

Medical humanities play an important role in improving the doctor-patient relationship

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Summary

Doctors in China have been wounded or even killed in frequent violence as conflict between doctors and patients has intensified. China has had a massive dearth of medical students over the past decade and doctors are dissatisfied with conditions in their profession. Conditions in medicine are not conducive to medical reform. This paper notes that the main factors affecting the doctor-patient relationship are a lack of humanity in medicine, the predominance of techniques and technologies, and inappropriate administration of hospitals. These factors are related to a lack of medical humanities. This paper describes several steps to make medicine more humane and to help establish a harmonious doctor-patient relationship, including improved humanities education for doctors and medical students, ending the predominance of techniques and technologies, bringing back "humanity" in medicine, and improving the administration of hospitals.

Keywords: Doctor-patient conflict, medical humanities, doctor-patient relationship

1. Introduction

Over the past few years, violence against doctors and other medical personnel has become a serious problem in China (1). A 2014 survey by the Chinese Medical Doctor Association indicated that the annual incidence of injuries to doctors rose each year from 2009 to 2014 (2). According to the survey, only 27.14% of medical personnel had not experienced verbal abuse or physical injury. The media reported 51 instances of injuries to medical personnel in 2015, with 21 occurred in the month of June alone (3). Statistics from the official website people.com.cn indicated that there were 42 instances of injuries to medical personnel in 2016, resulting in the injury or death of more than 60 medical personnel (4).

The current trends are evident in China's doctor-patient conflicts: *i*) Conflicts are becoming more

violent. There were 7 doctors killed in 2016, including 2 consecutive incidents occurring in May: Dr. Zhongwei Chen, head of Stomatology at Guangdong General Hospital, and Wang Jun, a young doctor at Shaodong People's Hospital, both died as a result of violence by patients or their family. Statistics indicate that such incidents of violence have occurred in 20 provinces. In addition, the frequency of violence has increased, with an injury occurring almost every month (3) (Figure 1). *ii*) Some incidents of violence occur in the heat of the moment while others are premeditated. In 2012, a patient who was unable to control his anger murdered a young interne and wounded several doctors at the First Affiliated Hospital of Harbin Medical University. In contrast, the murder of doctors in Wenling and Guangzhou was highly planned. Medical care has become fraught with hostility and violence as doctor-patient conflicts intensify. In addition to direct injury of doctors, family members of doctors have also been injured. In June 2016, the child of a doctor in the City of Yiyang, Hunan Province was lacerated multiple times on the bus by a patient (5).

The career choices of medical students have been affected by the violence against doctors. According to a Lancet article, there were 4.73 million medical graduates in China from the beginning of 2005 to the end of 2014,

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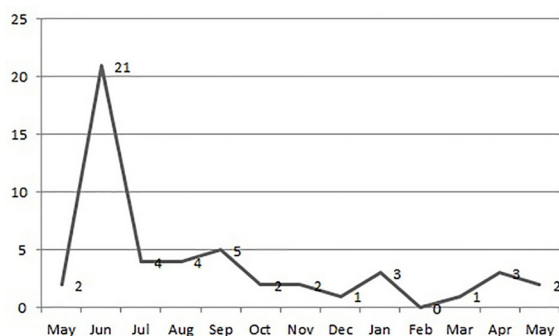


Figure 1. Frequency of incidents from May 2015-May 2016. The Beijing News: Deciphering big data reveals general "rules" regarding incidents of violence against medical personnel.

but the number of physicians only increased by 752,000 in the same period. Meanwhile, rural areas in China had a shortfall of over 500 000 physicians (6). Moreover, the shortage of doctors may worsen in the future if a large number of medical students have chosen not to pursue medicine.

A 2015 survey indicated that medical personnel are less satisfied with hospital conditions than patients (7). Since medical personnel are the cornerstone of China's medical care system, doctors' doubts about their career choices will negatively affect the long-term development of medical care and medical reform in China.

2. A combative doctor-patient relationship mainly results from a lack of humanity in medicine, the predominance of techniques and technologies, and inappropriate administration of hospitals

The doctor-patient relationship is a complex social relationship that is affected by numerous factors. Three such factors are a lack of humanity in medicine, the predominance of techniques and technologies, and inappropriate administration of hospitals. All three of these problems are related to the absence of medical humanities. Hence, most efficient way to improve the doctor-patient relationship is to change the emphasis on medical science and to reshape medical humanities (8).

