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Review Article

The Necessity of Medical Humanities Education to General Practitioners: A Brief Review

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Abstract

To the ultimate overall goal to train sufficient numbers of highly qualified general practitioners. We analyzed the recent study on the necessity of medical humanities education for general practitioners and the status of the humanities education of general practitioners. Meanwhile, the model of medical humanities education for general practitioners in China in the future is prospected, with the support of the general practice departments in comprehensive tertiary hospitals. Improving the training mode of general practitioners is performed by a combination of enhancing their clinical skills and medical humanity education, cultivating high-quality general practice faculty by the use of innovative teaching methods. General practitioners need to have a comprehensive understanding of patients and their needs, integrate the whole process of "seeing patients" and "seeing people", consider the best interests of patients, and adopt the most effective treatment plan, which involves human value care and reflects medical humanistic quality. Therefore, general practitioners should have medical humanistic education. The general practice education system in the developed countries in Europe and America is relatively mature, and the medical humanistic quality education of general practitioners is explored early. On the other hand, in mainland China, general practice starts late and develops slowly, and the medical humanistic quality of general practitioners is not sufficiently paid attention to. Currently, there are still many problems to be further addressed and resolved.

Keywords: General practitioner; Medical humanities education; Hierarchical medical system

Introduction

General medical services primary care institutions cannot be separated from the essence of "people-orientation".

Currently, the inadequate abilities in terms of practicing, doctor-patient communication, and management skills of general practitioners have become important negative elements hindering the reform and development of the medical and health services in primary care institutions in mainland China.

The director of the National Health and Family Planning Commission has also pointed out that basic medical education, medical humanistic education, and the grass-roots learning time of medical students are seriously insufficient (1). The base in general medicine education is closely linked to concept of the family as an unit, so as to promote health and meet the health needs of the community in a people-oriented pattern. General practitioners (GPs) should be trained and able provide preventive care, health educa-

tion knowledge, basic medical care, rehabilitation, medical care, and family planning services for the integration of comprehensive health service (2, 3). They are the main provider of basic health service to a service object that is relatively fixed, facilitating the development of longer-term relationships with patients and their family members. GPs should pay attention to the physical and mental health of the community, carry out preventive health education when residents are not ill, address the problems, ensure early intervention, and be able to eliminate effectively diseases before they develop. GPs should be good at comprehensively considering the influence of psychological, family, social, and other factors on patients' diseases in the process of diagnosis and treatment, which contributes considerably to the success of patients' rehabilitation (4-6).

The medical units of primary care institutions experience a lack of advanced instruments and equipment, as well as relevant technical guidance by a specialist doctor, in the process of disease. The outcome of the work of the medical staff in such units is more dependent on their rigorous logic thinking, clinical experience, doctor-patient communication, empathy, and affection of the cultivation of general practitioners. These personnel should be able to deeply sympathize with the patient's physical and mental pain, respect patients, apply the essence of the "people-oriented" approach to improve the patient satisfaction and avoid doctor-patient conflicts and disputes.

In primary care institutions, the prevention and control of chronic diseases requires noble medical humanistic qualities of GPs.

Chronic diseases have become a major public health issue affecting the social and economic development in the 21st century (7-10). Primary care institutions have turned into an ideal platform for chronic disease management due to their continuous and convenient medical services (11).

The practice of medical and health services at home and abroad fully shows that the availability of qualified general practitioners is directly related to the effective prevention and control of major diseases. Moreover, it is a guarantee for the maintenance of a high health level under reasonable control of medical expenses. Chronic diseases are lifestyle diseases, and the disability and mortality rates of these diseases are high. Moreover, they lead also to problems associated with a decreased quality of life and psychological issues of chronic diseases are mostly. However, residents and patients can prevent the occurrence of chronic diseases and their acute onset by correcting unhealthy living habits and maintaining a stable and good mentality. The guidance of residents and patients with chronic diseases aimed at the maintenance of a healthy lifestyle requires that general practitioners have good doctor-patient communication and management skills.

In 2011, the State Council promulgated guidance opinions on the establishment of general practitioners system, which proposed that the medical humanistic quality of general practitioners should be improved, the family doctor contract system should be actively implemented, and the medical ethics teaching and doctor-patient communication ability training should be strengthened (12). General practitioners' excellent professional ability and noble medical humanistic quality directly affect the overall direction of the future medical and health system reform of any specific country or region (13-15).

High-quality general practitioners direct and preserve the quality of life of residents

The issue with aging in mainland China is accelerating. According to the data released by the National Bureau of Statistics of China, by the end of 2017, there were 158.31 million people aged 65 or above, accounting for 11.4% of the total population (16). The elderly are affected by a variety of chronic diseases, organ function decline, urinary incontinence, chronic constipation, abnormal gait and fall, which are easily complicated by anxiety, depression, panic attacks, and bad mood.

The traditional medical model is to make an appointment with general hospital departments, even more than a doctor appointment profes-

sional departments, between departments when necessary consultations, and this kind of mode, the elderly patients with medical experience and satisfaction is not high, the high medical costs, but difficult to solve all their health problems (17).

Residents especially the pursuit of quality of life, the social demand for the attention of hospice care and pay more attention to GPs and residents to maintain long-term family members of the doctor-patient relationship, disease prevention, such as life coaching to residents for imparting knowledge, respect for patients, care and help, have a high degree of compassion, patience, carefully communicate with older patients, listening intently, comprehensive, integrated solutions to the health of the elderly patients, the patients as a whole, adhering to the "people", rather than just the idea of "disease", pay attention to the patient's quality of life and the life value, rather than just is the length of life, Let the dying live comfortably and with dignity and die without regret.

