

Situation and Development Path of Humanistic Education in Medical Colleges and Universities in China

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Abstract: Humanistic education, as the “internal structure” of medical education, attempts to cultivate medical students’ humanistic knowledge, ability, and comprehensive quality as well as makes adjustments with the evolvement of medical education. The global medical education reform has undergone three stages: expert medicine, clinical practice medicine, and public service medicine. Public service medicine, which took place in the 21st century, is a system-based and competency-oriented education, highlighting the construction of a health service system with medical and educational cooperation as well as the cultivation of medical students’ comprehensive quality. China’s medical education started late and has a weak foundation with many twists and turns. Through the rapid development of reform and opening-up, China has narrowed the gap with international medical education and established a perfect medical curriculum system. China has successively promulgated a number of documents, such as the “Outline of Reform and Development of Medical Education in China” and the “Opinions on Strengthening the Collaboration between Health Departments and Education Departments to Implement the Doctor of Excellence Education Training Program 2.0,” with the goal of cultivating high-quality excellent medical talents. Medical students in colleges and universities are senior talents in medical training, health care services, and medical research. Their humanistic quality is not only related to the growth of medical talents, but also the quality of medical services. This paper analyzes and discusses the problems encountered in improving humanistic education and looks forward to providing reasonable as well as effective solutions to the difficulties faced by humanistic education in the new era through comparative research.

Keywords: Humanistic education; University education; Medical students; Curriculum reform

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1. Introduction

As one of the core qualities of human beings, humanistic quality is an important civilized symbol of individual development and social progress. The level of humanistic quality in medical students directly determines whether they can become exceptional medical workers with high professionalism and medical ethics as the future guardians of people’s health. It is also one of the core abilities to resolve the tension between doctors and patients as well as the contradiction and conflict between them ^[1]. The lack of humanistic education for medical students and the humanistic quality of medical personnel must be improved in the process of cultivating medical talents and providing social services in China, which has

become one of the roadblocks to the development of medical education and health endeavors ^[2]. Under the new national health governance concept and the background of humanistic education reform, strengthening and reforming humanistic education for medical students as well as cultivating the humanism and professionalism of “protecting life, saving the dead, healing the wounded, being willing to contribute, and loving boundlessly” have become the impetus for the reform of humanistic education in medical colleges and universities. Strengthening the training and humanistic education of medical students, improving the humanistic quality level of medical students, and cultivating high-quality medical and health talents with high professionalism and medical ethics have always been the goal of the government, colleges and universities, as well as teaching practitioners. In particular, in the “Opinions on Further Promoting the Reform and Development of Medical Education by Deepening the Synergy between Medical Education and Medicine,” issued by the general office of the State Council in 2017, the goal of humanistic education has been put forward: running ideological and political education as well as medical ethics training through the whole process of education and teaching, promoting the organic combination of humanistic education and professional education, as well as guiding medical students to assume the prevention of diseases, relieving pain, and safeguarding people’s health rights and interests as their professional responsibilities. Driven by the comprehensive reform of higher medical education, catalyzed by the integration and construction of new medical sciences and new liberal arts, and under the background of the new concept of health management, the humanistic education of medical students in colleges and universities has ushered in unprecedented reform and development opportunities. At the same time, in 2019, the general office of the Central Committee of the Communist Party of China and the general office of the State Council issued the “Opinions on Deepening the Reform and Innovation of School Ideological and Political Theory Courses in the New Era”; in 2020, the Ministry of Education issued the “Guiding Outline of Ideological and Political Construction of College Curriculum,” which mandates ideological and political education to be delivered through the talent training system. In classroom teaching, it is imperative to pay attention to strengthening medical ethics education, strive to cultivate students’ medical spirit of “respecting life, saving the dead, healing the wounded, being willing to contribute, and loving boundlessly,” as well as focus on cultivating benevolence. While cultivating exquisite medical skills, it is necessary to educate and guide students to always put people’s life safety and health first as well as respect patients. It is also important to improve their comprehensive quality and humanistic cultivation as well as assist them to become good doctors trusted by the party and the people ^[3]. This has opened the curtain of integrating “medical humanities ideological and political education” into teaching and pointed out a new exploration path for cultivating excellent doctors who meet the needs of socialism in the new era as well as the fundamental interests of people.