2.1. A lack of humanity in medicine

In a survey to determine the cause of violent behavior by patients, 59.78% of physicians cited patient dissatisfaction with doctors' attitude and poor communication (2). According to research on medical complaints in Beijing, Shanghai, and Guangzhou, the lack of humanity in medicine triggered most medical complaints against medical personnel. Incidents often occur when doctors and nurses have improper attitudes towards patients or communication between the doctor and patient is insufficient or poor (9-11).

Chinese researchers examined Chinese literature on the doctor-patient relationship from 2003-2012 (12).

They found that doctor-patient conflicts and disputes mainly stemmed from a lack of humanity among medical personnel. There are numerous other ethical problems in hospitals, such as absence of medical ethics, a lack of empathy from doctors and shirking of responsibilities, and ignoring patients.

Thus, a lack of humanity in medicine is a significant factor contributing to the current conflict between physicians and patients. Physicians should provide humane care, and this approach is the best way to improve their relationship with patients (12).

2.2. The predominance of techniques and technologies

Since the 20th century, medical technology has advanced rapidly and profoundly. On the one hand, doctors are able to use medical equipment to diagnose and treat patients. Over the past few years, various technologies have been used, such as MRI, CT, and radiography. The use of these technologies make diagnosis and treatment more formal and impersonal (13). This alters the interaction between physicians and patients. As physicians increasingly rely on medical equipment and data, they gradually communicate less with patients. Doctors pay more attention to medical data for research than caring for patients (14). Physicians often ignore patients' wishes and feelings during treatment.

On the other hand, patients mistakenly believe that advanced medical techniques and technologies can be used to cure everything. They also believe that modern medicine can triumph over any disease. When patients believe that medical technologies are a panacea and they place unrealistic expectations on physicians, conflicts and disputes between physicians and patients are more likely to occur. In order to improve the doctor-patient relationship, both doctors and patients should view medical technologies realistically and better communicate through mutual respect and understanding.

2.3. Inappropriate administration of hospitals

The absence of humanity in medical care also influences patients' experiences. Completing administrative procedures is time-consuming for patients, and this is compounded by unreasonable setting of different departments and unclear instructions (15). Patients also complain about inefficient personnel, the disconnect between different departments, and inadequate support, all of which are related to poor hospital administration (9).

Moreover, many hospitals are focused on improving facilities (9) while not providing adequate support to patients. According to the concept of health promoting hospital, hospitals should improve medical conditions, provide health education tailored to different people's requirements, and interact with the public (16). These aspects require hospitals to become more humane in order to meet patients' needs.

3. The route to improving humanity in medicine

3.1. Improving medical education by enhancing humanity

The key to resolving the tension between doctors and patients is reshaping the humanity of medical personnel. Improving medical humanities education is key to reshaping the humanity of doctors (17). There are inadequacies with medical humanities education in China. According to a survey, 88.7% of medical students indicated that their medical college does not have a framework for medical humanities education (18). In addition, medical education emphasizes knowledge about diseases, anatomy, and other technical subjects, and medical humanities courses account for only 8% of all medical courses (19).

Therefore, steps can be taken to enhance medical humanities in different stages of education. Medical colleges should expand their offerings in the humanities and increase the resources they devote to medical humanities education (20). Medical humanities must be promoted in conjunction with clinical training (21). Medical education should be problem-oriented and combined with clinical case studies. Simulated cases and role-playing are suited to medical humanities education and have gradually increased the level of thinking and behavior by medical students (22).

Medical humanities can be promoted in several ways during on-the-job training. Fostering humanity in medicine is a long-term process, and medical personnel can play a significant role in advocating humanity. Colleagues can learn from and compete with one another, thus enhancing their clinical skills and humanity. In addition, medical associations can advocate humanity among medical personnel and establish a standard for humane practices (23).

3.2. Ending the predominance of techniques and technologies and bringing back humanity to medicine

The absolute emphasis on science and reason leads to a predilection for "scientific thought" that obscures the ultimate meaning of medicine, which revolves around "humans"(24). Medicine is a combination of natural science and human science in which both are essential. Medical development needs to find a proper balance between technology and humanity, and this requires the joint efforts of all sectors of society.