Comparison with existing study

The current situation of GPs' medical humanistic literacy education

In the UK, the US, Australia, Germany, and other countries, general practice has developed earlier characterized by mature systems and well-established professional associations. Medical humanistic education has become the mainstream trend of medical education (12). In these countries, medical humanistic education courses account for approximately 20% of the total class hours, and attention is paid to the cultivation of comprehensive abilities of GPs in various aspects, such as learning, thinking, practical, innovation, and communication abilities (18, 19).

Group discussion, scenario simulation, humanistic writing, and other teaching methods are widely implemented. In group discussions and the situational simulation method, usually, 1–15 students and 1–2 teachers form a group. Students read relevant materials under the guidance of teachers, conduct group discussion on cases and perform situational simulation. Humanistic writing is a writing course in the mode of introspection or biopsychosocial integration. Teachers value the expression of students' feelings and opinions, and try to give them more freedom in this respect. This way, students not only obtain basic knowledge and humanistic knowledge, but also improve their research, analytical, and written and oral expression abilities (20-22).

In the US, for example, in 1981, the American Council of Internal Medicine required that interns applying for certification meet the "humane quality" requirement. In addition, there were strict and unified assessment mechanisms, including assessment of theoretical, communication, and medical humanistic skills, as well as students' participation in lectures, teaching, and research projects (23).

Since 1990, the total class hours of Chinese mainland medical students in medical humanities have accounted for only 1%–5% of the total class hours. There was not even a medical ethics course included in the curricula (24-26). On the other hand, for a large number of general practitioners who have already started their clinical work, most of the training has been focused on clinical professional knowledge but lacks medical humanistic education.

In the Second Affiliated Hospital of Guangzhou Medical University, medical students studied medical humanities in internship phase by centralism teaching, group discussion, and role simulation. The specific practices are as follows: 1) in medical students into the practice stage, focus on teaching of medical humanities knowledge, and the role of simulation teaching, train the ability of medical students empathy, maximum guide the development of medical students medical humanities accomplishment. 2) In the clinical teaching process, guidance and training of humanistic care and communication awareness, ability and skills. This approach has achieved certain beneficial effect.

At the Jiangsu Institute of Medical Vocational College Public Foundation, a GP "S-3C" medical humanity was implemented education mode, performing medical humanities education using the teaching organization mode of large-span integration, namely the synergetic (S) concept. By that

method, inside and outside the classroom, basic and professional team carry out the education teaching, which guarantees the education of humanities in the breeding process is characterized by full penetration and organic integration of professional education, gradually forming three types of simulation or real teaching situations. It is the "3C" medical humanistic education situation of campus, course and clinical post. The flexible teaching modes, such as case teaching and PBL teaching, are combined with the objectively structured clinical examination (OSCE) assessment method.

After five years of exploration and practice, teams of well-trained and energetic general practitioners have been formed with some success.

Discussion

General medicine training in Chinese mainland lacks full-time general practice faculties (25, 27). The training content includes mainly an introduction to general practice, diagnosis and treatment of common and frequently occurring diseases, chronic disease management and health care, identification and treatment of critical patients. However, less attention is paid to medical humanities accomplishment, no standardized training is provided, and the training effect is far from ideal (28, 29).

To change the status quo, a general practice department is to be set up in comprehensive tertiary hospitals to make full use of in-hospital teaching using high-quality teaching resources, joint experts in humanities and social science, encourage the humanities and social science, experts involved in the teacher training in general medicine in clinical skills training, at the same time, the medical study, philosophy of medicine, medical psychology, medicine, sociology and other medical humanities education content increased to 20%.

To GPs, general practice standardization training, general job-transfer training students theoretical knowledge of medical humanities course, discusses the multi-disciplinary learning from various angles, on the basis of theoretical study, the medical humanities literacy training a month, in case teaching, scene simulation teaching, medical humanities accomplishment the parergon video teaching and humanistic teaching the parergon game, to encourage the active participation of general practitioners, and invite cancer patients, patients received organ transplants and in patients undergoing hemodialysis, patients with neurosis, experiences of major natural disasters and rebellious teenagers in patients. Elderly people living alone participate in scenario simulation to understand patients' voices from different perspectives, bring general practitioners into the occupational simulation situation, integrating theory with practice, and further improving the communication methods and skills (30, 31).

Refer to Chinese physicians humanities professional skills curriculum standard textbook series, combining with the characteristics of general medical services and medical humanities literacy training, and write about depression, anxiety, misdiagnosis and missed diagnosis, end-stage disease, serious illness, mental illness after major natural disasters such as scene simulation show the script, formulate unified standards of teaching, case teaching, scene simulation teaching, sitcoms teaching video, and other forms of training general practitioners, to make teaching more vivid, concrete, let GP fully learn thinking of diagnosis and treatment in general medicine, better with the skill of medical humanities.

This study points out that the training of general practitioners' clinical skills should be combined with the cultivation of medical humanistic quality. However, there are few relevant references and contents.

Conclusion

Comprehensive tertiary hospitals set up general practice department, make full use of high-quality teaching resources of teaching hospitals, enrich medical humanistic education, innovate teaching methods, train enough GPs with excellent medical skills and noble medical ethics, enhance pro-

fessional identity of general practitioners, and finally realize hierarchical diagnosis and treatment.

Ethical considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflict of interest

The authors declare that there is no conflict of interest.

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