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Humanism in Canadian medicine: from the Rockies to the Atlantic

L'humanisme dans la médecine canadienne : des Rocheuses à l'Atlantique

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Introduction

Medical practice extends beyond the vastness of physical science and medicine, transcending into an art marked by compassion, understanding, and human connections. As Canada stands tall with its sprawling landscapes and cultural mosaic, the story of its medical humanism, woven with diverse threads, deserves to be told. This narrative delves into the heart of humanism within the Canadian medical context, and emphasizes its pivotal role in fostering deeper connections, self-awareness, and impact on learning culture.

The power of listening

During my initial days of rotating through bustling Toronto hospitals, I was swiftly swept into the fast-paced rhythm of medical procedures and protocols. Amidst the constant hum of machines and the endless strum of patients, the importance of personal interactions began to fade. It was during one chilly evening that my perspective shifted, all thanks to one patient: a retired fisherman from Newfoundland, who came with an air of resilience that had weathered many storms. Every conversation with him was an exploration, not just into his symptoms, but also into his life. As he spoke of the roaring Atlantic, his battles with chronic illnesses, and tales of his ancestors, it became evident that these stories were windows into his very soul, offering insights into his values, fears, hopes, and dreams.

Over time, I realized that my most potent diagnostic tool wasn't the stethoscope hanging around my neck, but my

ability to listen. To truly understand a patient's narrative, bridged the wide chasm that often existed between clinical practice and genuine care.

The Indigenous perspective

Upon working in Alberta, I found myself amidst a vibrant Indigenous community, a culture rich with traditions and beliefs that have persisted for generations. Their understanding of health, which beautifully wove together spiritual, emotional, and physical wellbeing, was both enlightening and humbling. During community outreach programs, I had the privilege to listen to elders narrate tales of yore, revealing their holistic approach to wellness. This experience underscored the significance of understanding a patient's background and context. No prescription pad could offer the solace that came from acknowledging and respecting their unique narrative.

The Indigenous communities, with their deep-rooted traditions and wisdom, offer a unique perspective on health and wellness. It is a symbiotic blend of mind, body, and spirit. During one of the community interactions, I learned of the saying: "Our health is the song of our spirit and the dance of our heart." This insight was a reminder that healing is not merely about treating symptoms; it is about understanding the story of one's life.

Humanism beyond borders

Canada's vast expanse is home to an equally vast cultural diversity. Immigrants, each carrying a unique story within them, add a plethora of perspectives to the Canadian ethos. During my tenure, encounters with patients from varied backgrounds were common. Each presented more than just a clinical case, bringing forward a cultural narrative waiting to be understood. One such patient memory comes to mind, a Gujarati-speaking octogenarian. Her communication was a challenge due to limited English, but beyond the confines of language, I found that genuine empathy spoke volumes. Nodding in understanding, and simply being there beside her created a bond. It was a testament to the universal language of compassion, underscoring the essence of humanism that transcends borders.

The need for systematic integration

Such moments of deep human connection should not be episodic but rather an integral part of the Canadian healthcare tapestry. The introduction of training programs that emphasize effective communication skills, cultural competence, and patient-centered care is paramount. Workshops that train medical professionals in these soft skills can be invaluable. Equally important is the establishment of feedback mechanisms that allow patients to voice their experiences, offering healthcare professionals a chance to learn and grow.^{3,4} While clinical efficiency is vital, the value of human connection with patients, learners, and colleagues is irreplaceable.

Conclusions

Moments of deep connection should not be outliers in the medical journey. They should be its heartbeat. As we stand at the crossroads of medical advancements and traditional caregiving, it is pivotal to realize that the true essence of healing is rooted in humanism. The Canadian medical landscape, with its intricate weave of cultures and commitment to excellence, has the unique opportunity to champion this cause, ensuring that the heart of care remains, as always, profoundly human. As medical professionals, our challenge and privilege lie in navigating this landscape, ensuring that every medical encounter is imbued with genuine humanism. For it is in these humanistic interactions that the true essence of healing blossoms.

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References

- Malenfant S, Jaggi P, Hayden KA, Sinclair S. Compassion in healthcare: an updated scoping review of the literature. BMC Palliat Care. May 18 2022;21(1):80.
 - https://doi.org/10.1186/s12904-022-00942-3

https://doi.org/10.17294/2330-0698.1416

- Soler-Gonzalez J, San-Martín M, Delgado-Bolton R, Vivanco L. Human connections and their roles in the occupational well-being of healthcare professionals: a study on loneliness and empathy. Front Psychol. 2017;8:1475. https://doi.org/10.3389/fpsyg.2017.01475
- Kumah E, Osei-Kesse F, Anaba C. understanding and using patient experience feedback to improve health care quality: systematic review and framework development. J Patient Cent Res Rev. Winter 2017;4(1):24-31.
- Liao HC, Wang YH. Storytelling in medical education: narrative medicine as a resource for interdisciplinary collaboration. *Int J Environ Res Public Health*. Feb 11 2020;17(4). https://doi.org/10.3390/ijerph17041135