“A Gentle and Humane Temper”: Professional Virtue in Medicine

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Robert F.E. Stier Memorial Lecture
February 25, 2011

Professional Virtues in Medicine

“The major elements of professionalism have been described well, not once but many times. Among these… there is a high degree of congruence…”

(Inui, A Flag in the Wind, 2003)

- Fidelity
- Compassion
- Phroenesis
- Integrity
- Courage
- Humility
- Justice
- Self-improvement

Student Voices: Class of 2013

- "The challenge will be finding a balance between being objective and being compassionate."
- “Trying to reconcile the science of medicine with the human patient."
- “My own level of maturity: I hope I will continue to grow as a person and as a physician.”
- “I worry that I’m not good enough or worthy of this profession”
Excerpts From Journal Entries

• “I can’t believe how arrogant the residents and attendings are. It’s all macho gamesmanship. If an emotion creeps into the situation, the attendings deflect it away…”
• “So much of what I do as a student is stuff that I don’t fully believe in… I just try to get through…”
• “I have come to the realization that, as a physician, I cannot give to my patients what I as a patient wanted.”
• “We are never encouraged to look at the assumptions and feelings that the physician brings to the process.”

Finding a Balance

Objectivity and Subjectivity
Science and Humanity
Detachment and Engagement
Strength and Vulnerability
Steadiness and Tenderness
Hippocrates
(470-410 BCE)

- Empiricism, natural philosophy (science)
- No “sacred” diseases
- Case histories, physical examination
- Objectivity
- Detachment

Asklepios

- Ethos, community
- Narrative, story-telling
- Subjectivity
- Meaning, connection
- Symbol, metaphor
- Solidarity
“I swear by Apollo the physician, and Asklepios, and Health, and All-heal, and all the gods and goddesses…”

The Case of Mr. B

- 62 year old man with HTN and COPD, s/p acute pancreatitis, presumed secondary to cholelithiasis, admitted for cholecystectomy.
- Paraplegic, history of poliomyelitis as an adolescent.
- One day post-op experienced delirium and hallucinations, presumed secondary to alcohol withdrawal.
- Treated according to protocol for alcohol withdrawal.
- Surgeons requested medical consult.
Two “Routes” to Professional Virtue

- Detachment
- Detached concern
- Suppression of emotion
- Objective practice
- Clinical empathy
- Compassionate care
- Participation in emotion
- Reflective practice


- Of the physician’s character, “The chief quality is humanity, the sensibility of heart that makes us feel for the distress of our fellow-creatures, and which, in consequence, incites us... to relieve them.”
- Physicians “by being daily conversant with scenes of distress, acquire that firmness of mind so necessary in the practice of physic. However, a gentle and humane temper, so far from being inconsistent with vigor of mind, is its usual attendant; rough and blustering manners generally accompany a weak understanding and a mean soul...”

Thomas Percival, *Medical Ethics* (1803)

- “Unite tenderness with steadiness in your care of patients and cultivate the tender charity that the moral practice of medicine requires.”
- The practice of medicine makes one vulnerable to “coldness of heart.”
- “This coldness of heart, this moral insensibility, should be sedulously counteracted before it has gained an invisible ascendancy.”
19th Century Physicians

- “The study of medicine does have a manifest tendency to harden and corrupt the heart.” (Jones, 1853)
- The perception that “the study of medicine has a peculiar tendency to harden the disposition” makes it incumbent on students to cultivate “an affectionate sympathizing spirit.” (Merril, 1840)

William Osler, MD

“Cultivate then, gentlemen, such a judicious measure of obtuseness as will enable you to meet the exigencies of practice with firmness and courage without, at the same time, hardening the human heart by which we live.”

William Osler, “Aequanimitas”

Origins of “detached concern”

- Boys in White, Becker et al, 1957
- “A sociological calendar of medical school,” Renee Fox, unpublished, 1958-1959
Detachment

“Oh, Daddy, can’t you give her something to make her stop screaming?” asked Nick.

