

A Reflection on Love and the Law in Medicine

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Medical Humanism and Medical Professionalism are structured schools of thought that work to improve doctors' behavior, do right by the patients and restore the relationship between the two. Professionalism is permeated with the spirit of the codes of ethics, inspired by the noble Hippocratic Oath and its compliance is the core of the profession's dignity. It also contains a reclaiming of the rights and prerogatives that the profession grants the doctor and is originated in a "social contract" [1,2]. Humanism, besides being a school of thought, is a profound feeling that takes root in the depth of the doctor's soul; that sustains their behavior in favor of the patient and their needs in a spontaneous way, with no need to be reminded of it every time and finds gratification in it. One of its most important psychoneurological bases is our complex mental function called empathy [3]. The concept of empathy --derived from the Greek word *empathia*-- was adopted in Europe in the 19th century to define the effect produced by the contemplation of works of art [4] and was later used in psychology by Sigmund Freud. Recent fRM and PET studies have proved its basis on complex neural networks through records on humans: especially insula, somatosensory cortex and anterior cingulate cortex [5].

Empathy allows the observer to perceive in some way what the other person is thinking and feeling and at the same time lets the observer experiment stimulation in parts of his brain similar to those that have been activated in the observed person. Thus, he reproduces sensations and affective reactions similar to the other's ("he slightly introduces himself into the mind of the other"). Actions of "behavioral empathy" can posteriorly occur, which contribute to the well-being and the necessity of the other and which depends on the compassionate motivation that the human being possesses and that also recognizes a neurophysiological basis [6]. It has even been proved in recent experiments on humans that compassion can be educated and improved [7]. This tendency towards the understanding of the other and especially their suffering and the rise of the impulse to help them, has been observed in the world of the Great Apes (bonobos) by primatologist Frans de Waal, who has studied the primates' consciousness and the existence of their tendency towards cooperation. This could be proof that the tendency towards cooperation is pre-human and inherited throughout evolution [8-10]. This does not mean -as history proves- that only the tendency towards cooperation exists. To the contrary; the tendency towards egocentric aggression dominates. This battle of tendencies is fought in the depth of our being.

Professionalism belongs to the doctor's field of work; they practice it or comply with it while carrying out their healthcare activity. However, outside of this, it is not applied. On the other hand, those who are not professionals are not obliged to apply it. Medical humanism is a permanent inner posture that is practiced during medical assistance and in all of life's activities that are related to other beings and to oneself. Alternatively, non-medical people can be humanists in the broadest sense of the word.

The difference between Humanism and Professionalism is extremely clear, even though both are aimed at the doctor's good action regarding the patient and the respect and safeguard of their options and their health [11,12].

The difference between the two can be compared to the difference between love and the law. Evidently, they are not love and the law, but they belong to these categories: Professionalism is originated in a social contract [1,2]; it has essential regulations, guidelines and rights and is similar to the Law. Those who do not comply with them are subject to the moral reprobation of their group or even to sanctions by Medical Associations.

Humanism is more akin to the categories of love, although it is different -naturally- from family or romantic love. However, some qualities of medical humanism are compatible with some of love's qualities: considering the other in an empathetic way, as an integral person worthy of being cared for, respected and treated with compassion to help them relieve their suffering. It does not need to be continuously present in a table of obligations to be practiced. It is spontaneous, generous, thoughtful and it finds gratification in the other's well-being. The acts inspired or originated in this feeling are fulfilled spontaneously and, possibly, those who feel it cannot stop fulfilling them as their inner impulse is too intense.

The law is a regulation that integrates well-chosen and precise rules and codes selected by the community to abide by them for the good and the balance of society, as well as each person in it. Everyone must comply with the law (whether they feel inclined to or not) for their own good and others'. Professionalism has this quality.

When humanism exists, the law is better enforced, with minimal effort and its compliance is implicit in the spontaneous behavior of those who possess it.

If a humanist posture does not exist, the law must be followed all the same -or sanctions may ensue- even though its compliance will be forced (the protagonist must discipline him/herself in it) and will lack warmth and empathy.

