of self, strengthening the journey of identity formation.

Bimonthly Schwartz Rounds, a widely used clinical model, engage the human side of the clinician experience in distinct clinical settings. Pediatrics Schwartz Rounds, for example, are attended by 50 to 70 doctors, nurses, clinical social workers, child life specialists, residents, and others. These rounds are led by a certified Schwartz Rounds facilitator. After a brief two-minute summary of a case by the facilitator, three clinicians involved in the case at a deep level explore their human and emotional experience. This is followed by the facilitator inviting all those in the room to respond and to speak of similar feelings and related experiences. The well-developed model of Schwartz Rounds, grounded in the Schwartz Center (2022) mission to "put compassion at the heart of healthcare," is deeply resonant with the goals, process, and principles of compassionate flourishing that animate student and resident Reflection Circles.

On one afternoon, pediatric clerkship students and pediatric residents, fresh from respective Reflection Rounds, joined in the Pediatric Schwartz Round, which was focused on transitions from pediatric to adult care. The pediatricians spoke of the many challenges involved, and of their emotions around these events, which included guilt for abandoning their patients to caregivers who sometimes did not fully understand their treatment needs. They also expressed feelings of professional inadequacy because they had not completed care. Opening the topic up to the room for the remaining 40 minutes of the hour, we had a remarkable and revealing community-building dialogue. Clerkship students and residents witnessed the profound benefit to more senior professionals in processing emotions and experiences, coming together in deeper appreciation for one another as whole selves.

What really is a community in a medical center? It is a set of small, overlapping circles of trust and reflection. These interconnected communities of pur-

pose eventually become so numerous as to engage the academic medical center as a whole in a common culture of compassionate flourishing. Recognition of compassionate care is heightened, and colleagues are sustained in this common cultural experience. In "The Missing Link," McKenna and colleagues (2016) state: "We all have a fundamental need to feel connected to our colleagues, patients, families, and profession. Our well-being as physicians depends on this connection, and our resilience grows from it" (1199). Creating a cultural community that extends from preclinical to clinical years, and broadly throughout the medical center, is an approach to achieve this paradigmatic goal, validated by community participants.

In the summer of 2019, based on interviews conducted by the Liaison Committee on Medical Education (LCME) site visit team with representative focus groups of faculty, staff, and students, the LCME team noted that "community" was one of several special strengths of the Stony Brook School of Medicine as expressed by all three of these groups. In addition to the LCME findings, further evidence of value is captured in the fact that Stony Brook received the 2019 Alpha Omega Alpha Honor Medical Society Professionalism Award for best practices in medical professionalism education.

Fostering Professional Identity Formation and Flourishing

The Center for Medical Humanities, Compassionate Care, and Bioethics uniquely unifies communities across the Stony Brook's Renaissance School of Medicine to foster compassionate flourishing. The larger community involves a tipping point cluster of leaders and like-minded faculty and students from across the academic medical center. This was a primary focus in the creation of our Center, serving as an institutional home to advance related efforts. We do extensive preclinical teaching on medical humanities in order to sensitize students to the experience of illness and elicit empathic awareness, including humility (Coulehan 2010). We emphasize compassionate care throughout the clerkships with the help of clerkships directors, who are all engaged in this endeavor, and we also select Reflection Rounds facilitators who are recognized for their psychological skill and are models of compassionate care. Forming partnerships with faculty, students, and staff from the school and the surrounding hospitals, the Center galvanizes commitment to compassionate care of patients and generous interactions across teams and with one another (Pillai et al. 2020). This includes implementation and leadership of a community of reflective circles for students, residents, and faculty that nourish compassionate care and flourishing while affirming and demonstrating respect for the human and emotional side of the clinician and student experience.

Our work at the Center conceptualizes three integrated circles, expanding in an outward trajectory and illustrating the path to becoming effective, compas-

sionate, and flourishing physicians, surrounded by a fourth circle with societal and health-care forces that can either encourage or constrict this trajectory (see Figure 1). Below we explore these interrelated elements within the curriculum and medical center.

Humanities and the Illness Experience

Our preclinical course, described above, explores the patient experience through medical humanities, including art and observation, illness literature and narratives, poetry, and other expressions that highlight humanistic themes such as faith, hope, fear, and love. Unfolding alongside an unyielding science curriculum, the course provides a reflective touchstone for human dimensions of care (Charon 2001). The focus elevates appreciation for the illness experience in the lives of patients, families, and caregivers, and it encourages student to begin to connect with patients as people rather than mere biomedical puzzles. This awareness, at the very center of the art of medicine and healing, naturally deepens a student's empathic capacities, and it can also help students find the sense of meaning that will sustain them in their professional lives.

