

Gold Humanism Honor Society Application Essay – On Humanist Medicine

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Editors' Note: This short essay, the work of the late Ryder Onopa MD, (JABSOM 2013) is a uniquely mature, accurate and perceptive statement of the role of the student of medicine in today's educational structure. We publish it as a reminder to us all that our first task is to strive to improve the mental and physical health of our patients with the tools we have, the most important of which is informed compassion.

Humanism is the perspective through which I understand my desire to help others feel secure as persons, while under duress, in otherwise dehumanizing circumstances. It is an outlook regarding medicine, rather than a skill set within it; a set of priorities that refocus care around the patient as an individual, beyond the scope of their immediate medical predicament.

The practice of medicine is rife with de-humanization, from issues of autonomy to concepts of wellbeing in general. In most cases, expedience and limitations of circumstance set the priorities of care. When emergent treatment allows for only superficially informed consent, or when time constraints and language barriers force a patient to accept a care plan without adequate understanding, human connection is sacrificed for systematic efficiency. Whatever its origin, however ubiquitous its practice or beneficent its intent, this failure to fully engage as humans can only degrade the basis of trust underlying the patient-physician interaction.

In this regard, the hospital experience stands out. From admission to discharge, the inpatient experience immerses the patient in a rigid and alien culture of medicine. The routines of daily life are disrupted, the social order and environment unknown, forcing a patient to abruptly reconstruct their own identity within the bounds of illness. A patient's hospitalization risks becoming an existential threat, and demands they reshape their sense of self in response to pathology they may neither understand nor accept.

Throughout my brief time on rotations this year, I've met many patients grappling with this phenomenon. Across ages, genders, cultures; these people find themselves stranded in illness, unable to explain exactly how they came to be here in the care of strangers, awaiting some vague and jargon-shrouded cure. Some react with anger, others with resignation, some small few with relief, but most share a sense of frustration at their inability to alter their own state of affairs.

With most of these patients, I—as a medical student—can do very little to influence their care plan, or shift the course of their physical illness. Rounding on my patients, recording their complaints and physical findings, generally serves a useful but minimal role in their routine care. In many cases, the protections that buffer me from liability wind up insulating me from meaningful patient care. As frustrating as these limitations can be, they provide me with an environment of otherwise stunning potential for interpersonal empowerment.

If my role as a medical student renders me impotent as a practitioner, it leaves me all the more empowered as a human actor within the healthcare system. I am uniquely entrusted with access into the lives of those undergoing profound stress, which allows me to address gaps in care and barriers to meaningful communication that might otherwise be invisible to healthcare providers. The most useful I've felt has been in simply talking story with my patients and their families, encouraging them to remember and engage with their lives, to set goals and priorities beyond the walls of their hospital room.

These conversations, these moments of semi-contrived normalcy, do not relate to the treatment of physical illness *per se*. They represent an effort in parallel with treatment, with complementary goals. Acting to empower a patient's sense of autonomy or self-value does not serve toward curing a pathology, but functions to aid a patient's transition away from a perspective of illness. This psychological transition, however abstract, is absolutely essential to the individual healing process. This focus on the subject, the patient, rather than the science of medicine, is Humanism at work.