Medicine itself must return to its origins, and medical ethics must be actively promoted to end "the predominance of techniques and technologies" (25). The Doctor-Patient Relationship Course at the University of Chicago examine topics related to the doctor-patient relationship, communication between doctors and patients, and societal issues related to health (26). This course places medicine in a broader context in order to end "the predominance of technology" and to heighten

awareness that technical and professional development are not the only parts of medicine.

Public discussions are also important since they affect how people view the human side of medicine. In China, the country's most largely read medical newspaper Health News, runs a special column on the human side of medicine. On television, medical documentaries such as "Life Matters" and "The Story in ER" present various aspects of the human side of medicine, helping the public to look at medicine from a fresh perspective. The media also has substantial ability to shape public opinion about doctors by dispelling the image of a doctor as an "angel" and instead providing the public with a more comprehensive view and by explaining the limitations of modern medicine since "medicine is not a panacea."

3.3. Providing humane administration to improve the patient experience

Only 20% of doctor-patient disputes are caused by medical technology. According to one study, medical equipment has become a greater part of the diagnostic process than communication (27). The patient experience is greatly affected by physical conditions, administrative procedures, and the medical procedure the patient is undergoing. Therefore, humanity needs to be fostered in hospital administration.

The internal administration of a hospital should focus on the "patient" and a method of assessment should be established to indicate the subjective quality of care. During treatment, the patient's views should be heeded and the patient's needs should be incorporated in hospital administration. A hospital should also enhance the humanity of medical personnel since their attitudes and mood will affect the relationship between doctors and patients (28). As an example, an employee assistance program (EAP) should be incorporated in hospital administration to help hospital employees address personal problems (29). Attending to the psychological and emotional needs of staff will help to resolve issues with the quality and efficiency of their work, reduce complaints and negative emotions, enhance the effectiveness of communication, and lead to a harmonious relationship.

Moreover, a hospital can use the concept of "health promoting hospital" to enhance its collaboration with the community and to involve family members and medical personnel in a patient's care. Several Chinese hospitals have implemented such projects. As an example, the Children's Hospital of Fudan University in Shanghai created a "patient counter" to accept feedback from patients at the start of treatment. Hunan Cancer Hospital started a clinical psychiatry project that routinely cares for the mental state of patients. The Second Hospital of Shandong University has cooperated with the community of Jinan to provide personalized health instruction and

health management for residents over the age of 65. The establishment of community-based hospice care is another popular aspect of humane medical care in Shanghai (30). Efforts have been made to improve the humane side of medicine and the relationship between doctors and patients, and these efforts should have a positive effect in the future.