“No. I haven’t any anesthetic,” his father said. “But her screams are not important. I don’t hear them because they’re not important.”

— Ernest Hemingway, “Indian Camp”

“Her screams are not important. I don’t listen because they’re not important.”

Psychology of Medical Practice

Pre-1960s
- Medical experience has a tendency to make one less responsive to others' subjectivity: “coldness” or “hardness” of heart.
- The physician must work actively to maintain empathy, compassion, “tenderness.”

Today
- Medical trainees have a natural “tenderness” that can be harmful to them, as well as to their future patients.
- The physician must work actively to develop detachment, distance, and objectivity.
Clinical Empathy

• “The process of coming to understand a patient’s perspective and feelings (subjectivity), and communicating that understanding to the patient.” (Coulehan and Block, 2006)

Components of Clinical Empathy

1. Perspective taking: Ability to understand the perspective and feelings of others.
2. Disposition to help (altruism, care, compassion)
3. “Interactive skills”: Set of learned performative behaviors that communicate understanding and engagement.

William Carlos Williams, Autobiography

• “I lost myself in the very properties of their minds: for the moment at least I actually became them, whoever they should be…”
• “In a flash the details of the case would begin to formulate themselves…the patient himself would shape up into a person that called for attention…”
• “The peace of mind that comes from adopting the patient’s perspective as one’s own to be struggled with toward a solution…”
Detachment vs. Engagement

“He meets the deep but unformulated expectation of the sick for a sense of fraternity. He recognizes them… He does not believe in maintaining his imaginative distance: he must come close enough to recognize the patient fully.”

-- John Berger, “A Fortunate Man”

Barriers to Empathy and Engagement

• The environment
  – Time, tempo, turbulence
• The inducement
  – Conversation doesn’t pay.
• The education
  – Objectivity means detachment.
• The emotions
  – Fear of involvement

The time factor

• Beckman and Frankel (1984)
  – Only 23% of patients allowed to complete their statement of concerns.
  – Patients interrupted by doctor after an average of 18 seconds.
• Marvel et al (1999)
  – 25% of patients allowed to complete their initial statements.
  – Patients interrupted by doctor after an average of 23 seconds.
Poor Communication

- Messages
  - Doctor doesn’t listen
  - Doctor doesn’t care
  - Doctor not available
  - Not enough time
  - Nothing clicks
  - I can’t get through
  - I’m not important

- Patient harmed by
  - Inadequate diagnosis
  - Ineffective treatment

- Clinician harmed by
  - Lack of self-awareness
  - Emotional numbness
  - Dissatisfaction
  - Burnout

Cynthia Ozick,
“Metaphor and Memory”

- Physicians cultivate detachment because they are afraid of finding themselves “too frail ... to enter into psychological twinship with the even frailer souls of the sick.”

Detachment
Emotional numbness “Coldness of heart”

Detachment, Depletion
Denial, Depression

Disillusion
Burnout
How can physicians survive in a world of turbulent feelings?

- The road of detachment leads to emotional numbness.
- The road of empathy and imagination leads to emotional resilience.

Professionalization in Medical Education

- **Explicit curriculum**: values taught overtly in courses and clerkships
- **“Hidden” curriculum**: values taught in the texture of day-to-day experience

Abraham Flexner’s Perspective

- Physicians should have a “liberal educational experience” requiring “ethical valuation in the social context”
- Medical students have a “sound liberal humanistic education”
- “…it would equip medical students with the conceptual and clinical tools of professionalism and humane care.”
Toward a Culture of Professional Virtue in Medicine
(Coulehan et al, 2003; Coulehan, 2005)

• Reflective practice
  – Safe venue for students and residents to share experiences and enhance personal awareness.

• Role-model based practice
  – More engaged, consistent, and humanistic attending physicians.

• Service based-practice
  – Community service as integral to education.