

MEDICAL EDUCATION IN NIGERIA: TRAINING IN HUMANISTIC QUALITIES

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SUMMARY

Since the 1980's, there has been a prolific growth of medical schools and teaching hospitals in Nigeria. Along with this growth and progress, there have been incessant strikes by health care workers protesting poor remunerations and lack of necessary infrastructures and drugs. This has greatly affected the quality of our medical graduates and the health care services offered in hospitals across the country. Being a patient in a hospital has a potential for being more frightening, lonelier, more confusing and in many ways, more dehumanizing than ever before.

The challenge to the medical education today is not only the acquisition of knowledge and skills required for prescribed professional roles but also the training of humane doctors. The doctors have to alleviate the patients' suffering by providing emotional, social, spiritual and physical support in a holistic care setting. The Doctors can clearly convey caring and support for patients and their families in a meaningful, genuine and sincere way by treating them as human persons primarily who does not loose their humanness by being ill.

Keywords: *Medical education, illness, human person, humanistic training.*

INTRODUCTION

There is at present considerable concern about the quality of our medical graduates. The desire to maintain standards in training and in clinical practice is nothing new and the means by which this is achieved in a modern setting could be both topical and difficult.

Teaching hospitals and medical schools have evolved in the last 20 years in Nigeria paralleling the changing circumstances of our times^{1, 2}. They represent substantial providers of health care, education and research and with the incessant strikes due to the poor working conditions, the training of our future doctors have been grossly affected.

In many respects, concern over the humanistic qualities of future physicians and medical ethics is timeless. For centuries, physicians and others have reflected on and debated about the proper conduct of medical practitioners. The sanctity of the physician-patient relationship stems from the priestly role of the profession and is secured by the ethics of confidentiality. The intensely personal, intimate relationship with the patient permits an

honoured interaction upon which the traditional legitimacy of the medical profession is based.

Although most members of the medical profession believe that the essence of human actions lies in the heart and soul found in them, actions are judged by the difference they make in the world. Effective medical practice depends as much on the humanity of the doctor as it does on his knowledge and technical skills. The consistent demonstration of the humanistic qualities to patients and colleagues is a clinical skill. It is partly a learned skill and partly an exhibition of positive traits brought to the profession by the physician.

Humanistic attributes must not be confused with relatively immutable character traits learned at the mother's knee. Doctors who recognize and respond to human needs of patients discover a rich source of knowledge and understanding. Doctors who respect and collaborate with colleagues find strength and support. The professional roles of doctors and the human relationships inherent in them include specific responsibilities, privileges and rights³.

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WHAT IT IS TO BE HUMAN

What does it mean to treat a patient as 'a person' or to treat him 'humanely'? This simply means to treat him as 'he is', as a human being who does not cease to be so even during illness. This depends on the concept one has of 'man'. It is clear that the object of the medical profession is the care of human beings and consciousness of this should be one of the main characteristics of the medical profession. They never regard patients as simply diseased or injured entities. They perceive human beings as possessing high value, worth and dignity. The right to health, to which many countries in the world subscribe, is rooted in the right to be fully human. Each person has a right to be fully human and that the search for health is one aspect of the search for complete humanness.

A human person can be healthy and whole only in a human community, because to be a person is to be capable of interpersonal relationships. The World Health Organization has defined health as, 'a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity'. Concern for health goes beyond physical well-being; human beings are bio-psycho-social-spiritual beings that exist in an environment that impinges on them and changes them constantly. Patients share their physical environment with other living creatures but human beings perceive and respond to their environments, both internal and external ones, according to their humanness.

