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## My View: Can we educate future physicians to be more human?

By **Brooke Holmes**, Special to CNN

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Earlier this month, high school students across the country made their final decisions about where to go to college. For the ones who plan to become doctors—as many as a third of the incoming class at my own university—the landscape this fall will look different in more ways than one: The class of 2016 will be the first cohort to navigate pre-med tracks geared to the new MCAT, the gateway test to medical school.

The revised exam, approved in February by the Association of American Medical Colleges, will still test aptitude in the physical sciences. But it's engineered to gauge, too, how well aspiring doctors understand the social and behavioral side of medicine. And it tests for critical reasoning and reading skills.

The revamped MCAT confronts a problem that's only getting worse. For all the strides we've made through technological innovation, medicine is failing at the very human art of treating patients. Doctors are ill-equipped to deal with factors like diet and poverty, which are now responsible for over half the cases of premature disease and death in the United States. Armed with state-of-the-art drugs and machines, they don't always consider whether using these resources will cause more harm than good. In many cases, it no longer makes much sense to call what physicians and patients have a "relationship" at all.

The AAMC hopes to reverse these trends by helping medical schools select for applicants capable of practicing, not just the science, but the art of medicine. There's plenty of skepticism about whether a multiple-choice exam can screen for qualities less tangible than scientific competence. But there's another question raised by the exam: how to prepare for it. Can we educate future doctors in a way that will make them more effective caregivers down the road? If so, how?

Let's back up and ask an even more fundamental question: What do we want from our doctors? In a word: communication. By this I mean that we urgently need doctors who can talk to patients. But my understanding of communication is also broader. It's the ability to navigate between two poles. There's the body and the machines we've built to read its signs. Then there's

the person, together with his or her experience of pain and distress, cultural background, personal history, socioeconomic situation, and so on. We desperately need doctors who speak the language of the body *and* the language of the person.

One way of doing this is to have pre-med students take courses in anthropology, sociology, and psychology. Last year, the AAMC released a report showing how much medical students—and their future patients—stand to gain from training in the social sciences. Making these fields part of the pre-med curriculum can only help.

But the social sciences alone don't cover all the skills crucial to quality care: the ability to observe people, to imagine what they're thinking and feeling, to listen, to interpret complex situations, to navigate difficult ethical decisions together with patients, to practice with self-awareness. In fact, an overemphasis on the social sciences risks repeating the errors of a reductivist science of the body by promising a science of the person. That risk is even greater if students see the coursework as training for a multiple-choice exam.

The truth is that people are messy and complex. They aren't always predictable, especially when they're suffering and especially when they're facing their mortality. Bodies, too, are complicated. Every clinical encounter, every clinical decision has something unique about it.

If we want future doctors to develop the arts of communication, the skills of interpretation, and the ethical sensitivities they'll need when they finish medical school, we need to encourage them to train in the humanities as well. They should be taking courses in literature, philosophy, ethics, cultural analysis, the arts, and history, including the history of medicine itself. Indeed, given that the humanities are virtually invisible in medical school, it's all the more important that they figure in the pre-med curriculum.

It's easy to counter that pre-med students already have too much on their plates. The problem is that their diets are usually imbalanced. The students who should be the most well-rounded undergraduates often end up the least. And if pre-med advisers, stuck in the mindset that more science always means better results, start pushing a heavy load of social sciences, the humanities are at risk of being squeezed out.

Do we know that the humanities will help medical school hopefuls? Well, doing more humanities doesn't seem to hurt anyone's career prospects. Last year, humanities majors—a mere 5% of applicants—were accepted to medical school at a higher rate than majors in the biological sciences (52% versus 44%). What's more, their MCAT scores were, on average, higher. The gap may well widen with the new exam.

But admissions statistics don't mean much if the MCAT, let alone medical school, isn't a reliable predictor of what really matters: Whether students become good doctors. What's going on in the real world of medicine suggests it's not. It's precisely a crisis in care that pushed the AAMC to come up with an exam designed, at least in theory, to promote more humanistic thinking in clinical practice. It should also be pushing us to rethink undergraduate training.

Right now we inhabit a paradox. We tell pre-med students they need to focus on the sciences and then we complain that the doctors they become don't treat us like people. If we want to improve the quality of health care, we need to be educating future physicians to think qualitatively *and* quantitatively, humanistically *and* scientifically. The new MCAT is nothing short of a wake-up call to develop a genuinely well-rounded pre-med curriculum.

*The opinions expressed in this commentary are solely those of Brooke Holmes.*