

## **Humanism and the Humanities in Person Centered Medicine**

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### **Introduction**

A discussion of the relations among humanism and the humanities in person centered medicine (PCM) may be best approached within the broad conceptual framework of PCM. To this effect, this paper will briefly consider first the historical bases and early concepts of PCM followed by attempts to systematize its conceptualization. It will then examine the connections between science and humanism, two concepts that hold a hierarchical position within PCM and represent a gate to understand the relations between humanism and other contributory fields such as the humanities.

The place of the humanities in PCM could then be considered along the ways and levels in which they have been explored and cultivated within PCM. Under this framework, the relations, linguistic and content-wise, between the humanities and humanism would be approached. As a colophon of such conceptual discussions, the possible integration of science and the humanities as informational and strategic bases for the implementation of the humanistic goals of PCM will be posited.

The paper will then briefly introduce the various manuscripts published in the present issue of the International Journal of Person Centered Medicine, most of which in fact deal with the articulation of the humanities and humanism.

### **The Basic Concepts of Person Centered Medicine**

The earliest historical antecedents of a medicine focused on the person can be found in the major ancient civilizations. A holistic theoretical framework and a personalized approach in dealing with health problems were prevalent in these civilizations. Among the oldest are Chinese and Ayurveda medicine, which are still practiced today as traditional medicines [1]. Similar observations may be made for the ancient cultures of Africa (e.g., from the Ubuntu: "I am because you are and you are because we are") [2] and of the Americas [3]. These cultures focus more on the overall health of the patient than just on disease [4]. They tend to articulate a comprehensive and harmonious framework of health and life, and to promote a highly personalized approach for the treatment of specific diseases and the promotion of health and well-being [5].

Over the past decade, in response to the vicissitudes of modern medicine, a programmatic movement on Person Centered Medicine has emerged dedicated to the promotion of health as a state of physical, mental, socio-cultural and spiritual wellbeing as well as to the reduction of disease, and founded on mutual respect for the dignity and responsibility of each individual person [6]. The purposes of Person Centered Medicine have been also summarized as promoting a medicine *of the person* (of the totality of the person's health, including its ill and positive aspects), *for the person* (promoting the fulfillment of the person's life project), *by the person* (with clinicians extending themselves as full human beings with high ethical aspirations) and *with the person* (working respectfully, in collaboration and in an empowering manner [7]).

More recently, a study was organized by the International College of Person Centered Medicine with support of the World Health Organization aimed at elucidating the core concepts of person centered medicine and healthcare, and on the basis of these, designing a prototype measuring instrument, and appraising its metric structure, instrumental prospects, acceptability, reliability, and validity [8]. The following key concepts of person centered medicine and people-centered health care were delineated: 1) Ethical Commitment, 2) Cultural Sensitivity, 3) Holistic scope, 4) Relational Focus, 5) Individualized Care, 6) Common Ground for Collaborative Diagnosis and Care, 7) People-centered Systems of Care, and 8) Person-centered Education and Research.

The above conceptualizations of PCM collectively emphasize the value and importance of the person to understand health and guide health actions.

### **Science and Humanism**

It has also been pointed out that PCM seeks fundamentally to articulate science and humanism in medicine and health care and to refocus these on the whole person [7]. This articulation seems to have been at the core of the movement to create the World Psychiatric Association (WPA) in 1950 according to historians Garrabe and Hoff [9], and which may have led in 2005 to the establishment of a WPA Institutional Program on Psychiatry for the Person [10].

Science and Humanism, the latter reflecting ethics and caring, are regarded as the keystones of medicine at large, as proclaimed by Yank Coble, former president of the World Medical Association and editor of WMA's *Caring Physicians of the World* [11]. The importance of ethics and science in medicine has also been explicated by WMA's former president James Appleyard [12] and is well reflected in the highly recognized WMA's Helsinki Declaration on Ethics for Medical Research [13].

