Med Princ Pract 2005;14:64–65
DOI: [10.1159/000081928](https://doi.org/10.1159/000081928)

Full Integration of Teaching ‘Medical Humanities’ in the Medical Curriculum: The Challenge of the Florence Medical School

G.F. Gensini^{a,b}, A. Conti^c, D. Lippi^d, A.A. Conti^{a,b}

^aDepartment of Critical Care Medicine and Surgery,

^bDon Carlo Gnocchi Foundation, and Departments of

^cPathophysiology and ^dAnatomy, Histology and Legal Medicine, University of Florence, Florence, Italy

Mankind has always longed to preserve and improve health. However, inherent in the practice of medicine lies the possibility of danger. Overlying the problem is the role of the medical profession, the skills it proclaims to profess and its relationship with the patient. Members of the medical profession are often criticized for overriding the wishes of the patient or for acting without informed consent [1]. The role of informed consent is one of the great challenges to the ethics and practice of modern medicine.

The aim of this letter is to point out how education in Medical Humanities can enhance physicians’ education and facilitate a different approach towards the relationship with the patient. Medicine began by espousing a paternalistic attitude towards medical treatments, which were continued in spite of the patient’s disapproval or ignorance. In recent times the concept of informed consent, based on information given to the patient regarding the means of treatment, its benefits and risks, has come to the fore. Very often, however, the patient may not clearly understand the situation, due to the inaccessibility of medical language to the great majority of the population.

Furthermore, the great expansion of the Internet and of the media in general has produced an undesired effect: patients very often arrive in the outpatient clinic having already looked for alternative sources of information. This can place strains on the physician-patient relationship since patients do not possess the medical knowledge needed to evaluate the quality of the information they have already obtained and doctors have difficulties in countering misinformation in their patients. Consequently, it is first necessary to clear away prejudices that can endanger the decision making process; thus physicians must spend more time in reaching increased patient involvement. However, a subjective approach is not enough to obtain the generalized satisfaction of patients: the establishment of a partnership between physician and patient is the winning choice, but it has to face the constant pressure of time. Time is therefore a fundamental key in facilitating the passage from compliance to concordance [2].

The other basic problem is that of language. Medical language has always been the expression of a closed social class: even the Hippocratic oath places emphasis on the fact that medical education is to be directed to the doctor’s sons, the sons of his mentor and to the students who are going to swear the medical oath, but to nobody else. Not surprisingly, while other languages for special purposes have become institutionalized only in recent times, medical language was already shaped in the 13th century, confirming the ancient attitude of considering the medical class a privileged entity that acted as a repository of knowledge which could not be shared [3].

The in-depth study of the History of Medicine can be of aid in fully understanding current linguistic medical patterns and, most importantly, in avoiding the repetition of the errors of the past in the patient-physician relationship. A comprehensive awareness of medical ethics and professional deontology includes a correct attitude towards the patient, an attitude that begins from a clear and understandable language. With regard to this, recent deliberations on the medical profession have emphasized that the incorrect use of jargon has widened the distance between doctor and patient, creating a discontinuity between them, while, on the contrary, this distance should be bridged by the avoidance of ambiguous words, complicated expressions and complex concepts. To give some examples: the Salk vaccination for poliomyelitis has been abbreviated in so many ways that any reader may have difficulties in identifying them all; similarly, idiopathic myeloid splenomegaly has 12 synonyms in English, 13 in German and 31 in French [4]. The international classification of diseases, published by the World Health Organization, is ignored by the greater part of the medical community. It is also rejected by some medical schools, that follow their own local traditions of terminology.

It is therefore necessary to put some order into medical language, to allow clarity of communication with the general public. Physicians must know how to speak with the patient and not to the patient and therefore they must abandon their jargon and their superior attitude. If their language is to be understood, it must be adapted to the specific needs of the patient. The doctor’s code must correspond to that of the patient, particularly with respect to risks and benefits, and this can be the result only of a precise management of the relationship.

How may these aims be reached? We think that Medical Humanities can play a fundamental role in the education of physicians. The History of Medicine, that has become a specific academic discipline in many European countries during the 20th century, has endowed itself with a triad of basic principles, which deal with its relevance in helping physicians to acquire clinical and epidemiological knowledge, its role in legitimatizing the rise of professional experts, and its function as a school of ethics, proposing a continuous reflection on the everyday profession and favouring the development of the exercise of criticism.

In this perspective the Florence Medical School has accepted a challenge, by promoting the disciplines of History of Medicine, Bioethics, Psychology and Hygienics, in the training of physicians in order to facilitate the acquisition of a proper relationship between doctor and patient. These disciplines are taught from the first year of the medical curriculum (in Italy this lasts 6 years), and here they are specifically scheduled in a course called 'Medical Humanities'. During the following years a historical and ethical approach is incorporated into a number of different teaching elements, including the methodological course on Evidence-Based Medicine. The Florentine students have approved this didactic pattern, realizing that the integrated and interdisciplinary teaching of the History of Medicine and Bioethics can prove very positive in the perspective of real patient involvement in treatment decisions.

In conclusion, if the pressure of time is a perpetual challenge in the physician-patient relationship and obscure language a negative factor in this same relationship, more time and clearer linguistic patterns can together bring about a fuller understanding of patients' preferences [5]. From doctors' willingness to abandon a paternalistic way of speaking and from their choice of an evidence-based, time-taking attitude towards patients, shared patient-physician decisions can arise.

Acknowledgements

The authors would like to thank Prof. Luisa Camaiora, BA, MPhil, for her correction of the English.

References

- 1 Ferner RE: Is concordance the primrose path to health? *BMJ* 2003;327: 821–822.
- 2 Dickinson D, Wilkie P, Harris M: Taking medicines: Concordance is not compliance. *BMJ* 1999;319:787.
- 3 Lippi D, Conti AA, Conti A: Storia della Medicina per il Corso di Laurea triennale per Ortottisti e Assistenti in Oftalmologia. Bologna, CLUEB, 2002, pp 104–111.
- 4 Baldini M: Parlar chiaro, parlare oscuro. Bari-Roma, Laterza, 1989, p 95.
- 5 Conti AA, Galanti C, Gensini GF: Is evidence-based medicine just a fashion? No doubt that it is a fashion to criticize it: A methodological comment of the Italian Centre for Evidence Based Medicine. *Ital Heart J Suppl* 2000; 1:1192–1195.

Andrea A. Conti, Dipartimento di Area Critica Medico Chirurgica
Università degli Studi di Firenze, Viale Morgagni 85
IT-50134 Firenze (Italy)
Tel. +39 055 417928, Fax +39 055 4277608, E-Mail aa.conti@dac.unifi.it