doi: http://dx.doi.org/10.11606/issn.1679-9836.v99i2pi-vi Rev Med (São Paulo). 2020 March-April;99(2):i-vi.

Editorial

Humanism and Medical Education in Times of COVID-19

Humanismo e Educação Médica em Tempos de COVID-19

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The current pandemic covid-19 makes us live difficult and unprecedented times. The efforts of all health professionals, each of them in their own competencies, are essential. While researchers and scientists struggle to find effective therapeutic resources, those on the frontline devote their best efforts to clinical care of affected patients. At this moment, it is worth asking what would be the role of medical education to contribute to this global crisis?

Evidently the way of helping is different in each circumstance. In the case of veterans and teachers, because of their age and factor risks, their place is not in the front line, in the trench. But experience must be used to help in a different way. The omission is not justified. Thus, knowing how to provide a realistic view of the facts, supporting the team always, as well as patients and families as far as possible, can be an excellent help from behind the scenes.

Day by day, the care of the health team itself is essential. Not only physical care (for which all possible measures are always taken), but also mental health. Or more simply, it is necessary to raise the determination and self-esteem of those who deal daily with this threat of proportions never seen. A discouraged, pessimistic doctor without perspective is also an element of crisis, making patients feel a greater insecurity than that what is already commonly transmitted by the media, which does not help the medical team in any way.

Objectivity and realism: facilitating perspectives of the real scenario

"*In order to understand things, the most urgent thing is to restore their real proportions*" - says a philosopher[1] and disciple of Ortega y Gasset. Seeking to collaborate in this sense, SOBRAMFA - Medical Education and Humanism has published short videos[2] with recommendations that help professionals to maintain an objective view of the reality they are experiencing. Each one, within his circle of influence, must be aware of his / her responsibilities. It is necessary - as a recent publication recommended - to think globally, but to act locally[3]. An

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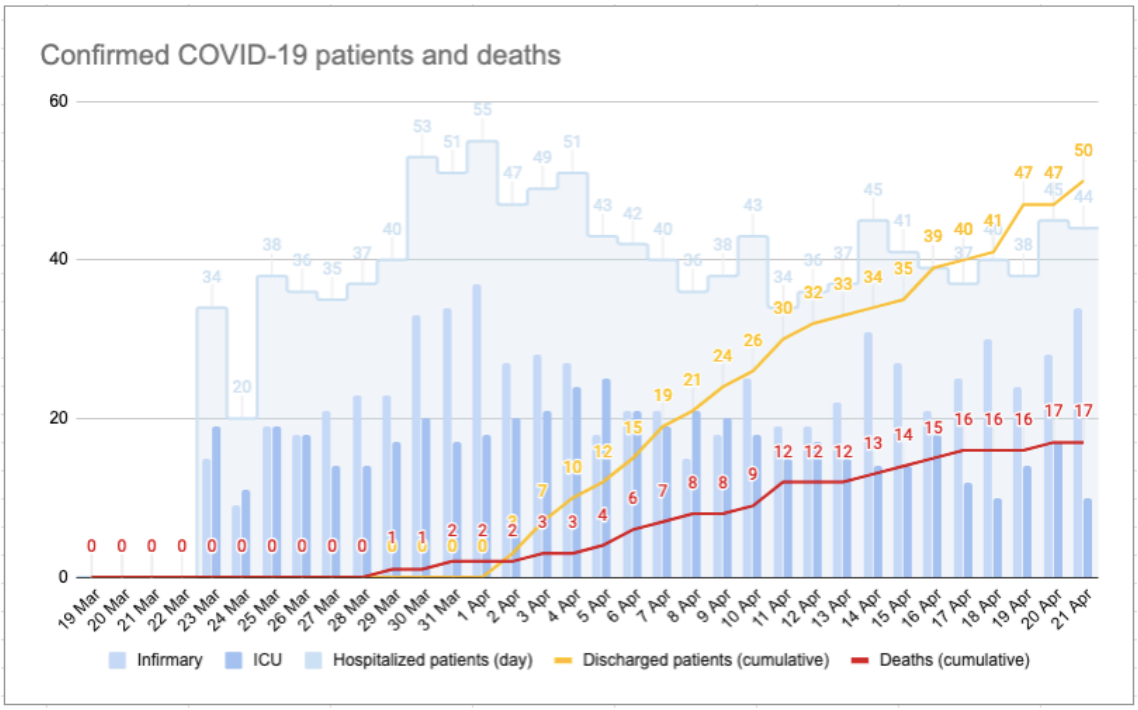
excessive and disproportionate concern about the global problems that the world is facing does not help – it even muddles - individuals to assume their own responsibilities at the concrete sector that constitute their duty at this moment.