The dynamics of the relationship between science and caring in medicine have been referred to by William Osler [11] who stated "The most important thing is caring, so do it first, for the caring physician best inspires hope and trust". The proper place and inter-relations of these fundamental concepts have been cogently formulated by the New Delhi medical scholar Shridhar Sharma [14] through his dictum "In medicine, science is essential, but humanism is its essence". This perspective resonates well with the dictum "Medicine without humanism is unworthy of being practiced" attributed to Rene Favaloro, the Argentinian surgeon of coronary bypass fame. Thus, science comes forth as a necessary but not sufficient medical tool, while humanism emerges as the ultimate goal and soul of medicine.

### **Humanities and Humanism**

One could then ask what other scholarly field besides science may be important to contribute to the fulfillment of humanism as the essence of medicine. The thrust of recommendations from congresses and conferences on person centered medical education in recent years may offer some helpful advice.

The 2013 Zagreb Declaration on Person Centered Health Professional Education [15] included among its recommendations exploring the design, implementation and evaluation of person-centered educational methods such as utilization of narratives, practice of artistic activities, and familiarization with a variety of cultures. The 2016 Madrid Declaration on Person Centered Medical Education and the Goals of Healthcare [16] asserted that the liberal arts (philosophy, literature, history, fine arts, etc.) may serve to bolster personal and humanistic experiences and increase psychological and cultural sensitivity which will contribute a more comprehensive, empathic and respectful approach to the inner world of patients, helping them to side-step feelings of isolation and despair during illness. Among its recommendations, this Madrid Declaration proposed that research be conducted on the most appropriate methodologies in the humanistic disciplines (anthropology, ethics, human rights, literature, history, deontology and

healthcare legislation, pedagogy, the arts, etc.), so that such subject areas are meaningfully, acceptably and beneficially taught to students.

Guidance may be drawn as well from a formulation of the conceptual bases of person-centered psychiatry [17], which among its foundational chapters included the following: historical views [18], epistemological philosophy [19], values and ethics [20], anthropological perspectives [21], literature and the arts [22].

The above perspectives and proposals point out the contributory value of philosophy, history, literature and the arts, i.e., the classical *humanities*, towards the fulfillment of person-centered medicine, a fulfillment that along the lines of Sharma's argument [14] should mean the achievement of *humanism* as the essence of medicine.

It may be helpful now to delineate further the contrasting meanings of humanism and the humanities. A review of dictionaries in various languages may find particularly helpful in this regard the Oxford English Reference Dictionary [23] and the Dictionary of the Royal Academy of the Spanish Language [24]. Collating from these sources, *Humanism*, in addition to its Renaissance historical background, is the doctrine or vital attitude based on an integrative conception of human values, while *Humanities* is a group of disciplines related to the human being, such as literature, arts, philosophy, and history.

### **An integrative note**

It may be appropriate at this point to integrate the above discussions on science and humanism as well as those on humanities and humanism to argue for a medicine that is informed by science and the humanities and is aimed at promoting the health and well-being of the whole person. Such proposals on these prominent disciplinary contributors to a humanistic goal are being reflected in emerging theoretical and practical statements on person centered medicine [25-29].

### **Introducing the Papers in this Issue of the Journal**

The preceding review on Humanism and the Humanities within the context of Person Centered Medicine, is continued in the ensuing brief introductions to the papers published in the present issue of the Journal. All of these deal quite pointedly with various aspects of humanism, science and the humanities. Geographically, they come from across the world, including Latin America, North America, Europe and Asia.

The 2016 Lima Declaration on Science and Humanities in Person Centered Medicine in Latin America is published as a second Editorial [30]. It emerged from the Second Latin American Conference on Person Centered Medicine, which recognized that since ancient times the first inhabitants of the Americas regarded the human being as a whole, including its ecological surroundings and life circumstances, in a symbiotic unit of mutual and reciprocal influences. From such observations a contextualized and ecological humanism has emerged, highlighted in recent centuries by distinguished figures who articulated science and humanism through their professional teaching, clinical service and scholarly work. The Conference, building on earlier events in Buenos Aires and Lima, outlined a movement of

scientific and humanistic thinking in medicine and health of promising value for the development and well-being of the Latin American population. The Declaration's recommendations are organized in terms of clinical care, health research, medical education, and public health, aimed at highlighting science with humanism and the principles of Person Centered Medicine through strategies and practical activities.

