

zled by such abandonment, but literature suggests that there are many different ways of dealing with pain and suffering. Modern physicians learn to look mainly at *disease*, defined as whatever can be detected (“imaged”) by our machinery, scanner, endoscope, or chemical analyzer. Too few learn to pay attention to *illness*, the patient’s experience—because illness cannot be visualized and is hard to quantitate. Modern scientific training has led doctors to believe that every question has an answer, which can be found if only we look carefully enough. Study of the humanities, however, teaches physicians that this belief is not always true, encouraging them to look beyond the disease itself and to explore other aspects of illness. In this process, they are learning more about life, the joy and suffering of this world, and about the travails of being a patient—or a doctor. As new ethical questions arise, the humanities—which are the record of how men and women have looked at quandaries in the past—can help physicians to enlarge their judgments.

In short, the study of humanities helps doctors and nurses to discover that patients are their own stories, that everyone has a story to tell, and that, in the telling, there sometimes comes healing. At the least, physicians can learn to put their patients, with their numbers and images, into a more human context.

In this spirit, then, Robert Byck, almost a professional patient, recounts his story, while Harvey Mandell, himself a patient on more than one occasion, praises science more than sentiment. You may make your own choices, or none, but the process will make you think more about what your own metaphors for medicine may be.

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Should Humanities Be Taught?

Why humanism and why now? Neither the concept nor the emphasis are new. In fact, if one looks back through the ages, it’s easy to see the reflections of physicians on this issue. In the early 1900s, Harvey Cushing noted: “A physician is obligated to consider more than a diseased organ, more even than the whole man. He must,” he said, “view the man in his world.”

The world, however, has changed, and it is within the new framework that we are re-addressing the issue. It frightens me that in an era which emphasizes modernization, rewards sophistication in technology, and encourages molecular-based medicine, humanism should become endangered. Not that these advances are bad. They are not. But if they pose a threat to the humanization of our art, they should be critically reviewed.

In a book entitled *The Care of the Patient*, Francis Peabody said that “one of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.”

It concerns me that it has become more difficult, however, truly to care for our patients. Amidst the barrage of pagings and interruptions, conscientious house staff try, as best they can, to spend quality time with patients. Of necessity, their profession often forces them to minimize their patients’ symptoms. In light of the

complexity of diseases, the atmosphere of litigation, and the restraints placed upon us by various governing boards, the focus on the patient has clearly been altered.

Homo sapiens, we are called. This term implies that we are a wise, knowing, and sensible people. In the wisdom bestowed upon us, we realize what a noble goal it is to be humane to our patients, as difficult as that may be at times. The question, though, is whether we can promote and teach this wonderful trait in practicing our art. I would pray for its preservation, ask us to fight for its restoration, and, if need be, plead for its place in teaching.

An old Chinese proverb says that no man is a good doctor who has never been sick himself. Surely, we would be better doctors if we could come to that realization before we ourselves fall sick.

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