One of the doctor's first responsibilities is to maintain serenity, or more precisely, do not transmit, unnecessarily, the doubts and anxieties that, naturally, he has the right to feel. But he must work on them internally, with resources from his own moral fibre, without transmitting them toxically to the patient. It is worth remembering the comment made by a humanist doctor more than half a century ago: "*the dogmatic doctor is a slave of his reputation, ignoring that it serves, not to make his family puff up, but to risk it whenever necessary to keep patients' morale high. High morale is almost always the best medicine and, sometimes, the only one we can prescribe* "[4].

In crisis situations like the one we are living in, it is good to remember this other classic saying, which I heard from my teachers: What distinguishes a good doctor, is not the curriculum, nor the prizes, not even the gifts he receives from his/her patients. A good doctor is one whose patient leaves a consultation better than when he entered! In a recent audio interview[5], published by an important medical journal, one of the world leaders in combating the current pandemic (as he did in past pandemics) stated that, even facing a huge challenge, nobody has to feel responsible for the global health of the planet. I mean, keeping the respect for the global threat, without losing focus on your clinical setting. Therefore, be objective and realistic. Global anxieties do not help.

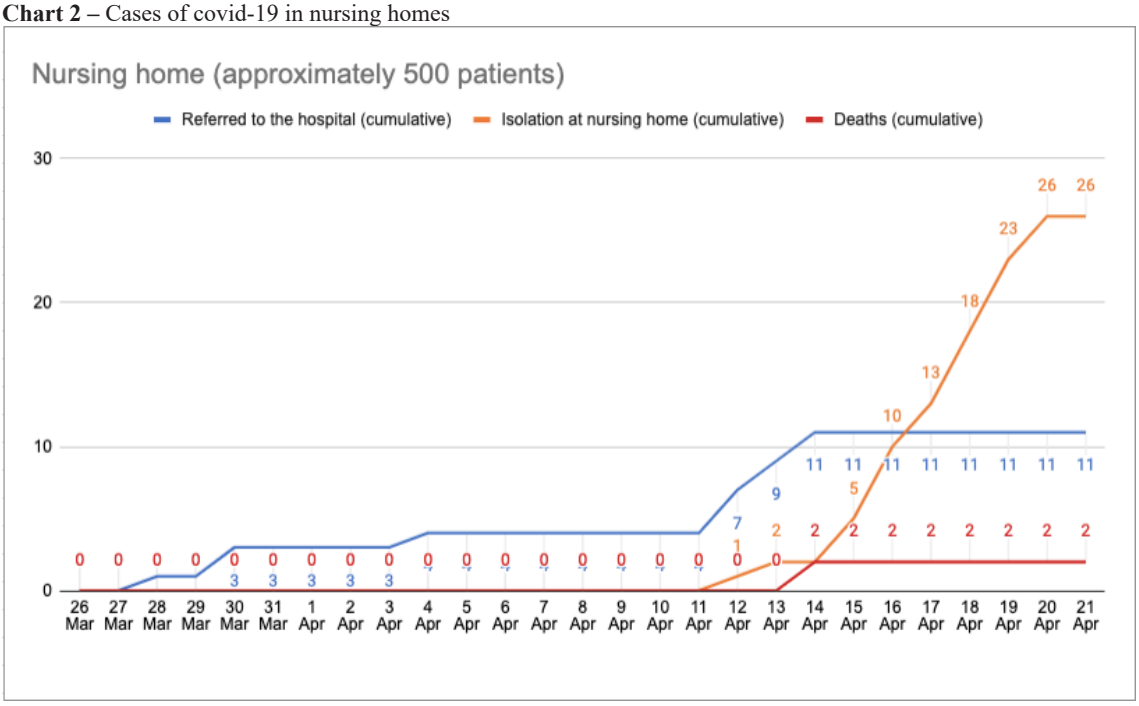
It is worth mentioning an example that illustrates this way of acting. The team we coordinate works in two small hospitals, and takes care of several nursing homes, with more than 600 guests. Objectivity and realism imply daily tabulation of the evolution of patients who have been entrusted to each physician - the hospitalized ones, the deaths, and, most importantly, the recovered patients who were discharged - which provides a sense of reality (Graphs 1 and 2). Global data, which are available to anyone, being important in health policies, are not relevant for professionals who must face challenges related to their context. The excess of attention to such kind of information can even generate an anticipated concern and, worse, distract doctors from their own responsibilities. It is possible - as the saying goes - that the many trees prevent you from seeing the forest.