The first regular article by Cluzet and Latin American colleagues [29] accompanies and supports academically the 2016 Lima Declaration. It was aimed to identify key points on science and humanism as elements of Latin American perspectives on person centered medicine. To this effect they conducted a selective review of the literature, both published and that presented at the Second Latin American Conference on Person Centered Medicine, as well as consultations with Latin American experts on PCM. The elucidated patterns and trends are synthesized particularly in relation to the articulation of science and humanism. Their findings are characterized by the elaboration of increasingly specific proposals, which cover a variety of fields of medical action and are concordant with Person Centered Medicine principles and the demands of Latin American reality.

The second regular article on Human Rights and Person Centered Medicine: **The Need of the Hour** [31], is authored by Ketan Desai from India and James Appleyard from the UK, both former presidents of the World Medical Association. They refer to the United Nations' Universal Declaration of Human Rights as the foundation of freedom, justice and peace in the world and point out that its Article 25 speaks to the right to health and medical care, which, despite significant efforts, have been insufficient to fulfill global health and social care. They conclude that a complementary paradigm shift to a more person and people centered approach is needed to secure universal access to health care and better use of current resources.

The third article by Ekaterina Sukhanova from the City University of New York [32] opens a Section on Arts and Literature in Person Centered Care. This paper brings the attention of mental health professionals to the theoretical framework underpinning the contemporary understanding of the dynamics of psychiatric art. Using the semiotics approach to art production and perception, the article makes the connection between the dialogical mechanisms of art and the potential uses of art to counteract stigma, including self-stigmatization.

The fourth regular article and second in this Special Section, deals with Brain and Mind in the Creation of Literature by Hans-Otto Thomashoff, a psychiatrist, writer, and art historian in Vienna, Austria [33]. The author reviews how beyond genetics, thinking delineated a way to understand the environment to survive in it. On its constant path to higher levels of abstraction, the psyche generated language as a tool to transmit and store information. Thus, language seems to follow the rules of the psyche which is constantly active in constructing an image of the world. He argues that as part of this constructive process, art and literature evolved.

The next article in this Section, authored by Smrita Grewal and Allan Peterkin from the University of Toronto, reviews bibliotherapy in terms of the therapeutic use of fiction and poetry in mental health [34]. To this effect they conducted a systematic review of the literature, which revealed three studies showing benefit for patients with symptoms of depression or anxiety and for those experiencing difficulties coping with a diagnosis of cancer. The use of poetry or fiction in therapy appears to be beneficial when used in a group context with a skilled facilitator.

The last article of this Section and of the present Journal issue discusses the work of *Papa* Hemingway in reference to tragic alterity in the work of art. Its author, Silke Schauder, is a therapist and professor of psychology at the University of Picardie Jules Verne in Amiens, France [35]. The paper deals with the entanglement between work of art, biography and psychic conflict and articulates science and humanism to enhance personalized understanding of illness and creativity in artists. The author analyzes *The Old Man and the Sea* after placing this short story in the bio-bibliographic context of Ernest Hemingway. She considers that Hemingway's personal conflict and his posture as a writer are disclosed under the form of allegory. The artist's block after the publication of that story and his suicidal act are interpreted in the light of infantile traumatism and its reviviscence after the death of Hemingway's mother.

Presented as final items of the Journal issue are a summary report from the Second Latin American Conference on Person centered Medicine as well as announcements for the upcoming 11th Geneva Conference on Person Centered Medicine and the Sixth International Congress of Person Centered Medicine in New Delhi to take place respectively in April and November of 2018.

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