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Suraj R. Nyalakonda, MD

Thomas Jefferson University Hospital, suraj.nyalakonda@jefferson.edu

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Why Medicine Needs the Humanities: An Argument for Arguments

Suraj R. Nyalakonda, MD¹

1. Department of Internal Medicine, Thomas Jefferson University Hospital, Philadelphia, PA

As medicine plunges deeper into the 21st century, there appear to be three forces coming together that hold both promise and peril as technology's march of progress continues unabated through the healing profession.

First, the rise of massive, multi-center healthcare systems may provide unparalleled pooling of resources, clinicians, and researchers, thereby increasing research output and improving coordination amongst disparate arms of the intricate healthcare leviathan. However, this rise may also jeopardize the possibility of physicians practicing independently of institutional and corporate influence.

Second, the increasing digitization of healthcare information – entered into, stored, and potentially extractable from electronic medical records – offers large datasets for “big data” analyses and near instantaneous access to critical patient information, but also seems to further distance physicians from their patients and perhaps delegitimize the importance of lengthy, thorough history-taking, the most critical diagnostic tool for physicians, from Hippocrates' to ours. “It's in the chart” is a phrase common to arise in the minds of physicians as from the mouths of patients.

Third, the rise of artificial intelligence is already a reason for simultaneous acclaim and anxiety, with proponents of its use in medicine hailing its potential to enhance the human mind's power of pattern recognition and opponents characterizing its quantitative prowess as a veneer hiding significant impurities in the quality of the data it analyzes, and thus also the risks that ensue from a deadly combination of statistical invalidity and unwarranted certitude.

In short, healthcare is using technology at an accelerated rate, thereby granting to human beings more diagnoses, more treatments, and more cures -- but is in danger of losing sight of the truly human at that same rate. Indeed, we find ourselves caring for patients who are experiencing problems that are fundamentally human in their nature: increased levels of mood disorders, drug addiction, and other psychosocial pathologies, all culminating in a rise in deaths of despair, the hallmark of which is suicide. Modern medicine's instinct is to develop a mechanistic cure, divided cleanly, industrially, into new drugs and new procedures – helped along, of course, by machines. However, as we

increasingly view the human body as a machine to be tinkered with, we come to view ourselves as machines to be worked – hard -- with the only red line being described by a phrase rooted in language proper to machines, and not to humans: “burnout”. A tire burns out. A human experiences moral injury – injury to his or her conscience.

And, thus, we come to the therapeutic heart of humanism, in that it shouts forth a principle so simple, yet so forgotten by modernity's denizens: human beings are not machines. We are much closer to gardens than we are machines; we need to be tended to, cared for and not tinkered with or adjusted.

If this is the case, we can see that humanism holds the key to navigating the increasingly torrid currents of modern medicine. We ought to, in essence, recenter at medicine's heart the unique relationship between physician and patient. As health systems expand and consolidate “market share” within vast swaths of the country, we must resist the temptation to consider a patient as relating more to a health system than to his or her individual physicians. One cannot relate to a health system any more than corporations can be categorized as persons. Similarly, while EHRs can make information more readily accessible to physicians and patients, we must also consider delineating exactly where EHRs should be brought into the physician's encounter with the patient, thereby wielding the EHR as a tool to serve our end of restoring a patient to health, and not its end of accumulating as much discrete pieces of data as possible in an effort to maximize what can be billed for from the encounter. Finally, as much as artificial intelligence can certainly be hailed as an adjunct to human intelligence, we must remember that it is precisely the humanities that help shape that human intelligence. And while the humanities are constituted of various kinds of mental operations, it is the argument that ought to be restored to its rightful place amongst physicians. Put simply: physicians need to debate again, publicly – both technical, scientific topics as well as ethical challenges. This will form and strengthen the distinguishing characteristics of human intelligence and thus allow us to use artificial intelligence, rather than have artificial intelligence use us.