

Guest Editorial

Dehumanization of Contemporary Medicine: Causes and Remedies

Marek Pawlikowski

Institute of Endocrinology, Medical University of Lodz, 91-425 Lodz, Sterling Str.3, Poland.

Correspondence to: Prof. Dr. Marek Pawlikowski,
Institute of Endocrinology, Medical University of Lodz,
Sterling Str 3, 91-425 Lodz, Poland.
TEL +48 42 636 54 27 FAX +42 632 48 54
E-MAIL: m.pawlikowski@mail.e.pl

Patients, as well as physicians, agree that contemporary medicine has undergone a process of “dehumanization”. My intention is neither to define this phenomenon nor to illustrate it through examples taken from medical praxis. I would like only to indicate some of its probable causes and to propose some possible counteraction.

The causes of the “dehumanization” of medicine can be divided into two categories: intrinsic and external. The intrinsic causes are specific to health care and, to some extent are the “side effects” of its progress. I will list them in a rather hazardous order, not necessarily connected with the hierarchy of their importance.

First, **the mode of the reductionistic thinking** should be mentioned. Contemporary medicine is based on the natural sciences, and in the natural sciences the reductionistic approach is not only very popular but very fruitful as well. This approach consists in the reduction of the studied phenomena to its most elementary level. Thus, psychological phenomena are reduced to the biological level, and the biological processes to chemistry and physics. A good historical example of such “reductionistic” tendency in medicine could be the cellular pathology of Rudolf Virchow, its contemporary equivalent is certainly molecular biology and pathology. At the present time, a similar tendency is connected with the molecular biology and pathology.

Another intellectual approach in science is the “isolation” of systems, organs or cells in order to reduce the level of complexity of the examined problems. In fact, this approach is not solely intellectual: experiments *in vitro* offer a good example. On the other hand, it should be underlined that the above mentioned “reductionistic” approaches are often very fruitful in resolving scientific problems and cannot be rejected, at least at the stage of research. In contemporary biomedical science, we can observe also the opposite tendency. For instance, the development of such new interdisciplinary domains as **(psycho) neuroimmunoendocrinology**, certainly supports **an holistic mode of thinking**.

However, till the present time, the "reductionistic" attitude has been prevalent. Such an attitude, deeply rooted in the minds of lecturers, is transmitted – even involuntarily – to medicine students. In consequence, the students, in their future professional activity, may have been inclined to perceive a patient not as a person, even not as a whole organism, but as an "ill organ" or "bad genes". The patient is perceived exclusively in scientific terms. That leads to treatment not of ill subjects, but their ill organs, and even of deviations from normal values in laboratory investigations.

It seems necessary to indicate also another feature of modern science, namely, the lack of axiologic reflection. Science does not evaluate described phenomena in categories of good and wrong. On the other hand, in medical practice ethical values have been present since Hippocrates and medicine is based on the assumption, that health is good and disease is bad.

It is also quite obvious that progress in medicine is in a great part secondary to progress in technology. Paradoxically, engineers have contributed more to the progress of contemporary medicine than physicians and biologists. This substantially positive phenomenon has its "reverse" side: it also contributes to the "dehumanization" of contemporary medicine. New, sophisticated diagnostic procedures separate patients from their doctors. Patients become synonymous with the machine; almost anonymous to some members of the medical team who play a very important role in the process of diagnosis, e.g. to radiologist or pathologist. Consequently, medical staff also remain practically anonymous to the patient.

Progress in technology and biotechnology open new, previously unexpected therapeutic possibilities, but raises also new ethical problems. Let me quote here the words of Pope John Paul II, that: ***not all which is technically possible, is at the same time ethically acceptable.***

Another factor influencing the "dehumanization" of medicine is "***hyper-specialization***". This latter is a simple consequence of the enormous enlargement of knowledge which clearly surpasses the intellectual abilities of a single person. Hyper-specialization has two unfavorable consequences. Firstly, it impacts segmented perceptions of a patient's organism and personality. Secondly, it creates a situation in which the patient is cured not by a single doctor, but, quite usually, by an uncoordinated or badly coordinated team. However, specialization in medicine seems inevitable and irreversible; nostalgic dreams of the re-emergence of the omniscient doctor are rather Utopian. We cannot retreat from specialization without a drastic limitation of the knowledge and ability of physicians, and, in consequence, without a limitation of opportunities for our patients to be well diagnosed and well treated.

However, the above mentioned and shortly to be discussed "internal" causes of the dehumanization of contemporary medicine, closely connected with its development, are not the sole factors responsible for this crisis. There are also numerous "external" factors which play significant roles. Medicine has always been a part of civilization, and undergoes the same global crises which touch civilization as a whole. The limits of this short text and perhaps also the limited competence of the author do not allow a deeper discussion of these problems. In spite of different views of many particular problems, numerous contemporary authorities, including Pope John Paul II and philosopher Karl Popper, perceive the sources of this crisis of contemporary civilization in ethical and cognitive relativism and in consumerism.

The Latin maxim says: *Qui bene diagnoscit bene curat*. But even if the diagnosis of "dehumanization" of medicine presented above is proper, the search for appropriate remedies may be very difficult. At least two postulates, however, can be suggested.

The first is the radical **change of the model of health care**. The main role in the new model should be played by a **family doctor**, who should be a **personal advisor** to the patient in his/her health problems and a **coordinator** of the team of specialists if the patient needs specialist care. However, it has to be emphasized that the family doctor should not be a substitute for specialists. Any change of a health care model needs a re-orientation of undergraduate medical education, in terms of greater attention paid to problems important in general praxis in deference to more specialist studies which should be transferred to postgraduate education. However, this re-orientation should not be realized at the cost of the basic and pre-clinical disciplines which are absolutely necessary for understanding health and disease.

The second postulate is the **humanization** of medical education. This could be achieved by the larger inclusion of such disciplines as ethics, history, philosophy and sociology of medicine in medical education. I would like to indicate another interesting project realized at some universities, i.e. the inclusion of analyses of literary texts dealing with health problems into the medical curriculum. Obviously, the lecture of *belle-lettres* rather cannot enlarge the professional knowledge of the medical student but it can facilitate him/her to understand what the patient's and their relatives feel, what they might expect and are perhaps anxious about. The steps proposed above, in themselves, certainly are not sufficient to effectively counteract the dehumanization of medicine. However, the most important appeal, is to realize that although medicine cannot and should not resign from its scientific foundations, it must not approach the patient scientifically only.

Received: January 8, 2002