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Promoting more humaneness in medical practice in Bhutan: A discussion on medical humanities as possible solution

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ABSTRACT

Introduction: Healthcare around the world is facing a series of challenges. Though there is extensive publicity given to the technical dimensions, there is an urgent need to make healthcare more humane. This has become even more essential given the volumes of information available in the current context. The availability of the information has resulted in patient knowing more than the health professionals about their own health needs. The concept of medical humanities is new and gaining awareness in the country. This could be a solution to ailing medical practices not just in Bhutan but also globally. This is reflected in many of the policies where medical humanities is increasingly gaining attention.

Keywords: Humaneness; Bhutan; Medical humanities.

INTRODUCTION

There is extensive publicity given to the technical dimensions such as personalized health care, robotics in health, artificial intelligence and mobile technology in health. This has resulted in urgent need to make healthcare more humane (e.g. compassionate, ethical and communicative) and responsive to human needs. Bhutan, like many other countries in the region, is also likely to face such situations sooner than later.

There is some level of evidence on declining humaneness among healthcare workers. Many studies from the developed countries have shown a decline in empathy among all categories of health staff, often during undergraduate medical training[1-3]. Deficits in communication skills in healthcare workers in almost universal and attributed partly to lack of knowledge and skills in communication, difficulties in prognostication, and uncertainties in relation to methods to initiate a conversation with a patient[4,5]. Communication issues have increasingly been identified as the main cause for patient-led complaints and litigations[6].

Furthermore, in recent times, the ethics of medical practice have come under increasing scrutiny with calls for stricter adherence to core values of healthcare, codes of conduct, and ethical practice. This has reached almost epidemic proportion due to the financial incentives by pharmaceutical firms, for instance pressurizing the process of developing influential guidelines, funding ghost writers in research papers, and influencing editorial policies of the most prestigious journals[7-9].

There are debates in both national and international forums, on how to improve the qualities of humaneness in healthcare workers. Humane behaviours appear to be influenced by the environment. Anecdotal evidence suggests that postgraduate trainees behave in a manner conducive to the environment they work in, especially when they work in countries where patients are more assertive than in our home countries (e.g. in the UK). Though a more assertive patient environment could promote the profession to behave humanely, educationists too could facilitate such changes, both at the undergraduate and postgraduate levels.

Health Professional Education and Promoting Humaneness

There are a few approaches available to promote humane behaviours during health professional education. Developing a separate curriculum to improve humaneness and other strategy is to integrate within teaching programmes. Most would ultimately develop programmes that have elements of both, with different levels of emphasis. These strategies should be considered in the context of existing values and behaviour patterns in society. People will differ in the extent of valuing altruism, in their dependency on materialism or consumerism. Arguably, a society that values altruism over selfishness would be better structured to promote compassionate behaviour among health professionals.

What is Medical Humanities?

One approach to improve qualities of humaneness in healthcare

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workers could be to expose learners to medical humanities in curriculum.

The controversy on what constitutes Medical Humanities is a hot debate for decades. For purposes of this paper, it is defined as an interdisciplinary field that draws on the creative and intellectual strengths of diverse disciplines related to the humanities, including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology, and history, in pursuit of health and medical educational goals. A succinct definition of Medical Humanities is therefore "humanities to improve well-being and achieve goals in health and health professional education".

The University of Colombo, Sri Lanka established the first ever Department of Medical Humanities in the country and perhaps in the region, in August 2016[10]. The aims of the Department is to ensure and promote qualities of compassion, improve culturally sensitive communication, and understand and enhance ethical practices in care. Additionally, the Department aims to promote sensitivity to the social-cultural environment in Sri Lanka; utilize the humanities to facilitate and promote education and training in health and as a mode of self-expression that would promote development of confidence; conduct research in the disciplines related to the Medical Humanities, and promote the inclusion of the humanities in healthcare at an institutional and individual level. This would include promotion of aesthetic environments to promote health, and development of therapies or interventions that improve health.

Situation In Bhutan

Bhutan has a growing public health care which is provided free at the point of delivery[11]. The increasing workload and demand for healthcare has meant that the services continue to be stressed and challenged. Anecdotal evidence points to three areas of concern:
a) A growing dissatisfaction as a result of poor quality of soft skills demonstrated by healthcare workers, especially lack of compassion of healthcare workers, poor communication skills, and deficiencies in ethical practice.

b) Inevitable increase in demands for high quality technical inputs. The government has responded by increasing the cadre of healthcare workers and by referring patients to neighbouring countries for sophisticated interventions.

c) Poor job satisfaction among the health care workers (HCWs) due to lack of facilities and an inability to cope with the increasing demands. In effect, the assumption is that health care workers equipped with the appropriate 'soft skills' of compassion, proper communication, and ethical practice will enhance their own happiness because of their confidence in coping with the challenges and the increase in patient satisfaction.