It is difficult to explain what human means. We live in a technological age in an artificial environment and we see the world through scientific eyes. We need to recover a sense of our own humanity, our difference from machines and from the world of nature that has been subject to scientific probing and technological manipulation. The human being is not definable as a static entity but as a dynamic system of needs⁴. Some human needs and capacities are determined genetically and are common to the whole human species, while others have been created by particular cultures in which we live. Culture is the expression of the nature of humans to be intellectually free and to choose from a variety of ways to satisfy needs. This intelligent freedom defines us as

human and gives unity and continuity to the human family across time and space⁵. This freedom also defines the being as a person. A person has personality; persons are beings that understand and feel for each other in a human, freely intelligent manner and it is an expression of personhood that is personality. Every individual has a biography or history that consists of actualization of intelligent freedom and the manifestation of his unique personality. Becoming sick and becoming well are parts of this continuous struggling process of living development. To be truly human, each person must be truly himself or herself and must live out his or her life taking responsibility of its ultimate direction. A human being is never completely developed in this earthly life but is always in a process of growth.

By extension, the health care institution is a human community dedicated to the health care of human beings. The hospital does not confer the power to get well on patients but this power is inherent in the patient's capacity for personal human life. These patients include those who are capable of intelligent freedom but also those who are comatose, senile, children, infants and the unborn. Each is a human organism in the process of living out a human life and each has an ethical claim on the hospital community for help (and this has limits) in its growth, its struggle to actualize its inherent capacity for knowledge, love and human relationships that depend so intimately on the physical health. The very purpose of the health care community, as a very human community, is to help its members grow in personhood.

DEFINITION OF HUMANISTIC QUALITIES

A single definition will always be open to criticism. The American Board of Internal Medicine decided on a description of humanistic qualities that is clear enough to convey its intent for certification of Internists⁶. It has asserted that the essential humanistic qualities required are integrity, respect and compassion. All of the health care professionals, including doctors, have been criticized as being inhumane and less than learned professions. The technical proficiency in health today is admired and

applauded but in its application, health care professionals, including doctors, are described often as insensitive to human values. As Edmund Pellegrino pointed out a number of years ago, health care professionals are presumed to be “wanting” as educated people in their response to human beings⁷.

Health care professionals and educators are told that they neglect the teaching of human values in their zeal for science, they ignore liberal studies and the patient care provided in many teaching hospitals and clinics is dehumanizing. There is no doubt that society has a right to require that health care practitioners be competent, that the practice with consideration for the integrity of the patient and that they be educated such that they can place health care in its proper relationship to culture and society. Health care disciplines, are humane sciences, the technology of which must always be person-oriented. Hence, health care practitioners must live and work within the humanistic framework.

To prepare doctors to be humanists, one must consider two dimensions: the first, the cognitive dimension of humanism, deals with the doctor as a human being, a cultural being possessing ideas, values and modes of expression in word or art. The second dimension, the affective, concerns the feeling of the doctor for the person-as-patient experiencing the existential trial of illness. Together, these ideals enable the doctor to understand the science and to identify with the humanity of those he serves. In his reflections on medical education, Pellegrino suggests that these ideals must be built on a firm basis of technical competence. Without clinical craftsmanship, the doctor is without authenticity. Incompetence is inhumane because it betrays the trust the patient places in the doctor's capacity to help and not to harm him. Hence the education in clinical competence should always take place equally and simultaneously with the affective and cognitive elements of humanism⁸.

A doctor of today is one who demonstrates compassion, competence, confidence, conscience and commitment. These values should always be reflected in the teaching of medical students. Compassion is

thought to involve sensitivity to the pain and brokenness of another person, a quality of presence that allows one to share with and make room for the other. The affective education of a student starts with the means most significant to him, the humanization of his educational experience in medicine. By dealing with students in a personalized and compassionate way, the teacher may prevent the subtle erosion of sensitivities that is a genuine danger in studies that are focused exclusively on science. When a teacher helps a student in a compassionate and understanding way, he demonstrates how a student in turn can show the same understanding to the patient who is dependent on the student's humanness as the student is dependent on the teacher's.

The rigidity of certain curriculum and testing methods, as well as the difficult situations faculty members provide for students, are perceived by many students as dehumanizing. This can erode students' capacities for humane relationship with patients. It has been suggested that attitudes are caught not taught and hence medical educators have a serious responsibility to be appropriate role models.

