

**Course Title:****The Physician-Patient Relationship (PPR): The humanistic physician in theory and practice—without clinical encounters****Prerequisites**

Successful Completion of years 1-3 of medical school

**Course Description:** This is a two week elective where students will spend most of their time reading from a variety of sources about the nature of the profession and models for the PPR. They are asked to consider their role model physicians and try to understand through their past experience how these practitioners understand and navigate their PPRs. This will combine theory and practice, philosophy with praxis and enable each student to thoughtfully form their own vision of the PPR.

Medical educators often speak of “professionalism” and medical students receive evaluations of this “competency” throughout their training. Professionalism is increasingly a topic of serious academic conversation on the national stage as well. In the last 12 years, the annual number of publications in the medical literature about professionalism has increased by a factor of three. Definitions vary, but the American Board of Medical Specialties adopted a representative definition in 2012.<sup>1</sup>

*“Medical professionalism is a belief system in which group members (“professionals”) declare (“profess”) to each other and the public the shared competency standards and ethical values they promise to uphold in their work and what the public and individual patients can and should expect from medical professionals.*

*At the heart of these ongoing declarations is a three-part promise to acquire, maintain and advance:*

- (1) an ethical value system grounded in the conviction that the medical profession exists to serve patients' and the public's interests, and not merely the self-interests of practitioners*
- (2) the knowledge and technical skills necessary for good medical practice*
- (3) the interpersonal skills necessary to work together with patients, eliciting goals and values to direct the proper use of the profession's specialized knowledge and skills, sometimes referred to as the “art” of medicine.*

*Medical professionalism, therefore, pledges its members to a dynamic process of personal development, life-long-learning and professional formation, including participation in a social enterprise that continually seeks to express expertise and caring in its work.”*

Organizations such as the ABMS play an important role both by defining what we mean by professionalism, as well as by maintaining professional standards. That said, physicians must each give thought and effort to working out these principles within the context of their own

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<sup>1</sup> <http://www.abms.org/media/84742/abms-definition-of-medical-professionalism.pdf>

relationships with patients. In fact, I would argue that preserving the integrity of the patient physician relationship must be at the center of all efforts to protect the virtues of the medical profession.

The sanctity of the relationship between a patient and his/her physician has been the foundation of our profession for centuries. Each generation has expressed its importance in their own way, first and most famously by Hippocrates in the Oath, versions of which are still part of most medical school graduations.<sup>2</sup> Later, it was the rabbi, philosopher and physician, Moses Maimonides in whose famous prayer we find the words.

*“Inspire me with love for my art and for Thy creatures. Do not allow thirst for profit, ambition for renown and admiration, to interfere with my profession, for these are the enemies of truth and of love for mankind and they can lead astray in the great task of attending to the welfare of Thy creatures”<sup>3</sup>*

In our own day, leaders such as Dr. Jordan Cohen have made great contributions to our understanding of the profession including this insightful declaration,

*“The hallmark of medical professionalism is a subordination of self-interest to the best interest of patients and the public. ... No matter how effective professional organizations are in the pursuit of self-regulation, **sustaining public trust in the profession is ultimately the responsibility of individual physicians being faithful to their obligation as professionals and being earnest in upholding the interest of their patients...**”<sup>4</sup> (bold mine)*

Towering over all others in my mind, however, in this discussion of the nature of our profession, was Dr. Edmund Pellegrino. His career as physician, researcher, educator, dean and ethicist empowered him with a unique set of gifts to become the conscience of the medical profession until his death in 2013. His writings will form a significant portion of our required and elective readings for this course. Among his many contributions, he identified early on many of the fault lines brought on by modern medical technology endangering the profession today. Below are just a few of his insights about the nature of the medical profession and the truly great physician.