Chart 1 – Evolution of covid-19 patients in two hospitals



Source: SOBRAMFA Files

Chart 2 – Cases of covid-19 in nursing homes



Source: SOBRAMFA Files

In informal talks, and after the divulgation of videos[2] mentioned above, some people commented that the "n" of this team is small. If the objective were to develop an epidemiological study, it would indeed be insufficient. But, on the other hand, it is a totally real n, that represents daily challenge we must deal with. You can think globally, but you need to focus locally.

And when things get worse? Once again, realism helps, since even with the foresight that prudence recommends, living day by day is comfortable and a way for keeping serenity. This is what we have today, and we will do it in the best possible manner. The anticipated anxieties, which leads to suffering a priori, evoke that known event of the 16th century, lived by Teresa de Ávila, during the reform of Carmel in the lands of Castile. It seems that Teresa - with a leader profile that would make any CEO jealous today - had taken possession of an old students' residence in Salamanca, to establish one of her small convents. It was night, she was accompanied by two young nuns. He realized that one of them was restless and asked what was going on. *"Mother, I am thinking what would happen if in the middle of the night any of the students returns here ..."*. Teresa smiled, and closed the question: *"Sister, if that happens, I will think about what to do; now let me sleep "*[6].

Lessons on medical education

The crisis that the world is experiencing, the behaviour and the response of health professionals reveal weaknesses in the current models of medical education. We contemplate heroism combined with insecurity, and even recklessness. Knowledge is distorted where medical evidence is diluted amid media information and the sensationalistic bombardment of social networks. A well-known prestigious European teacher asked himself in one of the informal messages he sent us: what is all the knowledge and years of professional experience for if colleagues succumb to this great amount of information?

And we also contemplate that the communication skills, which in these moments are one of the most necessary medical virtues, are absent in many doctors. It is worth reminding the comment of the American physician and educator, Paul Batalden: *"every system is perfectly designed to produce the results it offers"*[7]. We cannot just complain about the product; we must review the manufacturing process, which is certainly defective.

A more in-depth reflection on medical education has already been outlined in a previous publication with the suggestive name: "the order of factors alters the product"[8]. In this article, we remembered that "healing sometimes, relieving frequently, always comforting", the classic statement that sums up the doctor's role, presents itself in an order that contains an important educational mistake. What can be expected when the recommended order for the physician acting is to heal, relieve and, ultimately, comfort? It is logical to think that we must move from the

most important to the details. When it is not possible to cure it is necessary to relieve it; and when relief is not possible, it remains to provide comfort. Proceeding in this sequence, relief and comfort are inevitably considered as a consolation prize for the doctor who faced an incurable, painful, terminal illness. The product resulting from this equivocal process - the doctor - presents important deficiencies.

This is more evident in times of crisis like the one we are living in, when healing is far from being manageable and the relief and comfort for patients and families - that should be expected from professionals - is not exercised, because it is unknown. So, how to do it? A Hippocratic-Copernican turn in medical education would be necessary to avoid this misunderstanding that leads to important deficiencies. While comforting is something that should always be done, due to the extremely high prevalence, healing is a less frequent possibility. The medical education process must consider this proportion to produce better doctors, those ones who recognise that comfort is especially important and always possible. Doctors who always know how to comfort according to the cases and illnesses they face, also know how to cure when it is possible. That is, the order of factors does alter the product.

It is said globally that the world and the human being will not be the same after the pandemic. This statement does not seem precise because it is a fact that man, as the classics said, is a being that forgets. Forget about wars, tragedies, and real eddies that, while experienced, one think will always be present in mind. Just read history to know that it is not so. It does not matter if the world will different or not, but regarding to medical education, one thing is certain: an honest review of the pedagogical priorities and skills we intend to teach is required.

Contemplating emotions

The crisis we are experiencing has a twofold component: on the one hand, the biological threat of a new virus, with dire consequences for population health, while we deal with something unknown. On the other hand, anxiety, fear, and disordered emotions are also a threat to mental balance and the serenity necessary to cope with such a great challenge.

A poem by Fernando Pessoa illuminates this reflection. The poet says: "*Life is what we make of it / Travel is travellers / What we see is not what we see / but what we are*"[9]. In other words: we filter reality through our emotions, through the way we are experiencing that reality. This explains the anguish and afflictions when we consider the reality of the scenario we have in our context with eyes, feelings and emotions amplified and deformed by the world panorama presented by the media. Again, it is necessary to act - and feel - locally, preventing global emotions.

In medical practice, ethical dilemmas are often blurred by emotions: those of the patient and those of the professional who takes care of him. Working on emotions is an imperative need in medical education. Humanities such as literature, music, cinema and narratives are a useful resource for educating emotions and promoting empathy, which is the cornerstone of medical professionalism and ethical behaviour. The emotions that these experiences arouse must be transformed by reflection into experiences that generate attitudes capable of building ethical attitudes and building professionalism[10].

