

OPINION ARTICLE

Thoughts About the Humanism of the Dermatologist

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A certain ambiguity arises in explaining the term “humanism” that often dilutes its noble meaning. As with all the “-isms,” the underlying concept is debatable and this generates certain confusion. Humanism is not equivalent to—although it certainly accompanies—humanitarianism, nor can it be defined by altruism, philanthropy, compassion, mercy, prudence, or reflection. Likewise, it is not merely culture, nor, naturally, is it pure and simple atheism—a constituent of Marxism, which, of necessity, is atheistic.

Humanism originates from the nature of human beings, and is based above all on the potential for exercising free will, which makes humans masters of their own destiny and responsible for their acts. The humanists explore their own nature and religious being. The religion, in our case, is Christianity, which accepts, defends and fosters the values of human dignity while acknowledging those of God. Christianity, therefore, can be considered, in its essence, to be a form of humanism, although there are those who do not consider humanism and Christianity to be equivalent, but to merely resemble each other in aspiring to the perfection of humans.

Humanism takes full account of the dignity and transcendence of human beings and their capacity for reflection. It does not refer to luxury or intellectual refinement. Rather, it implies culture, comprehension, a regard for what is good and just; it expresses, in short, the desire to excel. Although physicians—and in our particular case, dermatologists—may possess knowledge of their specialty, they are wanting as professionals if they fail to cultivate the thinker within them and neglect to reflect at length on their work. Without learning, they will be unable to properly perform their duties. They also need, however, to show a human side to the patient seeking their help. The humanism of dermatologists should not merely be evident in their treatment of patients, but should also be part of their moral training. It is not necessary to be a

prestigious professional, to have a prodigious memory, to have vast knowledge of a subject, or to be admired for brilliant speeches; the dermatologist needs to have a willingness and enthusiasm for hard work, and, of course, must also feel a professional calling.

It is not enough for dermatologists to be learned or to have a vast knowledge of their field. They also need to be inspired by a strong work ethic, and, of course, by a large dose of humanity—towards themselves and towards the patient—backed by a strong spirituality.

Gregorio Marañón said of Santiago Ramon y Cajal that such was his faith in the progress of science and in his research that he sacrificed much, including many aspects of his family life, his artistic ambition, and even political ideals. Cajal himself affirmed that independence, love of science and perseverance in one’s work were the factors that should guide a physician’s activity. Medicine, as the most human of the sciences, cannot distance itself from the humanistic and philosophical focus that guides and focuses it in daily practice.

The dehumanization of medicine is not a new phenomenon, but has its origins in the history of humankind—in the belief that medicine had a divine or profane origin and that only magicians or sorcerers could be healers. When disease occurred, it was considered to be God’s way of punishing people for their sins. Nowadays, however, fragmentation of the study of medicine into knowledge areas is again leading to a dehumanization of both physicians and patients.

Many are the dangers that today threaten to destroy the very soul of dermatology. The increasing use and even abuse (sometimes extreme) of science and technology and the desire to experiment, to be the first to publish results, to discover a new syndrome that differs slightly from an existing ailment, to locate a variant of a known disorder—all these have a negative impact on good practice. Dermatology is being undermined by a preference for quantity over quality in dermatology publications. Other issues are distancing us from a properly humanist focus; in fact, humanist disorientation—already fostered in medical school—threatens the future of our specialty.

Dermatologists nowadays—weighed down as they are with work, overwhelmed as they are by the explosive growth in new and fashionable technical knowledge, and

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frequently obstructed by artificial benchmarks of socialized medicine—are tending to lose sight of the origins of their profession. Abuse of sophisticated and sometimes unnecessary diagnostic tests aimed at fattening publication lists is ruining the final outcome of health care. Let us break with our obsession with numbers, letters and statistics, and focus once again on clinical diagnosis. Let us take advantage of the fact that dermatology is eminently objective and comprehensible as a specialty in order to enter into dialogue with the patient.

Although we understand inward-looking humanism to be part of our professional training, we also need to understand that there exists a outward-looking humanism that extends towards the patient. Marañón stated the chair to be an essential element in medicine. It is essential to sit our patients down and talk to them, dialogue with them, observe them, make use of physical contact—even smell. Let us not rely overmuch on documents—almost always produced by a computer.

As an example, take a patient with leprosy; that patient not only needs medical care, but also a social focus, so as to understand the problem of frequently being rejected by society, by colleagues, by neighbors—even by close family. In short, that patient needs understanding and moral support.

The skin is not merely a sheath that covers the body, but an organ in its own right that interacts with the entire human being within. Accordingly, we dermatologists should not view ourselves as a central element or limit ourselves to diagnosing and treating disease without inquiring after the habits, attitudes and behavior of the patient—that is, the patients interior and their environment. Dermatologists, after all, also need understanding and help in their desire to cure.

More specifically, I list below some of the issues that most dehumanize the dermatology profession:

1. Fragmentation of the specialty means that the patient is not studied as a whole or as an individual. The person no longer exists when only a minimal part of his or her organic structure is analyzed. Excessive specialization may isolate us from dermatology and dermatology from disease. It would, in sum, distance dermatology from the other sciences and, hence, from culture.
2. Automation leads to bureaucratization and to cumbersome technical and complex environments that sideline both the figure of the dermatologist and the patient.
3. Socialized medicine, which converts the patient into a number and the physician into a mere prescriber of drugs, has a negative impact on traditional medical practice.
4. Affective values in the dermatologist–patient relationships are damaged primarily as a consequence of the range of professionals who intervene in the

management of the skin disease of a specific patient. Excessive bureaucratization has negative repercussions on speedy and quality patient care. Dermatologists should not simply be treated as mere bureaucrats controlled by their superiors, but should be supported as honorable and autonomous professionals who act in accordance with their responsibilities to patients.

Humanistic dermatologists abide by lofty human values that enrich them culturally and morally. Dermatology should never just be a means for earning money, and dermatologists should not be led astray by any sort of commercial interest, nor should they lose sight of the professional and moral behavior required of them.

In medicine, knowledge alone is insufficient; it is also important to understand patients, their concerns and anxieties, and physical and moral problems as they arise—to make them part of our own existence and behavior. Friendly cooperation between the dermatologist and patient is fundamental; bear in mind that patients, suffering their affliction in silence, await the compassionate hand of the dermatologist to cure or provide relief.

Indeed, our imagination can take us on a thrilling journey from the darkness of the distant past to the enlightenment of current civilization. Humans are the only beings capable of dreaming. Sometimes this is a dream of power, sometimes a dream of technical perfection that will enable us to overcome our shortcomings—but on other occasions the dream is not of humans but of machines, of technical and scientific abuse.

Excessive automation means that we dermatologists are subjected nowadays to new vicissitudes and confusions. We should not, however, pay too much attention to prevailing fashions, but should focus on responsible conduct, so that the honest practice of our profession will always be a cause for satisfaction. We should endeavor to be human, to include a measure of humanity in our conduct—because it is precisely this that distinguishes us from animals, whose behavior is governed exclusively by natural instincts.

We need to extend the limits of our activities and to complement them with interests that broaden our vision. We should do our own work conscientiously and allow others to do the same. Over time, each dermatologist traces out his or her own professional career; those that do not strive to do so will leave no mark on the profession.

The exemplary Dr Vejar Lacave, a great communicator, once commented to me that what in life is a virtue—such as, for example, generosity and sacrifice—is mandatory in medicine. And it was Marañón who said that humanism is to understand, to forgive, and, therefore, to love the human being.

Should these reflections seem a trifle exaggerated, just bear in mind they are the thoughts of a dermatologist who is more than 80 years old.