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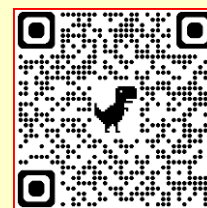
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How can one benefit from a humanistic values medical course?

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ABSTRACT

Modern medical practice confronts a crisis of knowledge, compassion, safety, cost, and leadership; therefore, person-centered healthcare (PCH) is necessary. PCH provides scientific rigor and a humanistic dimension to healthcare. At the heart of PCH is medical education that develops feelings of empathy, display of communication skills, and clinician reflexivity; however, the traditional medical curricula often cannot maintain these aspects. As a response, the Medical School of the National and Kapodistrian University of Athens implemented an elective course called "Humanistic Values and Modern Medicine," which included engaging students in literature, art, and philosophy to nurture emotional intelligence and reflective practice. The ultimate success of the intervention is contingent on students' receptivity toward tangible humanistic stimuli, students' sustained engagement with the stimulus, and the translation of the experience into personal and professional awareness. Arts-based methods were used, including Visual Thinking Strategies, which expand observation, enhance problem-solving, foster empathy, and build the patient-clinician relationship, and philosophical inquiry, which enhances critical reasoning skills and promotes interdisciplinary awareness. Well-scaffolding engagements with humanistic stimuli can offer a significant transformation of medical training and prepare students to better cope with complexity in medicine, and provide capabilities such as resilience which are vitally important as students navigate medicine as a vocation grounded in empathy, reflection, and human connection with meaning.

Introduction

A major challenge in modern medical practice is the demonstration of empathy towards patients. Contemporary medical practice is in a crisis of knowledge, compassion, safety, cost and leadership. Studies propose "person-centered healthcare (PCH)" as a way to re-unite the rigor of scientific medicine with the humanistic elements of care.

They contend that this process begins with person-centered medical education, which lays the groundwork for compassionate, integrated practice across a clinician's career. (Miles et al., 2015). Person-centered care is vital to delivering quality care in healthcare and is a core objective of medical education; however, for many students, a

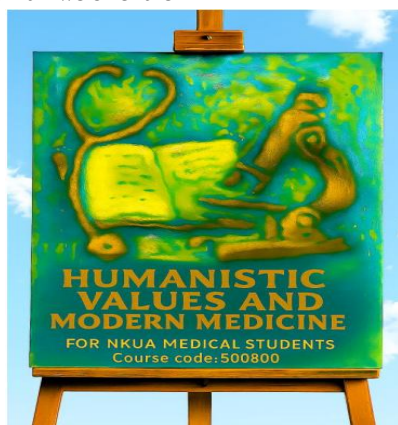
person-centered disposition may diminish over the course of training. Relevant to the interpretivist paradigm, to be person-centered means viewing patients as whole human beings, as well as supporting shared decision-making and clinician reflexivity. (Bansal et al., 2021). In general, patients tend to appreciate the technological achievements of medical science; however, a significant group of patients also express the need for their attending physician to possess communication skills and to show empathy — that is, to understand their condition and to genuinely engage with them.

Undergraduate medical studies often fail to cultivate such skills, as they focus largely on the mere certification of theoretical knowledge. It is not uncommon for students to study intensively only during examination periods. During their studies, they seldom interact meaningfully with their professors, making medical education rather impersonal, often unbearably so, in many cases. There has been a marked increase in frequencies, lengths of time and complexities in humanitarian crises; now 1 in 23 individuals around the world will be impacted. Their increase continues to create pressure to professionalize and evidence the responses to humanitarian health which is delivered by experienced professionals. (Bahattab et al., 2024).