The universe of affectivity - feelings, emotions and passions - has been assuming an increasing role as a protagonist in the world of education. The student's emotions cannot be ignored in this process. It is up to the educator to contemplate and use them as a true gateway to understand the universe of the student. Training human beings requires educating their affectivity, working with their emotions. How to do this in an agile, modern, understandable and effective way? Educating attitudes is more than offering theoretical concepts or simple training; it implies promoting reflection which facilitates the discovery of oneself and allows to extract from the intimate core of the human being a commitment to improve.

The classical pedagogical approach tends to divide educational objectives into three major categories: cognitive, psychodynamic and affective, which imply knowledge acquisition, skill development and affectivity education, respectively. While the first two are easy to assess or, at least, subject to an objective assessment - through exams, tests and performance of skills - assessing the quality of affective education is a topic that involves much greater complexity. There is no way to measure growth or the correct orientation of the student's affective dynamics with "objectivity"; and as always with what is difficult to measure, it risks being forgotten, or placed within the scope of pure arbitrariness. In other words: each educator evaluates affective education as he wants, or as he can, or simply does not do it. This means that, in practice, it is often not even considered when educational goals are established. To aim for an objective assessment - analogous to that practiced with technical knowledge of physics or history and geography - is to ignore the nature of the phenomenon. It corresponds to wanting to add litres to meters, or to measure love in kilograms. Perhaps it is not so much about measuring as it is about promoting and fostering affectivity. Cinema is particularly useful in affective education[11], as it is in tune with the student's

universe, where a culture of emotion and image prevails.

Cinema as a resource for emotional balance

The videos[2] mentioned above, in which the cinema - an educational resource that we have applied in medical education[12,13] - is included in the form of clips of scenes from different films[14], help us to clarify many of the recommendations stated here.

We highlight a first message: you are not alone. The film *I am legend*[15] goes straight to the point: ("*if there is someone out there, I can help, you are not alone*"). And then, the fight against reigning pessimism: ("*if people who make this world worse never take a vacation, how am I going to take it*?"). One cannot succumb to pessimism, nor be passively involved in all kinds of news that arrive indiscriminately. In addition to social distance as an epidemiological prevention resource, a healthy informational distance must be kept.

The essential importance of leadership is represented in the scene of *Braveheart*[16] in which William Wallace asked his soldiers to wait for the right moment to face the attack of enemy cavalry. Leadership is also about keeping the team together and not tolerating the divisions that occur due to the natural tendency to look for culprits in times of crisis. Here is something that we witness daily, very well addressed in *Ladder 49*[17] in the scene after the fireman's death: ("*I've just told a mother that her son died, and you quarrel in my house! We can deal with this if we stay together, so we learn the lesson, and we return to the vehicle and thus honour the dead colleague*").

Running away from unnecessary anxieties, such as the healthy nonchalance of the Soviet spy in *Bridge of Spies*[18], which contrasts with the disproportionate concern of the lawyer's son. Without forgetting the importance of the union that characterizes true teamwork: *Gladiator*[19] ("*I do not know what will come out form these gates, but if we stay together, we will survive*). Such an union is brilliantly depicted in the *Spartacus*[20] scene ("*I am Spartacus*!"), in which the character is much more than a person: it is an idea that takes care of the team and promotes solidarity in times of crisis!

We arrived at Easter time in the middle of the crisis. Someone sent a proper Bible reading for these moments. We read calmly, savouring it: "*Learn where prudence, strength and intelligence are, so that you may know, at the same time, where long life and happiness, brightness of the eyes and peace are found.*" Impossible not to make the connection with that other, striking scene, from *Bridge of Spies*[18], when the spy describes the moral category of a man he met in childhood, whom the lawyer who is defending him reminds him of. The complete dialog, included in one of the videos[2] radiates emotion and leadership: "*When I was small, your son's age, my father drew my attention to a man who visited us and who, apparently, had never done anything extraordinary. One day, the guards invaded our house, beat my father, my mother and this man too. And every time they hit him, he got up, over and over, without giving up. I think his insistence on getting up made the guards give up beating him, leaving him alone. I remember what they said: 'Stoikiy muzhik', which in Russian means something like steady man"*.

This is the aid that those involved in medical education must offer at this time. When age does not allow us to be on the front line, but from the bridge of command, daily, we can and must help. Without heroic actions, but showing prudence, objectivity and realism. Leading the team for which we are responsible to serenity, in daily effort. Being present, with open arms, overcoming discouragement, without ever giving up. *Stoikiy muzhik*, a steady man, a persistent man!

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