

Humanities and Medicine: An Exercise in Emphasizing Empathy



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Background

- Medical training demands development of empathy, resilience, and professional identity
- Clinical pressures, academic rigor, and emotional strain can challenge these qualities
- Medical humanities offer a framework to preserve humanism in medicine
- Reflective writing has been shown to:
 - Enhance empathy and communication
 - Support emotional processing
 - Facilitate identity formation
- Most studies focus on structured, curriculum-based reflection
- Less is known about long-term, self-directed journaling

Objective

- To explore how longitudinal reflective journaling throughout medical school influences:
 - Empathy
 - Mindfulness
 - Professional identity formation

References

Rabinowitz D. G. (2021). On the arts and humanities in medical education. *Philosophy, ethics, and humanities in medicine : PEHM*, 16(1), 4. <https://doi.org/10.1186/s13010-021-00102-0>

Giordano J. (2009). Quo vadis? Philosophy, Ethics, and Humanities in Medicine preserving the humanistic character of medicine in a biotechnological future. *Philosophy, ethics, and humanities in medicine : PEHM*, 4, 12. <https://doi.org/10.1186/1747-5341-4-12>

Ong, E. K., & Anantham, D. (2019). The Medical Humanities: Reconnecting with the Soul of Medicine. *Annals of the Academy of Medicine*, Singapore, 48(7), 233–237.

Stanford F. C. (2020). The Importance of Diversity and Inclusion in the Healthcare Workforce. *Journal of the National Medical Association*, 112(3), 247–249. <https://doi.org/10.1016/j.jnma.2020.03.014>

Methods

Study design

- Qualitative autoethnographic analysis

Data source

- Personal journal entries (preclinical, clinical, post-clinical years)

Inclusion criteria

- Entries reflecting emotional processing, clinical experiences, identity, or stress

Exclusion criteria

- Neutral/logistical entries (e.g., to-do lists)

Analysis

- Inductive thematic analysis
- Longitudinal comparison across training phases
- Reflexive self-analysis to acknowledge bias and positionality

Framework

- Informed by literature on narrative medicine, burnout, and reflective writing

Limitations

- Single-participant design with limited generalizability
- Subjective interpretation introduces potential bias
- Intermittent journaling results in lack of standardization
- Cannot establish causal relationship between journaling and outcomes

Results

Four major themes emerged:

1. Maintaining humanism

- Reinforced seeing patients as individuals, not tasks
- Re-centered empathy during periods of fatigue and detachment
- Encouraged recognition of meaningful patient interactions

2. Navigating Stress and Burnout

- Tool for emotional release
- Processing uncertainty and self-doubt
- Reframed overwhelming experiences into manageable narratives

3. Professional Identity Formation

- Early training: feelings of uncertainty and largely settling in the role of observation
- Later training: increased confidence, responsibility, and clarity of role on the care team.

Reflection supported alignment of values with clinical practice.

4. Integration of Personal and Professional Life

- Captured tension between personal challenges and the emotional, cognitive, and professional demands of training
- Over time, observable shift from compartmentalization to integration of such experiences
- Personal experiences eventually recognized as shaping clinical perspective.

Implications

- Reflective journaling may serve as a longitudinal tool for:
 - Preserving empathy
 - Supporting resilience
 - Promoting authentic identity formation
- Medical education should:
 - Encourage sustained reflective practices
 - Support self-directed humanities engagement
 - Extend reflection beyond isolated coursework

Conclusion

- Reflective journaling served as:
 - A tool for sustaining empathy
 - A mechanism for processing stress
 - A foundation for professional identity development
- Highlights the value of **long-term, humanities-based reflection** in medical training
- Suggests that maintaining reflective space may help preserve meaning and humanity in medicine

Acknowledgments

- Dr. Rita Lee, MD for mentorship and guidance
- CU Anschutz Office of Access and Engagement
- Strauss Health Sciences Library for assistance with literature and references