

Einstein Revisited- Medicine's New Formula: $M=EC^2$

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Abstract

Contemporary medicine is said to be faltering in fulfilling its internal ends which aims at caring for the whole person. Physicians have assumed the role of “skilled technicians” who attempt at treating the diseases, often ignoring the person who has the disease. At the American University of Beirut Faculty of Medicine (AUBFM), we introduced the Physicians, Patients and Society (PPS) course series in an attempt at graduating physician healers who look at patients multidimensionally as individuals with an illness instead of a disease to be cured. This article describes PPS-2, one of the four PPS courses required to medical students at the AUBFM. PPS-2 comprises four modules: 1) Palliative Care and the Whole Patient 2) Spirituality in Medicine 3) Bioethics and Patient Care and 4) Caring Spotlight Experience 2 (CSE-2). Upon completion of the course, students expressed different perceptions of illness and their duty in patient care. We hope that PPS-2 will ensure future physicians appreciate their role in making the patient feel better, regardless of whether there is a cure or not and to appreciate that, in order to live up to its ideal, the profession of medicine will have to work by a new formula: $M=EC^2$.

Keywords: Whole patient approach, professionalism, and social science

Article

Introduction

The role of yesterday's physician was to care for, and minister to, the patient who comes with a broken autonomy, vulnerability, pain and worries. Nowadays, most physicians have assumed the role of what one of us calls “skilled technicians” who attempt at treating the diseases, often ignoring the person who has the disease. Hence the modern era allowed the rise of a form of dualism in medicine where the patient is viewed as consisting of two separate entities: a soma (malfunctioning physical entity at the organic and cellular levels) and psyche (a soul affected by psycho-social and spiritual dimensions, to mention but a few). Studies from the University of Western Ontario showed that the technical aspect of medicine such as medical history and physical examination, laboratory investigation, and prescribed medications did not halter illness (Bass, Buck, Turner, Dickie, Pratt, Robinson, 1986). The most important factor predicting relief of symptoms was the report of the patients being able to communicate with their physician about their illness and its concomitant impact on their life course (Spiegel et al. 1989; Wynn et al. 1990). The latter requires a physician healer capable and willing to understand the human condition from several perspectives.

In an attempt at graduating physician healers and not just skilled technicians, the American University of Beirut Faculty of Medicine (AUBFM)'s curriculum has undergone a restructuring and renewal process. The

Salim El-Hoss Bioethics and Professionalism Program (SHBPP) was pioneering in introducing a series of courses under the general title of “Physicians, Patients and Society” (PPS) where courses – PPS1, PPS2 and PPS3 - have been introduced to first, second and third year medical students respectively. PPS1 targets first year medical students and it is made up of four modules on “Narrative in Medicine”, “Art in Medicine”, “History of Medicine” and what came to be called the “Caring Spotlight Experience” (which consists of student shadowing patients from the minute the patient enters the Out Patient Department until they leave). In general, the course aims at 1) highlighting the value of the patient’s narrative as well as that of the physician, 2) underscoring the impact of emotions and the importance of being attuned to bodily language and facial expressions, 3) understanding the important historical events that made the medical profession what it is, and, finally, 4) allowing students to walk in the footsteps of patients and experience what it means to be on the other side of the stethoscope.

PPS-2, a continuation to PPS-1, contributes to the aura of the newly introduced medical series. Divided into four different modules which focus on the whole patient, the course requires the students to appreciate the psychological, social, spiritual, and biophysical aspects of patient and not just merely the medical aspect of the disease. While in the basic sciences, students focus on the biological disease, in PPS-2, students learn to appreciate and understand the patient who has the disease. As noted by Brody, “focusing on the patient’s story promotes the most humane version of medical practice” which in return reinforces the healing ability of modern medical practice (Brody 1994).

In this article, we present PPS-2 as a successful learning experience for future physicians which enhances in them a sense of humanism and allows them to eventually have the requisite tools to become healers in the art of medicine and not just practitioners in its science. The course offers a blend of topics implicated in a holistic approach such as: ethical principles in medicine to safeguard welfare of the patient and his family; patient’s spirituality in relation to health; the role of palliative care in attenuating suffering; and the impact of the quality of physician-nurse relationship on patient care.

Course Format

PPS-2 which runs over sixteen weeks consists of four modules: Bioethics and Patient Care, Spirituality in Medicine, Palliative Care & the Whole Patient and Caring Spotlight Experience 2 (CSE 2). Each module extends for a period of four weeks for a quarter of the class with each student rotating every four weeks to attend a different module, as such completing the four modules within sixteen weeks.