Compassion involves accepting of every person's striving, whatever the willingness to help. Human beings cannot feel with other persons when they pass superior judgment but only when they see their own frailties as well as the patients'. Another question is whether health care professionals handle their authority in humane ways that respect the life values of the patients. Students must be shown how to humanize their own relationships with patients.

Competence is a state of having the knowledge, judgment, skills and energy, experience and motivation required to respond adequately to demands of one's professional responsibilities. Without competence, compassion, that is indispensable to the caring relationship, may be no more than a meaningless and possibly harmful intrusion into the life of a person or persons who need help. Professional caring demands competence and requires that health care practitioners have a freedom to learn and the opportunity to practice their professions in a manner that is compatible

with the dignity and needs of those who are served.

Confidence, the quality that fosters trusting relationships, is a basic need in doctor-patient relationship. Caring confidence fosters trust without dependency, communicates trust without violence and creates a relationship of respect without paternalism or without the engendering of a response born out of fear or powerlessness, and is a critical attribute of professional caring⁹.

Conscience is a state of moral awareness and is a compass that directs one's behaviour according to the moral fitness of things. Caring entails responsiveness and expresses itself as a response to something that matters. Affective reaction to value is an intentional response that is deliberate, meaningful and rational. Conscience grows out of experience, out of a process of valuing self and others in the state of moral awareness that is part of professional care¹⁰.

Commitment is defined as a complex affective response characterized by a convergence between one's desires and one's obligations and by a deliberate choice to act in accordance with them. Devotion or commitment is essential to caring; if devotion or commitment breaks down, caring breaks down. Commitment, the quality of investment of self in a task, a person, a choice or a career is a quality that becomes internalized as a value that what one is obligated to do is not regarded as a burden. Rather, it is a call that draws one to a conscious, willing and positive course of action¹¹.

THE WAY FORWARD

It is true to say that the evolution of medical training in the western world has made for calls for a review of the current system of medical training². Mbonu, in the year 2000, pointed out the need for government to help young doctors not only to manage their patients as whole human beings but also to manage their lives as health workers¹. In the last decade there have been incessant strikes in our teaching hospitals with doctors protesting the bad conditions both in terms of remunerations as well as the lack of facilities with which to work.

This has gradually led to the sorry state of our teaching hospitals and medical education. The undergraduate curriculum must continue to be firmly based on the development of clinical skills and the coverage of the course must be as wide as possible.

This concern about the standards of knowledge should not lead to the neglect of the humanistic attributes in the training of our young doctors. The ideal humanist doctor would demonstrate the characteristics of caring behaviour that have been cited in this essay. The primary goal of professional education should not be only the development of a capacity to care through the acquisition of skills required for prescribed professional roles. The educators and the other role models to whom the students, beginning and continuing practitioners are exposed, should demonstrate the behaviours and characteristics of humanistic caregivers.

Education presupposes an orientation toward what it means to be a human being, what constitutes a human being and the reality of a human condition. A human person does not cease to be a person when he is ill. In getting sick, he does not lose his identity or capacity to respond to life. It is not enough to cure an injured organ or restore function; one has to treat man as man. The patient as a human being, is solely in need of various kinds of help: biological, psychological, social and spiritual. The integral approach to patient management leads to faster recovery, serene acceptance of illness and helps the patient confront imminent death, accepting it with dignity¹².

The challenge to the medical profession today is to ensure that our new doctors are people who have assimilated knowledge and have directed their skills to goals of human development and human well-being. Physicians must realize that their personalities have an effect on their patients and colleagues. A shy person may appear uninterested, a sarcastic remark could be cruel, and if insistent, overbearing. The successful physician must recognize and overcome such habits, at least in dealing with patients. This author believes that the achievement of this reality by persons of vision and wisdom who direct the education of present and future generation of medical

professionals will ensure the humanistic development of doctors.

Finally, moral and ethical behaviour is an absolute requirement for one blessed with the privilege of practicing medicine. Patients hold their doctors in high regard and expect only the most scrupulous of personal deportment. The physician need not subjugate all his philosophy or personal tastes and energy to the patient's wishes in every instance, but disregard for the patient's interest can detract from the effectiveness of care.

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