Humanistic quality involves humanism, in which the focus is on caring about people’s life, value, and meaning. Its contents include humanistic knowledge, humanistic thinking, humanistic spirit, flexibly mastering humanistic methods, and coping with relationships between people and nature, people and society, as well as people and culture. Humanistic quality in medicine, alike literature, philosophy, ethics, history, religion, anthropology, cultural study, sociology, and psychology belonging to social sciences, and drama and movie belonging to arts, is associated with science, applying humanistic research outcomes into the practice of educating medical students. In order to adapt to the new era medical practice, both medical professionals and medical students must change their clinical thinking over time, build on medical ethics, and further improve their humanistic quality. At higher education phase, besides learning essentials including professional ethics, medical knowledge, and clinical techniques, it is also important to be equipped with knowledge related to humanistic society, humanistic quality, and patient care ^[4]. For medical students, both medical techniques and humanistic quality are required ^[5]. Medical colleges and universities with the responsibility of nurturing future medical staffs must change their educational concepts in order to

adapt to innovative medical patterns and focus more intensely on humanistic quality training for medical students. This paper will explore the challenges and lessons learned in the process of improving the composition of humanity in medicine.

2. The necessity of strengthening the construction of medical humanities

The direct subject of medical research and service is people. Compared with other disciplines, medicine is highly ethical and emphasizes benevolence as well as humanistic care. Medical humanities is a compound concept with multiple meanings, including humanistic spirit, humanistic care, medical humanities, and humanistic quality ^[6]. The combination of medical humanities and medical science is not only the characteristic and nature of the relationship between contemporary science and humanities, but also the urgent need of medical reality. Its goal is to realize humanized medical treatment ^[7]. Facing China's huge population and the increasing demand for health services, the current tension between doctors and patients can be resolved by strengthening medical humanities. This will not only make medical services more welcoming, enhance patients' sense of medical access and satisfaction, as well as aid in creating harmonious doctor-patient relationships, but also play a positive role for medical staffs in terms of their career choices and honor.

3. Main issues

3.1. Unreasonable curriculum

At present, the humanistic education received by medical students is mostly in the form of classroom teaching. Most of the course contents are mechanical indoctrination of medical ethics education, medical ethics emotion, medical ethics will, and humanism under the framework of medical ethics. However, medical students have difficulty in resonating with this simple form. The research on humanistic education of medical students abroad started earlier; the research system is also more in-depth, with good educational effect. On the other hand, domestic research started late and has not yet formed a system. Its research is still in the exploratory stage, and it needs to be more effective ^[8]. Germany usually encourages medical students to carry out medical practice on hot topics and hot events, and it closely combines humanistic education with medical education ^[9]. However, medical students in China still adhere to the notion that it is more necessary to focus on professional medical knowledge during schooling, and they do not recognize the value of humanistic education. Simultaneously, a lack of expertise in the diagnostic and treatment process leads to a disdain for the relationship between scientific and humanistic spirit in medical activities. Most medical students believe that mastering professional medical knowledge and skills is the foundation and the main purpose of receiving higher education in medicine. However, they fail to understand that in order to become an excellent doctor, mastering medical knowledge is only half the success. They can only be recognized by the society and the public if they have good communication skills, the capability to overcome adversities, cultural accomplishments, and other aspects all at the same time.

3.2. Insufficient attention to humanities

In the clinical practice stage, the professional level, scientific spirit, and moral quality of clinical teachers play a key role in humanistic education for medical students. Clinical teachers are medical graduates. Although they have high comprehensive quality, they pay more attention to professional knowledge. In the process of carrying out relevant teaching work, the focus is often on professional medical knowledge and skills, with insufficient attention to humanistic education ^[10]. The embodiment of an individual's comprehensive quality is the cultivation of humanistic quality. Humanistic quality is embodied in one's contribution to the country and society and in one's service to the people. For medical students, the accumulation of humanistic quality is important. Although medicine is under the science and technology

discipline, it is also expressed as a discipline involving communication with people in actual medical practice. In medical research, the main research and medical service subjects are people. Doctors cannot treat patients as an objective living body. On the contrary, in the process of diagnosis and treatment, interpersonal relationships, patients' family and psychology, the society, and many other aspects should be considered.