Methods and Materials

Given these circumstances, we deemed it appropriate to introduce an elective compulsory course at the Medical School of the National and Kapodistrian University of Athens, entitled “Humanistic Values and Modern Medicine” (course code 500-800 in the study guide). The purpose of this course is to provide tangible humanistic stimuli to medical students, allowing them to experience these ideas beyond any abstruse theoretical fluff and moralizing priggishness, and to help them cultivate emotional intelligence and develop vital communication skills with those around them. In recent years, there has been an increased interest in the integration of philosophy—particularly the philosophy of medicine—into medical education and research. This approach aims to equip healthcare professionals with the tools of critical and reflective capacities to confront difficult theoretical and ethical challenges within medicine. Furthermore, the value of introducing philosophy into medical education is that it can better develop both clinical reasoning and the ability to engage with members of other relevant disciplines. This is seen as an advantage equally for medical, and philosophy-based education. (Campaner, 2025).

Now in its third year of operation, the course has allowed us to identify the key prerequisites necessary for achieving its goals. These prerequisites are the focus of the present commentary. The first prerequisite students must possess is **receptivity** — being open to the stimuli we offer them



Humanistic Values and Modern Medicine: Course's Poster

from the realms of literature, art, and philosophy, so that they can experience them meaningfully. Many of these stimuli may initially seem unfamiliar, particularly those dealing with emotionally charged topics such as death, which holds a prominent place in art and literature. However, physicians must become familiar with the concept of death, as most of them will inevitably encounter it throughout their professional careers.

They have to understand that when death or other “difficult” subjects are approached through art, they are not experienced in the same way as in real life. Art is characterized by “catharsis” i.e., through artistic representation, emotionally draining experiences are transformed into sources of reflection, emotional growth, and new perspectives on life.

Healthcare education is beginning to incorporate arts based interventions, though evidence of their effectiveness is limited and not coherent. While most studies indicated positive outcomes, they usually cannot describe successful outcomes. Few studies included appropriate engagement with artists or arts educators. Utilizing arts specialists in assessment, using reflective portfolios or feedback and observed processes, can better capture the educational potential made available by arts-based pedagogies. (Osman et al., 2017).

The second prerequisite for the success of the course is that students dedicate **both qualitative and quantitative time** to processing the courses material. In the modern world, this is particularly challenging, as there is a tendency toward superficial and hurried engagement, especially with content consumed through digital screens. If the course stimuli are treated as mere visual impressions, the brain's mechanism of rapid consumption and dismissal is activated, similar to what happens with the short-lived, trivial stimuli that flood our minds through social media. Therefore, medical students wishing to engage meaningfully with our course must consciously decide to devote sufficient time — both in quality and quantity — to delving deeply into each stimulus, despite the fact that it is encountered through a screen. The Medical Humanities is becoming an increasingly recognized component of health curricula, and art is a major tool in educating care staff and humanizing the therapeutic process. Art-based learning promotes skills such as observation, active listening, problem-solving, and empathy, which support professional practice and relationships with patients. Techniques like Visual Thinking Strategies (VTS) help health students and professionals generate more effective and resilient practices in a care context. (Ferrara, 2022). In doing so, they may lose the fleeting “dopamine bursts” of momentary gratification but will discover a more lasting source of meaning and satisfaction through genuine and deep engagement with humanistic stimuli.

The third prerequisite and the most difficult one for sure, is the transformation of these humanistic stimuli into messages that can influence our daily lives — our self-perception and our interactions with others. It is evident that, despite thousands of years of human civilization and the existence of great works of art and thought, these influences have rarely translated into practical change in people's lives. Even intellectuals often display personal attitudes inconsistent with the ideals they promote. For this reason, the experience of such stimuli must be accompanied by reflection and self-criticism, examining whether we are willing to change ourselves — always in relation to improving our connections with others. No one can be content with a narcissistic form of self-gratification; true wellbeing arises from harmony between ourselves and those around us, and from the act of giving (Giannari, Kalachanis, et al., 2025). Especially in the medical profession, such giving can be profoundly redemptive, transforming medicine from a mere occupation into a

vocation. (Cerceo, Vasan, 2023).

Conclusion

The humanistic stimuli provided to students through this course can serve as a starting point for each individual to re-evaluate his/her life on a new basis (Giannari, Mariakaki, et al., 2025)— one that ensures personal well-being, both in relation to themselves and to others: their future patients, colleagues, and all those involved in the field of healthcare.

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