PPS-2 is a combination of teaching formats consisting of face-to-face instruction through the in-class lectures and discussions, as well as online interactions. Students can access the audio and video assisted instructional material and all material required to fulfill the learning objectives of the course which are posted on Moodle, the Learning Management System. They are required to participate in all in-class activities and online forums. One online module, Spirituality in Medicine, is offered by a professor overseas through videotaped lectures and live discussions backed up by an instructor from the AUBFM.

The Four Modules:

The Palliative Care and The whole Patient

This module introduces students to some of the core concepts of palliative care and the importance of a holistic approach to the care of patients with serious and advanced illness. It focuses on ways to improve the quality of life and relieving the suffering of people with life-limiting illnesses. Students are encouraged to explore their roles as physicians in situations where there is no hope for cure and well as their feelings about death and dying. The concepts of personhood, suffering and dignity are tackled from the perspectives of patients, family caregivers, and healthcare workers using interactive classroom activities. These include discussion of film clips and small group exercises and interviews with caregivers. As they progress in the module, students acquire strategies and techniques that will help them provide patient-centered care, and learn how they can continue to play a positive and supportive role as physicians even when there is no hope for cure

and they are given a chance to reflect on issues related to loss and bereavement and the impact they have on families of patients.

This module acts as a reminder to medical students that their role is not limited to clinical practitioners but extends to being healers having a moral obligation to improve the quality of life of patients and caregivers as they approach death or in the absence of cure. As one student puts it, the module was “very interesting and touching. It showed us new concepts and new perspectives. It gave us a new meaning of the medical profession.”

Spirituality in Medicine

The relationship between science and religion has always been complicated. Yet, although we do not believe that medicine is entirely as science, it is often looked at as such. In addition, while some physicians see the effect of spirituality and religion on patients, they are often unsure and uncomfortable about the role they can play in this regard. According to Christina Puchalski, MD, director of the George Washington Institute for Spirituality and Health, research shows that around 80% of medical schools now offer spiritual care courses or incorporate spirituality into their curricula (Reese 2011). Furthermore, the World Health Organization includes in its definition of health spiritual well-being as a determinant of health. While the importance of introducing spirituality in medicine is undeniable, it remains our contention that such courses or modules will have to be offered taking into consideration the culture in which they are given. Spirituality in medicine is still absent in medical schools in the Arab region. As such, AUBFM is the first medical school in the region to offer such a module to its medical students.

During this module, students learn to understand the meaning of spirituality, spiritual health, healing and patient-centered care. They appreciate the relevance of the physician’s role in identifying the spiritual and existential needs of patients and learn to distinguish between curing and healing. To do so, students start by appreciating that questions about meaning and purpose are considered “spiritual issues” and are part of being human. They transcend culture, religion and ethnicity and are universal. The underlying assumption is that physicians who cultivate the art of being a healing presence are more likely to help patients reach valued outcomes. Acknowledging the message of the module that being a healing presence is more art than science, a student noted: “I thought that our medical profession is memorizing intricately the scientific information along with their analysis and applying them on the presented patients. But I didn’t realize that I have the right to deliberately discuss their spiritual perceptions and also the readings showed that the treatment of patients is affected positively when this aspect is tackled. In this case, the physician acquires a new quality which is a healer: he puts himself in the patient’s shoes”.

Bioethics and Patient Care

“Viewing things from a different perspective can really make a difference and I'm thankful I got to understand and look at it from the patients view. I learned things that I'm sure no book can explain. Experience was the best teacher and the lessons I gained will be carried for life.” This is how one student summarized the impact of the Bioethics and Patient Care module. Nowadays, physicians find themselves facing more controversial issues than ever before and the role of bioethics cannot be overestimated. As such, bedside ethics consultants and hospital ethics committees (HECs) come to play an important role in helping resolve complex moral conundrums that might arise at the bedside. This module introduces students to bioethics as being part and parcel of the practice of medicine and highlights the role played by clinical consultants and HECs in dealing with such dilemmas. While students are aware that they will not emerge from this module as clinical ethics consultants, they get to appreciate and understand the relevance of the moral lens through which patient cases need to be looked at. Sample issues/cases are discussed in an attempt at helping students deal with them armed with wisdom and moral courage.