3.3. Lack of cultivation of individual “internalization” in medical humanities

Despite the fact that humanistic education has some similarities in theory and practice, it inevitably focuses on individuality, or “uniqueness and independence based on self-consciousness.” Individuality is not only based on the characteristics of personal growth or a yardstick for judging the quality of individual development, but also the internal and ultimate support of the subjectivity of humanistic practice in medicine. Inner support refers to the problems to be solved by medical humanities, whose direct foothold is not the society but the enhancement of individual spirit and the cultivation of individual humanity. College students have strong self-learning ability. They will come to realize the value of self-learning through medical humanities, but the degree of individual “internalization” of medical humanities itself is insufficient. The theoretical learning and practice of medical humanities must be completed independently and with subjectivity. Individual subjectivity must be given full play in medical humanities.

4. Measures to strengthen the construction of medical humanities

4.1. Promoting top-level design in humanistic education

The convergence of new medicine and new humanities requires higher education to actively adapt to the transformation of the demand for talents from industrial civilization to information civilization and promote the collaborative education of medicine and education in an all-round way. A top-level design is the prerequisite for promoting the orderly development in the teaching of medical humanities. In teaching, the systematic and sound course system of “medical humanities” has not been fully constructed; the separation of science and humanities as well as the supremacy of technology are common concepts; the humanistic care in traditional Chinese medicine, doctor-patient communication, and skills training in clinical practice have not been institutionalized. Studies have shown that medical students in China generally lack humanistic education and training; in addition, medical students who have studied medical philosophy, medical sociology, and medical history are in the minority ^[11]. With limited teaching space, medical humanities is separated from clinical practice, preventing effective communication between the two fields.

4.2. Highlighting ideological and political education as well as value guidance

It is necessary to adhere to the socialist core values to guide the construction of medical humanities. It is necessary to carry forward the national spirit with patriotism as well as the spirit of the times with reform and innovation as the core, organically integrate the teaching of the Party's history, new China history, school history, and college history into professional ethics education, incorporate them into the admission process and pre-employment training, review the oath of medical students, as well as carry out on-site teaching at school museums, college museums, martyr memorial statues, and red education bases, so as to cultivate patriotism. It is necessary to learn the history of medical development and take it as a mirror, especially the centennial medical development history under the leadership of the Communist Party of China, pay attention to the great deeds of well-known doctors who, in the historical process of the times, share the same breath and destiny with the country and nation, as well as further deepen the sense of professional identity, mission, and honor. The lofty professional spirit of “respecting life, saving the dead, healing the wounded, being willing to contribute, and loving boundlessly” is not only the affirmation and expectation of the majority of medical personnel, but also encourages them to put the concept of life first

and become more people oriented. We should enhance the sense of the times and the appeal of medical humanities by combining it with key social events. For example, in the face of major public health crises, such as COVID-19, many medical workers are fighting against the tide at the frontline, insisting on the supremacy of the people and life, sparing no effort to treat patients, as well as fulfilling their original aspiration and mission. By setting up a representative propaganda group of anti-epidemic medical personnel and holding an anti-epidemic commendation conference, the hospital shared the feelings of medical personnel who treat patients as relatives and their responsibilities in “saving the dead,” healing the wounded, and concretely displaying the great anti-epidemic spirit of “life comes first, the whole country is united, life and death are sacrificed, science is respected, and fate is shared” through value guidance. This strengthens the perception and understanding of medical students and medical staffs about the humanistic spirit.

4.3. Enriching the curriculum

In the new era, humanistic education should focus on four aspects: ideal and belief education, socialist core values education, excellent traditional medical ethics culture education, and socialist legal system education [12]. At present, the curriculum in medical colleges and universities generally focuses on the cultivation of professional technical skills and theoretical knowledge, but neglect humanistic education. In view of this imperfect educational system, medical colleges and universities should strengthen the investment in teaching, integrate humanistic factors into the teaching of traditional medicine, achieve a sense of unity in scientific and humanistic spirit cultivation, transform the infusion teaching approach, and explore new educational methods. For example, students can master medical dynamics by real-time sharing with hospital resources via the internet. By means of real-time video transmission on the internet, students will be exposed to the interactions among experts and professors in the hospital with patients. In this way, students will be able to effectively master the skills of doctor-patient communication [13].