Furthermore, a workshop held by the Khesar Gyalpo University of Medical Sciences (KGUMSB) on 12th November 2018 with the attendance of over 100 senior clinical staffs, where many of them reported of similar issues facing the Bhutan health sector. The discussion which followed agreed on 4 key areas of concern in the healthcare professionals:
a) poor job satisfaction of health care professionals
b) lack of compassion among the healthcare workers
c) poor communication skills
d) deficiencies in ethical practice

Figure 1. Medical humanities workshop

Way Forward

There is an issue emerging in the discourse on medical humanities that needs to be addressed. This relates to the debate whether medical humanities should be considered a 'separate' domain from the more biological aspects of medicine (i.e. 'bio-medicine') and introduced as such to a health professional curriculum (e.g. a separate module on Medical Humanities). Should it be integrated to a seamless knowledge domain within disciplines of bio-medicine? The consensus is to design a curriculum that has both features: some of the topics introduced as a separate domain or module while demonstrating its relevance to clinical practice (e.g. the basic knowledge relating to communication). While some will be integrated to clinical disciplines (e.g. observation and practice of communication under simulated and real conditions).

Framework

In order to link with the thrust taken by Bhutan towards happiness as a measure of development (e.g. the Gross National Happiness index). It was considered appropriate to propose a curriculum that would be designed "to enhance happiness of health workers, patients and the public"[12]. This is a novel perspective. With this broad aim in mind, three main content areas were identified:
a) Conceptual framework
b) Promoting compassion in the health workers
c) Improving culturally sensitive communication
d) Addressing ethical issues based on Bhutanese values and Buddhism.

i. Conceptual framework

The introductory session (lecture – discussion) will describe the justification and broad framework of the proposed programme.

This will describe the course in the context of Bhutanese values and Buddhism. It will also show how health care workers' happiness is linked to the skills that would be learnt during the course.

ii. Promoting compassion in the health workers

Compassion is a core value of KGUMS and more important fundamental foundation of Buddhistic teachings. Promoting compassion is a key element of the proposed programme. This will include the following teaching / learning activities on key topics

a) Introductory lecture: Definition of concepts such as sympathy, empathy and compassion and their role in compassion in healthcare[12].

b) Small group discussions: Use of works of art, music and poems. Artists are considered to be those most sensitive to the humane aspects of our lives. They view and describe lives, events and objects from novel or different angles, and have made touching and sensitive contributions to the world of medicine, by describing the humane angle of illness or injury. There are numerous examples of movies, songs, poetry, novels, short stories and painting that highlight the suffering of persons who are ill.

c) Assignments: students will collect detailed narratives from patients that emphasize the human being having the illness, rather than the traditional 'history taking'.

d) Lecture: A large group session on
• Decline in empathy (and compassion) and concepts such as empathic distress[1,13].
• Coping with empathic distress and its neurophysiological basis[14]
• The psychological and neurophysiological aspects of mindfulness and meditation[14,15]
• Practical sessions on mindfulness and 'Metta' meditation.

e) Practical session on coping with empathic distress and compassion through patient encounter.

iii. Improving culturally sensitive communication

The principles of culturally sensitive communication in the form of large group sessions will be encouraged and followed by descriptions relating to specific communication scenarios (e.g. breaking 'bad' news, discussing terminal illness in a belief system where rebirth is accepted). Also, watching videos of appropriate communication encounters and / or practicing them on standardized patients with feedback (either by the groups and facilitator observing it real-time or replaying a recording of the encounter).

iv. Addressing ethical issues based on Bhutanese values and Buddhism

A series of lectures on appropriate values to encourage the learners to apply in their clinical encounters. As a preliminary step, the commonly used 'four principles of medical ethics"- autonomy; beneficence; non-maleficence; and justice could be modified based on the core values of Bhutan and Buddhist teachings[16]. For instance, the concept of autonomy of western countries would be almost meaningless in Bhutan, where patients come with their family to visit doctors (shared autonomy and decisions to accept interventions are made jointly). This particular area (i.e. relativeness of ethical principles) could be a topic for a student discussion or seminar. Professional codes and relevant sections of the law in relation to medical practice should also be introduced at this stage to illustrate the different dimensions or perspective that should govern what is considered 'good' or 'bad', or 'correct' and 'wrong'. The other strategy appropriate is small group discussion based on appropriate scenarios, student or expert seminars, and student debates. This would show the opposing or different perspective to some of the topics relating to ethics (e.g. the pros and cons of euthanasia or abortion).

Future

This work is expected to stimulate further research, discussion and debate from which a final consensus will emerge on the utility and benefits of medical humanities in Bhutanese context. This would then give an opportunity for relevant stakeholders to implement it. The current consensus after lot of deliberations, is to have short workshops (e.g. 3-day workshops) for practicing healthcare workers and develop a module for postgraduate residents.

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