*“Medicine is the most humane of the sciences, the most empiric of the arts, and the most scientific of the humanities”*

*“In him (the ideal physician) the profession is graced by a complete human in whom science and art, profession and life, morality and competence are inseparably united. This is the ideal toward which each of the engagements between the idea of humanism and medicine ultimately must tend.”<sup>5</sup>*

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<sup>2</sup> <http://guides.library.jhu.edu/c.php?g=202502&p=1335759>

<sup>3</sup> <http://guides.library.jhu.edu/c.php?g=202502&p=1335755>

<sup>4</sup> Cohen, Jordan; JAMA; May 12, 2015; Vol 313 no 18; pg 1839-40; Tasking the “Self” in the Self-governance of Medicine.

<sup>5</sup> Pellegrino, Edmund; Humanism and the Physician; The University of Tennessee Press; 1979

“...the physician-patient relationship is a moral equation with rights and obligations on both sides and that must be balanced so that physicians and patients act beneficently toward each other while respecting each others’ autonomy.”<sup>6</sup>

Finally, we have our own beloved Dr. Richard Christensen, whose life exemplified what it means to live in service to patients and who, prior to his untimely death, summarized our profession with this simple phrase, “...the practice of medicine is a moral endeavor that is grounded in a covenant of care.”<sup>7</sup>

These notions of professional duty have served for centuries as worthy guides for the profession in general and for individual practitioners in particular. But working these out in day to day practice has always had its challenges. At the outset then I freely acknowledge that while aspiring to uphold such ideals, as a flawed human, I fail more often than I would like to admit. This fact, however, far from nullifying these principles, rather highlights the importance of always striving to improve how we practice our art.

Unfortunately, threats to this sacred trust abound more now than at any time during my career. First, there are the inevitable human frailties that afflict all people, physicians included. Some of these are addressed by Maimonides, “...thirst for profit, ambition for renown and admiration...” But others are unique to our modern western healthcare system and all too familiar to those of us working in the trenches. These include increasing time pressures, the EMR, documentation rules as well as the complexity and fragmentation of care, to name just a few. In this environment, it seems prudent to ask senior medical students to take time to consider some basic questions about both the theoretical and practical dimensions of the PPR.

While all good physicians agree on these unifying ideals, it is both true and appropriate that each of our PPR will look slightly different as we put them into practice. How our relationships with patients grow and evolve will be shaped in no small part by our answers to many complex questions and our specific settings of practice. We therefore need to give one another space to nurture our PPR in a manner that makes the most sense for our particular situation. Here are some of the difficult questions with which I have struggled over the years, but this is by no means an exhaustive list:

1. What does it mean to be human and how should this affect the way I relate to patients, colleagues, nurses and other professionals, staff and students?
2. What does it mean to be a healthy human and how does this affect my practice?
3. To what degree to should I empathize with patients in their illness?
4. What are the cardinal virtues of a physician and how can I grow into them as I practice?
5. How do I account for each individual patient’s values and care for them in a way consistent with those values through a shared decision making model?
6. How should I respond when a patient makes a request that, if I were to grant, would conflict with my conscience?
7. Where does my responsibility end and my patient’s begin when working toward improving their health?

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<sup>6</sup> Pellegrino, Edmund; Patient and Physician Autonomy: Conflicting Rights and Obligations in the PPR. *J of Contemp Health and Law Policy*: vol 10:47; 1994

<sup>7</sup> <http://psychiatry.ufl.edu/2017/02/27/dedication-of-the-richard-c-christensen-md-memorial-at-wilmot-gardens/>

8. How can I maintain my own humanity and health in the increasingly technological and dehumanizing world of medicine?
9. Are there ways to practice that can help facilitate my desire to treat patients as human beings rather than objects of illness upon whom we act?
10. How should I deal with issues of faith/spirituality when they arise?
11. What are the appropriate boundaries between a physician and patient?
12. To what degree if at all should I engage patients in social media?
13. What can I learn from my patients while I am caring for them that will make me both a better physician and a better person?

**Course Faculty and Staff: Course Director: James Lynch MD**

The student should be able to identify their role models within their chosen discipline and discuss what they have gleaned from each of them as part of our small groups and their final reflection.