References

- Hesketh T, Wu D, Mao L, Ma N. Violence against doctors in China. *BMJ*. 2012; 9:345.
- Chinese Medical Doctor Association. White paper on the career condition of Chinese licensed physicians. <http://www.cmda.net/xiehuixiangmu/falvshiwubu/tongzhigonggao/2015-05-28/14587.html> (accessed March 28, 2017). (in Chinese)
- The Beijing News. Deciphering big data reveals general "rules" regarding incidents of violence against medical personnel. <http://news.sohu.com/20160512/n448984584.shtml> (accessed March 28, 2017).
- People.com.cn. A list of 42 typical cases [of violence against medical personnel] since 2016. <http://yuqing.people.com.cn/n1/2016/1118/c405625-28880100.html> (accessed March 28, 2017). (in Chinese)
- Tencent News. The son of a doctor in Hunan was lacerated 12 times: Attack stems from a dispute over 300 RMB in medical expenses. <http://news.qq.com/a/20160616/003200.htm> (accessed March 26, 2017). (in Chinese)
- Lien S, Kosik R, Fan A, Huang L, Zhao XD, Chang XJ, Wang YH, Chen Q. 10-year trends in the production and attrition of Chinese medical graduates: An analysis of nationwide data. *The Lancet*. 2016; 388 (Suppl 1):S11.
- Li M, Huang CY. Evaluation of medical staff and patient satisfaction of Chinese hospitals and measures for improvement. *Biosci Trends*. 2015; 9:182-189.
- Li C. Reshaping the values of medical humanities: Creating a harmonious doctor-patient relationship. *Modern Hospital*. 2012; 8:109-110. (in Chinese)
- Wang JJ, Zhong LT, Zeng Q, Chen G, Han P, Xu SQ. Analysis of data on medical complaints at a Grade A tertiary hospital in Beijing from 2009 to 2013. *Chinese Hospital Management*. 2015; 5:51-53. (in Chinese)
- Wu P, Yu DH, Wang C, Zhang H, Xiao L. The current state of humane medical services based on an analysis of data from medical disputes. *Medicine and Philosophy: Humanistic & Social Medicine Edition*. 2006; 5:52-53. (in Chinese)
- Ren LM, Liu D, Liu JR. An analysis of medical complaints from the perspective of humane medical services. *Medicine and Philosophy: Humanistic & Social Medicine Edition*. 2009; 5:59-60. (in Chinese)
- Han P, Hen XY, Hang TS, Yu ZG, Xu SQ. A review of foreign and domestic literature on humane care and the doctor-patient relationship. *Chinese Medical Ethics*. 2013; 6:768-771. (in Chinese)
- Li YG, Chen SF, Qiu SZ. The dialectical relationship between modern medical technology and humane medicine. *Medicine & Philosophy*. 2015; 7:8-10+55. (in Chinese)
- Jiang XL. Warnings from the wards: A case analysis of doctor-patient communication. People's Military Medical Press. Beijing, CHN, 2005; pp.56-66. (in Chinese)
- Ni JH, Shi LL, Zhang T. Analysis of the crux of the dearth of humanity in medical practice. *Chinese Medical Ethics*. 2014; 6:800-802. (in Chinese)
- Pan YS, Guo XH, Tian XY, Wu SY, Yang XH, Wang D, Guo AM, Fang Y. The course of development of hospitals that promote health and their prospects. *Chinese Journal of Hospital Administration*. 2005; 11:721-724. (in Chinese)
- Liu J. Medical humanities education: Comparison and implications. *China Higher Medical Education*. 2011; 5:8-9. (in Chinese)
- Xinhua Net. Medical students should receive an enhanced humanities education: Medical students lacking in empathy are just like robots. http://news.xinhuanet.com/edu/2010-09/28/c_12613688.htm (accessed March 22, 2017). (in Chinese)
- Su Q, Lu F, Lin Z. The crisis in and revamping of medical humanities education. *Chinese Journal of Higher Education*. 2016; 4:715-718. (in Chinese)
- Zhao J, You HX, Luo LZ, Zhou X, Pan H. Evaluation of the fostering of medical humanities from the perspective of medical students in clinical training. *Basic & Clinical Medicine*. 2016; 5:715-718. (in Chinese)
- Daryl Ramai, Shoshanna Goldin. Humanities in medicine: Preparing for practice. *PME*. 2013; 2:332-334.
- Shankar, Ravi. Role plays used during a humanities in medicine module: Selected transcripts part 2. *IJUDH*. 2013; 4:24-33.
- Tang J, Cong LY. How medical humanities education can lead to "targeted treatment": A seminar on medical ethics, doctor-patient communication, and vocational education for physicians. *Medicine & Philosophy*. 2015; 9:96-97. (in Chinese)
- Shi TJ. Deviation and restructuring: Medical humanities education with meaning and concern. *Medicine & Philosophy (A)*. 2015; 2:16-19. (in Chinese)
- Wershof SA, Abramson JS, Wojnowich I, Accordino R, Ronan EJ. Evaluating the impact of humanities in medical education. *Mt Sinai J Med*. 2009; 76:372-80.
- Han QD, Zhang DQ. *Chinese Medical Humanities Review 2014*. Peking University Medical Press, Beijing, CHN, 2014; pp. 1-20.
- Sun Y, Hu L, Wu F. Bringing back humanity in hospital administration. *Journal of Traditional Chinese Medicine Management*. 2015; 10:49-51. (in Chinese)
- Du GS. The application of humanities and sociology to hospital administration. *Shenzhen Journal of Integrated Traditional Chinese and Western Medicine*. 2016; 97:185-186. (in Chinese)
- China Net. Health care in the City of Zibo: The fifth hospital EAP project has officially been launched. http://sd.china.com.cn/a/2017/djbd_0222/871079.html (accessed March 23, 2017). (in Chinese)
- Older PC, Hoffman KE. Hospitals' health promotion services in their communities: Findings from a literature review. *Health Care Manage Rev*. 2011; 36:104-113.

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