Secondly, colleges and universities should improve the curriculum of humanities and social sciences. In the ten measures on improving the quality of education and teaching in colleges and universities issued by the Ministry of Education, it clearly proposed to deepen the reform of teaching content and establish a curriculum system that is suitable for economic and social development. Medical colleges and universities should always adhere to the coordinated development of knowledge, quality, and skills, improve students' understanding, constantly deepen the reform of talent training, the curriculum system, teaching contents, and teaching methods, as well as shift their focus from traditional teaching to independent learning, which emphasizes more on the cultivation of quality and skills. They should integrate humanistic education into the whole process of talent training and organically combine moral education, intellectual education, physical education, and aesthetic education. In the “Global Basic Requirements for Medical Education,” it has been proposed that medical graduates should have broad professional values, attitudes, behaviors, and ethical thinking; they also should have solid basic knowledge of medical science, good communication skills, standard clinical skills, group health and health system knowledge, as well as certain information management, critical thinking, and research skills. This requires medical colleges to update the course setting and content of humanities and social sciences in all links of education and teaching based on the modern medical biological model and the rapid medical development trend. Setting up medical humanities courses such as medical psychology, doctor-patient communication, and medical ethics can effectively alleviate the rigid doctor-patient relationship. Through the intersection of arts and sciences as well as the integration of disciplines, the organic combination of courses can be realized, and the improvement of students' comprehensive quality can be promoted.

In the teaching process, some typical cases involving medical ethics and doctor-patient disputes can be selected for discussion to promote independent thinking among students, so as to establish their due professional ethics and sense of social responsibility. In addition, regular and uninterrupted scientific and

cultural lectures, humanities forums, as well as video reports of experts and professors can also be used to guide medical students to develop appropriate professional attitude and establish correct value orientation. These activities can highlight the educational function of campus culture and create a good campus cultural environment ^[14].

4.4. Establishing a medical humanities center, improving the allocation of teacher resources, and unblocking the communication channels between professional teachers and ideological and political teachers

Teachers must recognize that classroom education is not only a channel for teaching medical technology, but also for cultivating students' comprehensive quality. The erudition, personality charm, and quality cultivation of professional teachers will virtually infect, educate, and edify students. As medical colleges and universities heavily emphasize on the investment of teachers in professional courses, there is a serious shortage of humanistic education teachers, resulting in a serious shortage of humanistic education resources for medical students ^[15]. Therefore, it is necessary to encourage professional course teachers to participate in humanities and social sciences courses in a planned and purposeful way as well as carry out relevant reading activities, so as to improve the teachers' humanistic quality and shape their personality charm. It is necessary to pay attention to the ideological and political education and professional ethics of professional teachers. Emphasis should be placed on training the basic professional qualities that teachers should have, and efforts should be made to improve teachers' professionalism, dedication, and humanistic spirit. Establishing a team of high-quality teachers, counselors, academic backbone, and managers in colleges and universities is an important factor for the success or failure of the implementation of humanistic education in colleges and universities.

The charm of curriculum ideological and political education lies in excavating humanistic and moral elements as well as emphasizing on the significance and value of human survival. Its direction is the organic integration of ideological and political education into professional education, breaking professional barriers and requiring full participation. Colleges and universities can promote the establishment of a medical humanities center to develop the teaching pattern of ideological and political education as well as professional education, select professional teachers engaged in medical humanities research and with good ideological and political quality, establish a normalized exchange mechanism between ideological and political education and medical humanities education, as well as jointly explore social and cultural phenomena, such as historical origins, spiritual and cultural values, as well as role models in the medical field. At the same time, it is important to give full play to the resource advantages of professional teachers and ideological and political teachers, expand teaching ideas, make up for the weak ideological and political foundation in the professional classroom with ideological orientation through collective lesson preparation, as well as embed the ideological and political education content with more connotation of the times. Through ideological and political education training, it is then possible to establish a teaching team with high political position and strong professional foundation for the construction of curriculum ideological and political medical humanistic education, promote the construction of a composite teaching team ^[16], provide a strong guarantee for the medical teaching reform to run through ideological and political values and the main line of medical humanistic spirit, guide students in shaping their professional ideals, as well as improve their moral quality.