Returning to the initial issues, we could say, concurring with Cohen [11] and Stern and Cohen [13] that humanism is the soul and fire that makes professional behavior flourish and that without humanism professionalism may seem inauthentic, albeit necessary. Humanism cannot be considered part of professionalism but is practiced in another field as it has its own independent hierarchy. Regardless, both disciplines must be taught and practiced in an integrated manner. It should be clarified that Professionalism has important virtues in itself. In the first place, it details exactly the kind of conduct required from doctors for their behavior to be appropriate and favored by patients. We should note that an agreement has yet to be reached in terms of what those essential virtues are, although there is consensus on several of them [14]. However, progress has been made in this matter. And in this respect, we can see the work by Sprung, *et al.* [15], recently published in ICM, who conducted an original study regarding excellence in intensive care medicine. Out of a list of attributes contemplated by over 200 doctors considered to be highly professional, they selected the 20 attributes with the most mentions. Among these, 5 stand out: compassion, knowledge, outstanding clinical skills, commitment and outstanding teachers and enthusiasm [15]. Compassion was firmly included in the excellence of the intensivist's work after this paper. This was absolutely unusual in any specialty's curricula until around the end of the 20th century. Doctors want to be more humane.

It might be opportune to recall that human beings are profoundly ambivalent and that, even though some of us choose to make love grow, others will proceed according solely to their own interests. This reveals a selfish attitude lacking in empathy that is very frequent in a large amount of us doctors. Since this is true, the law is indispensable. In other words, the precepts of professionalism are indispensable. If all human beings had love, the law would be dispensable.

As medical educators, our intention is that young people beginning their studies in our profession in the search, conscious or not, of a new identity for their adulthood, acquire excellent technical skills and humane, compassionate and empathetic behavior. This two-fold objective was absent in medical school curricula in the 20th century but has come strongly to the fore in the 21st century. In order to build an attitude and behavior according to a comprehensive assistance for human beings, students must assimilate the regulations indicated by Professionalism and maintain, adjust and increase their Humanist sentiment [16,17]. Both things are possible, even though the path to each of them is different. Preserving, developing and optimizing a humanist spirit is not achieved through conferences or lectures, but requires a profound and real exercise of affectivity in the face of individual human suffering, introspection, acknowledgment and management of one's emotions, self-reflection, dialogue, excellent feedback and good role models. It is an arduous but possible path and the only one that can change the spirit of medicine. This is what Branch, *et al.* [16,17] has particularly advocated for.

We cannot fail to mention the fact that completely surrendering oneself to absolute affective empathy and to a continuous commitment to the hard and stressful work of doctors and nurses can have negative consequences and lead to stress, burnout, "exhaustion of compassion" [18,19], desertion of doctors and nurses, frequent absenteeism and lack of all motivation. As such, formation in Medical Humanism should not focus solely on compassionate assistance for ill people, but rather humanize the life of ICU nurses and doctors. It is crucial to teach as early as undergrad courses forms of communication, team spirit, the ability to share with their work team non-technical, psychological and spiritual issues that arise daily, how to interact with families to deliver bad news and the group's clear conscience that the search of personal balance is perhaps the strongest weapon to prevent wrongs caused by the lack of optimal distance between doctor and patient. This is in the art of practicing medicine.

Humanism and Medical Humanities

Medical humanism is often confused with medical humanities. I believe this also requires clarification. Achieving humanism (inner impulse profoundly empathetic of the other) is the aim, the objective, the desired goal. In contrast, medical humanities (literature, film, anthropology, philosophy and visual arts) are paths that aid the flourishing of sensibility, the opening of the mind to other dimensions and they especially help recognize and exercise one's affectivity. These fruits of the inclusion of humanities in medicine can be a good support for the growth of the humanist position in the heart of medical students and for their empathy not to wear out and transform into cynicism, but they must be complemented with a real and reflective experience of the patient's suffering, self-reflection, good medical role models and group reflection to better achieve the objective. Developing one's humanism will not happen simply by including the essential human sciences in our curriculum but will need to be complemented by other experiential activities, reflective and meditated as it has been pointed out [17,20]. We do not expect that human sentiment takes root in all of our students and future doctors, but perhaps we can increase the number of those who develop it. This will occur in varying degrees according to existent individual qualities and to firm humanist belief in the place of learning and good humanist mentors.