The Bioethics and Patient Care module provides a grounding in the basic theories, principles and contemporary issues of bioethics. It highlights the relevance of clinical ethics in the practice of medicine and explores the physician-patient relationship. Furthermore, the module sheds light on approaches and

frameworks for ethical thinking which in return introduces students to systematic strategies and analytic frameworks needed for examining and resolving bioethical issues encountered in medical practice. Students are encouraged to critically think and nurture their practical wisdom as they grasp and disentangle ethical issues pertaining to medical care. Thus, their moral imagination is cultivated and allows them to *see through* the case at hand. This is put into practice in a mock Hospital Ethics Committee session chaired by the Vice president of the HEC at AUBMC-who happens to be the module instructor and overall course coordinator. Students are given different roles (social worker, lawyer, chaplain, community member, physician, psychiatrist, risk management officer, secretary, etc.) and are asked to prepare a short commentary based on their role before attending the actual committee meeting and putting forward their comments on the case. Towards the end, and upon reflecting on this module, students felt that it introduced them to a lot of new concepts in bioethics and allowed them to appreciate how these concepts are applied and essential in the hospital setting. All in all, it was felt that this is a good exposure on issues that [they] will have to address as early as next year in the hospital setting.”

Caring Spotlight Experience 2: Being with nurses and sharing their experiences

At the AUBFM in general and the SHBPP in particular, we believe that medicine is inherently a humane and moral endeavor which consists of team work among healthcare professionals and that the physician–nurse relationship is an essential part of medical practice and patient care. However, many studies show that “breakdown in nurse-physician relationship communication remains a concern” (Schmalenberg & Kramer 2009). The latter can hinder the quality of care since initially, both members of the healthcare team complement each other and aim towards the same goal: the healing of the patient whenever possible and when not possible, to ensure that the patient is cared for in as much a dignified way as possible.

Having shadowed patients and walked in their footsteps in CSE 1 (year 1), students are now asked to shadow nurses (by rotating in inpatient care units at the hospital such as Adult Oncology Unit, Bone Marrow Transplant Unit, Neonatal Intensive Care Unit, Pediatric Intensive Care Unit, Coronary Care Unit, Adult Intensive Care Unit, Respiratory Care Unit, Neuro Intensive Care Unit, Neuro Medicine/Surgery Unit, Children Cancer Center In and Out, and Adult Medicine/Surgery Unit). This allows them to be on the floors and sense the salient features of the relationship from an unadulterated perspective. Furthermore they would recognize the value of the physician-nurse communication and the immense bearing it has on patient care as is evident from remarks of the students. For example, one student commented: “This module helps students appreciate the importance of strong and healthy relationships among various health workers in a hospital setting, along with highlighting the catastrophic consequences of miscommunication” while another commented that “It is crucial for us, as future physicians, to know where everyone stands in the medical healthcare teams. When roles are not clearly defined, there is an increase opportunity for miscommunication. It is crucial for all the members of the healthcare setting to work as a team. This module has clarified what is the role of nurses and where they fit in the hospital setting. I was surprised to realize how much the nurse is responsible for and this has made me gain a lot of respect for them. They are an essential piece of the puzzle. Experiencing these interactions first hand is essential to be able to understand what still needs to be done.” Following this activity students write individual reports with a full description of the process and reflect on what they have witnessed from the nurses and the patients. As the lens through which students are approaching this experience is still new, critical, and unadulterated, they are also asked to make relevant recommendations related to improving care, solving potential inappropriate behavior, or any noted concern related to the triad –patient, physician, and nurse- interaction.

The intended outcome of this exercise is to emphasize the role of partnership, effective communication, mutual respect and collaboration between physicians and nurses to achieve optimal working conditions and patient health outcomes.

Conclusion

Today, there is growing evidence that medicine, when practiced solely a science is not fulfilling its primary purpose which aims at alleviating suffering and providing care and cure for the ill. The reason for this failure

is due to the scarcity of healers and the abundance of skilled technicians. While benefiting from technology, patients still look out for the physician who practices the art of holistic therapy for it is the greatest form of humane care: medicine is, after all, an art and a science. The *Physicians, Patients and Society* courses were conceived having in mind the urgency and the necessity to graduate physician healers who appreciate the patient in multidimensional ways, not as a disease, but as *persons with an illness*. Perhaps the best way to end this zooming into PPS-2 is through the voice of students themselves: “the topics brought up in this course are crucial for the development of any medical student who aspires to join the field of medicine”, “it gave us insight on how much we need to be careful when dealing with real patients” and “this course sensitizes students to things they wouldn’t have been exposed to in their medical studies or would have neglected. I believe it offers much needed preparation to the hospital setting next year.” *Next year* is third year medical school and students will embark into their clinical years proudly hovering on the wards wearing their short white coats, stethoscopes on the shoulders. We hope the impact of the *Physicians, Patients and Society* course will endure and that the touch of the physician-to-be will be that of a healer governed by a new formula which affirms that Medicine is about Empathy, Caring and Curing (M=EC²). Only time will tell.

Notes on Contributors

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