The Humanistic Virtues

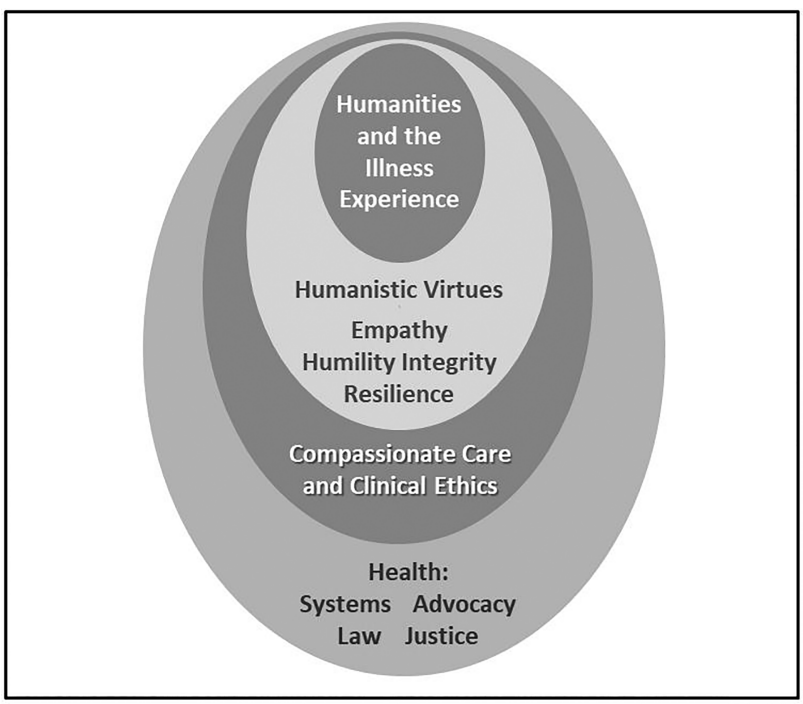

FIGURE 1

Humanities and the illness experience

Humanistic virtues, including empathy, humility, compassion, integrity, gratitude, self-compassion, and resilience, unfold from an expanding narrative consciousness through reflective observation, dialogue, and meaningful interaction. Students give voice to their innate human awareness and experience these qualities from their mentors. This affirmative process includes care of the self and building activities and circles of commitment around the students.

Compassionate Care and Clinical Ethics

The humanistic virtues described above are more than a set of principles. They animate both day-to-day interactions and the larger experience of patient care. This includes challenging decisions that patients, families, and caregivers confront daily. Empathic capacity, as a habit of daily clinical interaction, creates a safe space for meaningful dialogue with patients about their values, goals, and choices. While decisions about care are often difficult, clinical outcomes, patient and family experience, and provider meaning are all enhanced when care and ethical decision-making proceed through humanistic virtues.

Societal and Organizational Forces

A field of societal and organizational forces that can work against or support a culture of compassionate flourishing surrounds these inner three circles. Contrary forces include challenges related to law, policy, justice, and access to care. Our focus is on how to overcome the contrary forces and enhance the supportive ones. We address the aspects of these modern systems that affect patients and clinicians, including pressure to act contrary to their core values, and that can diminish physicians' and others' capacity to provide compassionate care.

Our Cultural Aspirations

Programs in medical humanities and bioethics always have different defining goals. Some are only focused on bioethical principles and ethical cases, some on ethics and health policy, while others focus on narrative medicine and medical humanities. Our program is explicitly and uniquely focused on identity formation, emphasizing education in the medical humanities, empathic character strengths, compassionate communication with patients and colleagues, and clinical ethics. We try to manifest these aspirational goals across the curriculum and the medical center to produce graduates and clinicians who know that they can flourish through compassionate care.

We hope that the Center for Medical Humanities, Compassionate Care, and Bioethics can serve as a useful guide for actualizing these foundational principles at other medical centers. As our work to enhance compassionate care and flourishing unfolds, we trust that our shared culture will become more inclusive, caring, and humanistic—allowing our faculty and employees to flourish, our

learner-colleagues to fully embrace the profession, and our patients to enjoy the benefits of quality care from joyful clinicians.

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