Bibliography

1. Cruess Sylvia R and Richard L Cruess. "Professionalism: a contract between medicine and society". *Canadian Medical Association Journal* 162.5 (2000): 668-669.
2. Cruess Richard L and Sylvia R Cruess. "Expectations and obligations: professionalism and medicine's social contract with society". *Perspectives in Biology and Medicine* 51.4 (2008): 579-598.
3. Scott Helen. "Empathy in healthcare settings". Doctoral thesis, Goldsmiths, University of London. [Thesis] London: Goldsmiths Research Online (2011).
4. Stueber Karsten. "Empathy". In: *Stanford Encyclopedia of Philosophy* (2013).
5. Shamay-Tsoory Simone G., *et al.* "Two systems for empathy: a double dissociation between emotional and cognitive empathy in inferior frontal gyrus versus ventromedial prefrontal lesions". *Brain* 132.3 (2009): 617-627.

6. Seager Martin. "Mind as a dimension and compassion as a relationship issue". *Journal of Compassionate Health Care* 1 (2014): 3.
7. Lutz Antoine., et al. "Regulation of the Neural Circuitry of Emotion by Compassion Meditation: Effects of Meditative Expertise". *PLOS One* 3.3 (2008): e1897.
8. Preston Stephanie D and B M Fransde Waal. "Empathy: Its ultimate and proximate bases". *Behavioral and Brain Sciences* 25.1 (2002): 1-20.
9. de Waal and Frans BM. "How Selfish an Animal? The Case of Primate Cooperation". In: *Free Enterprise: Values in Action Conference Series 2005-2006; moral markets: the critical role of values in the economy*, Paul J. Zak, editors. Princeton University Press (2007).
10. de Waal and Frans BM. "Emotion regulation and primate sociality". In: *Self-Regulation in Adolescence*, editor: Gabriele Oettingen and Peter M. Gollwitzer, Cambridge University Press (2015): 147-170.
11. Cohen Jordan J. "Linking Professionalism to humanism: what it means, why it matters". *Academic Medicine* 82.11 (2007): 1029-1032.
12. Correa Humberto. "Humanismo y Profesionalismo: estudio comparativo". En: *Humanismo Médico*, Humberto Correa (2016): 169-194.
13. Stern David T., et al. "Teaching humanism". *Perspectives in Biology and Medicine* 51.4 (2008): 495-507.
14. Van De Camp Kalinka., et al. "How to conceptualize professionalism: a qualitative study". *Medical Teacher* 26.8 (2004): 696-702.
15. Sprung Charles L., et al. "The top attributes of excellence of intensive care physicians". *Intensive Care Medicine* 41 (2015): 312-314.
16. Branch William T., et al. "Teaching the human dimension of care in clinical, setting". *Journal of the American Medical Association* 286.9 (2001): 1067-1074.
17. Branch William T. "Teaching professional and humanistic values: suggestion for a practical and theoretical model". *Patient Education and Counseling* 98.2 (2015): 162-167.
18. Van Mol., et al. "The Prevalence of Compassion Fatigue and Burnout among Healthcare Professionals in Intensive Care Units: A Systematic Review". *PLOS One* 10.8 (2015): e0136955.
19. van Mol Margo MC., et al. "Reflections on Work-Related Stress Among Intensive Care Professionals. In: *Annual Update in Intensive Care and Emergency Medicine*". Editor: J.L. Vincent, *Springer International Publishing* (2017): 527-538.
20. Cohen., et al. "Twelve tips on teaching and learning humanism in medical education". *Medical Teacher* 36.8 (2014): 680-684.

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