**Meeting Place and Time: We will meet 3 times a week either in person or via zoom. The first meeting will include an overview and introduction to the course. Electronic copies of the articles for the first session will be sent to those who are participating the weekend prior to beginning. We will then discuss 4 specific topics usually on Tuesday and Thursday afternoons around 2pm. They are:**

1. The notion of a profession and the nature of profession identity formation
2. The PPR
3. Empathy and Humanism in medicine
4. Burnout and ways to foster joy in practice

**Course Materials:** Students will receive a 3 ring binder with required articles as well as access to electronic copies of required and elective readings; Please see reading list at the end of the document. Students will also watch the film, *The Doctor*, as a group if possible.

**Classes Offered:** There will be no specific didactic portion for the course

**Evaluated Competencies; This course will focus on Professionalism and Communication**  
Professionalism and Communication Competencies:

**Educational Objectives:**

1. Students will read from a variety of sources related to the PPR, professionalism, ethics, caring for yourself as a physician as well as classic literature about medicine and other topics of their choosing. Each student will then consider how these readings will influence their own practice and be able to discuss in a small group setting of peers and faculty. (reading list choices listed at the end)
2. Students will consider the practices of their role models as there are reading the articles and discussing with colleagues. When possible students will also talk to these mentors about how they understand the PPR. Each student will see how similar themes look between individual physicians practicing in harmony with their own values, personalities,

disciplines and settings. Students will discuss similarities and differences in small group meetings of peers and faculty.

3. Students will formulate their own understanding of healthy and rewarding PPR's and write a 500-750 word essay describing their conclusions. They will then go on to discuss the practical implications of these conclusions for development of these relationships as they practice. Students will read and discuss their essays in a small group setting of peers and faculty at the end of the elective. There is great freedom in the form of this reflection ranging from prose, narrative, poetry, art, satire, allegory and lists of principles or attributes.

Method of Evaluation: Individual faculty feedback, personal and small group discussion as well as a written reflection;

#### **ADDENDUM:**

Partial List of Readings: Required Readings in **BOLD**

### **1. Professionalism**

**Professionalism, Profession and the Virtues of the Good Physician; Pellegrino Edmund; The Mount Sinai Journal of Medicine; Vol 69 No 6; November 2002; Pg 378-84.**

**Tasking the “Self” in the Self-governance of Medicine; Jordan Cohen; JAMA May 12 2015; Vol 313, No18; 1839-40**

**More Than a List of Values and Desired Behaviors: A Foundational Understanding of Medical Professionalism Matthew K. Wynia, MD, MPH, Maxine A. Papadakis, MD, William M. Sullivan, PhD, and Frederic W. Hafferty, PhD Academic Medicine, Vol. 89, No. 5 / May 2014**

**Medical Professionalism in the New Millennium: A Physician Charter; Project of the ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine\* February 2002 Annals of Internal Medicine Volume 136 • Number 3**

**The New Language of Medicine: Hartzband and Groopman; Ob and Gyn; vol 119, No. 2; part 1, Feb 2012 369-70**

**Medical Professionalism: A contract with Society; Robert Phillips, Andrew Basemore, and Warren Newton. Pharos Autumn of 2019**

**Reframing Medical Education to Support Professional Identity Formation. Richard and Sylvia Cruess et al. Academic Medicine Vol 89 No 11 Nov 2014**

Professionalism in medical education, an American perspective: from evidence to accountability  
Jordan J Cohen Medical Education 2006; 40: 607-617

The Virtuous Physician: Richard Colgan, MD Consultant. 2014;54(8):594-597.

Pellegrino, Edmund; Humanism and the Physician; The University of Tennessee Press; 1979.