5. Conclusion

The unity of knowledge and practice is the teaching goal of medical humanities. The rapid social change and the growing health needs of people put forward higher requirements for medical humanities. Medical physiology should have humanistic quality and moral sentiment commensurable to its specialty. The

combination of modern medical technology fetishism and China's early medical market-oriented reform has led to the marginalization of medical humanities in medical education. The rigid doctor-patient relationship eagerly calls for the advent of medical humanities, and no amount of theoretical demonstration can solve the challenges in practice. The enthusiasm from public opinion does not shake the "persistence" of doctors on technology, and the cry of humanistic scholars does not change the embarrassing phenomenon of "two skins," which are medicine and humanities. From the perspective of knowledge, medical students have high level professional quality but with basic humanistic cultivation. The complexity of clinical practice puts forward higher requirements for medical humanities. However, the gap between theoretical cognition and clinical practice mandates the coordinated implementation of humanistic education for clinical students, the integration of hospital culture, and the full consideration of the subjectivity of medical students, the practicality of clinical tutors, as well as the dominance of medical humanities teachers, so as to realize the advent of medical humanities in clinical practice and achieve humanized medical treatment. Relying on synergy to achieve joint collaboration is still a topic that requires in-depth research in the teaching of medical humanities.

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References

- [1] Zhang Y, Zuo C, Shi L, 2020, Current Situation and New Countermeasures of Doctor-Patient Contradiction in China. *Chinese Medical Humanities*, 6(1): 20-23.
- [2] Zhou X, Wu S, Liu Z, et al., 2020, Research on the Current Situation and Countermeasures of Humanistic Quality Education for Medical Students. *Medical Education Management*, 6(05): 461-465.
- [3] Xin J, 2021, Ideological and Political Course is the Key Course to Fulfill the Fundamental Task of Strengthening Moral Education and Cultivating People. *New Long March (Party Building Edition)*, 2021(03): 4-13.
- [4] Wang H, 2019, Discussion on the Implementation of Humanistic Quality Education in Higher Vocational Medical Students. *Education Modernization*, 6(24): 250-252.
- [5] Wang H, Li Y, 2019, Supply-side Reform of Humanistic Quality Education for Medical Students under the Background of "Internet +". *Chinese Medical Ethics*, 32(05):657-660.
- [6] Zhang D, 2016, *Medical Humanities*, People's Medical Publishing House, 5.
- [7] Du Z, 2013, Combining Medical Humanities with Medical Practice: Humanized Medicine. *Medicine & Philosophy*, 34(08): 6-11.

- [8] Liu L, He Q, 2019, Research Situation on Promoting Humanistic Quality Education of Medical Students with Simiao Sun's Medical Ethics. *Hunan Journal of Traditional Chinese Medicine*, 35(12): 152-153.
- [9] Kumar KA, 2014, Humanization of Medical Education: Need of the Hour. *Arch Med Health Scj*, 6(2): 96-99.
- [10] Zuo S, Duan T, Hu Z, 2020, Exploration of Humanistic Quality Education of Medical Students in Clinical Practice in Higher Vocational Colleges. *Changjiang Journal*, 2020(22): 98-99.
- [11] Zheng Y, Zhao H, Kong X, 2016, Investigation and Research on Medical Graduate Students' Cognition of Medical Humanities Education. *Medicine & Philosophy*, 37(11): 81-84.
- [12] Lei L, Tang X, 2020, Four Focuses on Improving the Quality of Humanistic Quality Education for Medical Students in the New Era. *Chinese Medical Ethics*, 33(01): 104-107.
- [13] Zhang Y, Niu Y, Chen M, et al., 2019, Research on Practice Path of Medical Humanistic Education in Colleges and Universities. *Chinese Medical Ethics*, 32(05): 666-669.
- [14] Liu L, He Q, 2019, An Investigation on the Current Situation of Humanistic Quality Education for TCM Undergraduates in Medical Colleges and Universities. *Western China Quality Education*, 5(09): 67-69.
- [15] Shi M, Ma H, Wang M, et al., 2019, Integrating Medical Humanities into Medical Education – A Case Study of Embryo Teaching. *Chinese Medical Ethics*, 32(04): 536-539.
- [16] Wu Y, Guan Z, Lu F, 2020, The Development and Enlightenment of Medical Humanities Education in the United States. *Medicine & Philosophy*, 41(21): 61-65.

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