From Traditional to Patient-Centered Learning: Curriculum Change as an Intervention for Changing Institutional Culture and Promoting Professionalism in Undergraduate Medical Education. Charles E. Christianson, MD, ScM, Rosanne B. McBride, PhD, Richard C. Vari, PhD, Linda Olson, EdD, and H. David Wilson, MD Academic Medicine, Vol. 82, No. 11 / November 2007

## **2. Physician-Patient relationships**

**Four Models of the Physician-Patient relationship; Emanuel and Emanuel ; JAMA April 22, 1992 v267 no16 p2221.**

**The Fortunate Physician: Learning from Our Patients; Fred L. Griffin; Literature and Medicine, Volume 23, Number 2, Fall 2004, pp. 280-303**

**Helping Fixing or Serving: Rachel Remen; Shambala Sun Sept 1999.**

**Sharing Decision Making—The pinnacle of Patient-Centered Care; Barry and Edgman-Levitan; NEJM: 366.9, March 1, 2012 pg 780-1.**

**Protecting healing Relationships in the age of EHR: report from an international conference. Elizabeth Toll, Maria Alkureishi, Wei Lee et al; Jama Open July 5, 2019; 282-290**

Patient and Physician Autonomy: Conflicting Rights and Obligations in the Physician Patient Relationship. \* Edmund D. Pellegrino, M.D. Citation: 10 J. Contemp. Health L. & Pol'y 47 1994

Crossing Boundaries—Violation or Obligation? Gordon D. Schiff; JAMA September 25, 2013 Volume 310, Number 12

Medicine's Most Important Teachers; Education for doctors begins and ends with patients. Richard Gunderman; <https://www.theatlantic.com/health/archive/2013/08/medicines-most-important-teachers/278573/>

The evolution of the doctor-patient relationship; R. Kaba a, P. Sooriakumaran: International Journal of Surgery (2007) 5, 57e65.

## **3. Empathy**

**Physicians' Empathy and Clinical Outcomes for Diabetic Patients, Mohammadreza Hojat, Daniel Z. Louis, Fred W. Markham, Richard Wender, Carol Rabinowitz, and Joseph S. Gonnella; Acad Med. 2011;86:359–364**

**Ars Brevis <http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2013.49.0235>**

**The Emerging Issue of Digital Empathy; Christopher Terry, PharmD, Jeff Cain, EdD, MS: American Journal of Pharmaceutical Education 2016; 80 (4) Article 58**

**The Influence of the Patient-Clinician Relationship on Healthcare Outcomes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials; Kelley, Kraft-Todd, Schapira, Kossowsky and Riess. PLOS 9(4) e94207 doi:10.1371/journal.pone.0094207**

**Why Nice Doctors are Better Doctors; Elizabeth Renter; <https://health.usnews.com/health-news/patient-advice/articles/2015/04/20/why-nice-doctors-are-better-doctors>**

**The Humanities in Medical Education Entering the Post-Evangelical Era; Edmund Pellegrino; Theoretical Medicine 1984 253-256,**

**View of Institutional Leaders on Maintaining Humanism in Today's Practice: Mary Ann Gilligan, Lars Osterberg, Elizabeth Rider et al. Patient Education and Counseling; vol 102 2019 1911-1916.**

Empathy in medicine: Neuroscience, education and challenges; Eve Ekman & Michael Krasner. ISSN: 0142-159X (Print) 1466-187X (Online) Journal homepage: <http://www.tandfonline.com/loi/imte20>

The physician's role and empathy – a qualitative study of third year medical students; Hanne-Lise Eikeland<sup>1\*</sup>, Knut Ørnes<sup>1</sup>, Arnstein Finset<sup>1</sup> and Reidar Pedersen: BMC Medical Education 2014, 14:165.

#### **4. Burnout and depression**

**Addressing Physician Burnout The Way Forward; Tait D. Shanafelt, Lotte N. Dyrbye, Colin P. West, JAMA Published online February 9, 2017. [jamanetwork.com/pdfaccess.ashx?url=/data/journals/jama](http://jamanetwork.com/pdfaccess.ashx?url=/data/journals/jama)**

**Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students A Systematic Review and Meta-Analysis; Lisa S. Rotenstein; Marco A. Ramos, Matthew Torre, J. Bradley Segal, BS; Michael J. Peluso Constance Guille,; Srijan Sen,; Douglas A. Mata, JAMA December 6, 2016 Volume 316, Number 21.**

**Walker Percy, Burnout and the Physician Pilgrimage; Richard Gunderman; Pharos Summer 2016 pg 14-20**

**Burnout and Satisfaction with Work-Life Balance Among US Physicians Relative to the General Population; Shanafelt et al. *Archives of Internal Medicine*; vol 172 no 18; Oct 8 2012, pages 1377-85**

**Educational innovations to foster resilience in the health professions; Mary Jo Kreitzer & Maryanna Klatt. ISSN: 0142-159X (Print) 1466-187X (Online) Journal homepage: <http://www.tandfonline.com/loi/imte20>**

**For the Young Doctor About to Burn Out; Richard Gunderman**  
<https://www.theatlantic.com/health/archive/2014/02/for-the-young-doctor-about-to-burn-out/284005/>

**The Loss of Social Connectedness as a Major Contributor to Physician Burnout. Steven Southwick and Frederick Southwick. *JAMA Psychiatry*; 2020 Feb 19 E1-E2**

**Professional Identity Formation in Medical Education for Humanistic, Resilient Physicians: Pedagogic Strategies for Bridging Theory to Practice; Hedy S. Wald, PhD, David Anthony, MD, MSc, Tom A. Hutchinson, MB, Stephen Liben, MD, Mark Smilovitch, MD, and Anthony A. Donato, MD, MHPE; *Academic Medicine*, Vol. 90, No. 6 / June 2015.**

**Attitudes and Habits of Highly Humanistic Physicians; Carol Chou, Katherine Kellom and Judy Shea. *Academic Medicine* Vol 89 no 9, Sept 2014.**

A Multi-institutional Study Exploring the Impact of Positive Mental Health on Medical Students' Professionalism in an Era of High Burnout; Liselotte N. Dyrbye, William Harper, Christine Moutier, Steven J. Durning, David V. Power, F. Stanford Massie, Anne Eacker, Matthew R. Thomas, Daniel Satele, Jeff A. Sloan, and Tait D. Shanafelt; *Academic Medicine*, Vol. 87, No. 8 / August 2012

The Effect of the Hidden Curriculum on Resident Burnout and Cynicism. Martha E. Billings, Michael E. Lazarus, Marjorie Wenrich, J. Randall Curtis, Ruth A. Engelberg;; *Journal of Graduate Medical Education*, December 2011

Association of Intrinsic Motivating Factors and Markers of Physician Well-Being: A National Physician Survey; Tak, Curlin, Yoon; *J Gen Intern Med*: DOI: 10.1007/s11606-017-3997-y.

## 5. Narrative Medicine

Atul Gawande; *Being Mortal*: Medicine and What Happens in the End 2015

Paul Kalanithi; *When Breath Becomes Air* 2016



Richard Seltzer; The Exact Location of the Soul; New and Selected Essays: Picador USA NY, NY 2001

Wendell Berry; Fidelity 1992

Valuable Website:

<https://depts.washington.edu/bioethx/topics/physpt.html>

William Carlos Williams, The Practice

[https://www.sas.upenn.edu/~cavitch/pdf-library/Williams\\_Practice.pdf](https://www.sas.upenn.edu/~cavitch/pdf-library/Williams_Practice.pdf)

Tolstoy, Death of Ivan Ilych

[http://www.tc.umn.edu/~awalzer/3302/readings/tolstoy\\_death.pdf](http://www.tc.umn.edu/~awalzer/3302/readings/tolstoy_death.pdf)

<http://opie.wvnet.edu/~jelkins/lawyerslit/stories/death-of-ivan-ilych.pdf>

Chekhov, A Doctor's Visit

<http://livros01.livrosgratis.com.br/ln000390.pdf>

<http://eldritchpress.org/ac/jr/193.htm>

Chekhov, Misery

<https://genius.com/Anton-chekhov-misery-full-text-annotated>

<http://livros01.livrosgratis.com.br/ln000244.pdf>

<http://www.eldritchpress.org/ac/jr/045.htm>

Film:

*Wit* starring Emma Thompson 2001

*The Doctor* starring William Hurt 1991

*House of Games*; screenplay by David Mamet starring Joe Mantegna & Lindsay Crouse 1987

*Crimes and Misdemeanors* starring Woody Allen and Martin Landau 1989