# The Importance of Humanistic Medicine Relating to The Patient-Physician Relationship and Future of Medical Practice

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I pledge my word of honor that I have abided By the Washington College Honor Code While completing this assignment

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## 1 – Introduction to Humanistic Medicine

The correct practice of medicine has been debated for centuries, but one thing has always remained true no matter the person, a great physician is humanistic. The Hippocratic oath which physicians promise to follow states that, "I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being…"[1] This line provides the foundation to remember that at the end of the day, all physicians and patients are humans and deserve to be treated with the upmost respect, virtuous, and humanistic care. Although humanistic medicine is important, the issue with today's practice of medicine is that science is taking over. Over-medicalization and the abundant use of science has become the main focus when treating a patient, which has led to physicians forgetting that their patients are humans too.

This thesis will first approach the question of whether medicine is science or art. This is important because it helps create the distinction of both roles involving medicine. The question of whether medicine is a science or an art can be answered by evaluating the Hippocratic oath. By doing so, the thesis will compare patient-physician relationship models to synthesize the best model possible, the compassionate-trusting model. This thesis will utilize relationship models previously described by Childress in *Metaphors and Models* to compare and synthesize the compassionate-trusting model which I made to incorpret all the positive traits of the other models. Once the compassionate-trusting model is defined, humanistic medicine can further be evaluated through narrative ethics. Narrative ethics allows someone to see the value of humanistic medicine since this way of ethical thinking embodies the practice of humanistic medicine by utilizing a patient's narrative. The thought process of narrative ethics will be displayed through this thesis

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[1] "The Hippocratic Oath Today," accessed September 25, 2020, https://www.pbs.org/wgbh/nova/article/hippocratic-oath-today/.

using hypothetical case studies, previous medical cases, and the *Carlos vs. Consuela case.* Humanistic medicine, in particular narrative ethics, will then be used to tackle the issue of over-medicalization. The issue of over-medicalization will be explored through *The Immortal Life of Henrietta Lacks* and additional bioethical case studies. When evaluating how narrative ethics can challenge over-medicalization, it is essential to realize the importance of why narrative ethics is better than the previous ethical theories. Overall, this thesis demonstrates recommended ways of interacting with the patient in a humanistic light which is then viewed to amount to the most ethical guidance.

## 2 - Medicine: Relationships, Science, and Art

### 2.1 - Two Roles of Medicine

There are two main roles within the practice of medicine: the scientific role and the clinical role. First, the scientific role is extremely important because it gives the physician information to problem solve, diagnose, and then treat. An example of its importance can be seen in the Medical School application process. Medical Schools require prospective students to show achievement in science pre-requisites and scientific research to be seen as competitive on their applications. Applicants are expected to take a rigorous sequence of science courses in their undergraduate years, especially in Biology, Chemistry, Physics, and Mathematics. These students need a near-perfect score on the "Medical College Admissions Test" (MCAT) to be accepted into a competitive medical program. The MCAT is divided into important scientific topics and applied critical thinking. The scientific role of medicine is a necessary condition for successful applications to medical school. Following admission, the student attends medical school for two more years of education in the medical sciences. It is not until the student's third year of medical school that they have substantive interaction with patients. Therefore, the scientific role of medicine is the first role taught to physicians.

The other side involves the clinical role of medicine. The clinical role of medicine teaches physicians how to apply their knowledge while still communicating in a humanistic way towards their patients. It allows the physician to interact with patients as fellow human beings and not as objects. Due to this, the clinical role of medicine is the foundation of humanistic medicine. Hence it is referred to as the 'humanistic role of medicine'. The clinical role of medicine is first instilled in the third year of medical school. These students are expected to do clinical rounds in all different specialties of medicine allowing them to pick their ideal residency after medical school. While all

specialties represent different spectrums of humanistic medicine, all contain some type of humanistic medicine. Some physicians may have an increased role in clinical medicine compared to other subfields. This spectrum depends on how much face-to-face contact the physicians get with patients. An example of a difference between specialties could be comparing a family physician to a surgeon. A family physician interacts with the same individual patient more often since they are seen for a range of small and large issues in their specialty. A surgeon assists lots of patients with one singular concern and then discharges them for further recovery. So typically, surgeons do not have the same interactive experience as a family physician would. No matter the specialty, all physicians learn the clinical role in medical school and residency through a diverse array of hands-on experiences . A family physician may be able to learn how to build long-lasting deep connections on a personal level, whereas a surgeon may learn how to make significant relationships with their patients to create that safe and trusting feeling.

There are questions that arise when comparing humanistic values to medicine. These questions can be evaluated based on the information provided with both the science and art role of medicine. There are two specific questions to consider in this paper. Firstly, why are interpersonal skills so important in the medical profession? It is important to recognize there is a possibility that the people-person skills are not reliably experienced throughout the experience of medicine. So, it may be good to fully understand what makes a physician have good interpersonal skills and why they are so important regarding humanistic medicine. Secondly, what system of ethics should we provide physicians with that will help them practice humanistic medicine? This will allow us to understand how to teach physicians the interpersonal skills involved in humanistic medicine. Also, it gives a better idea of the certain values that are needed to practice humanistic medicine and how one can obtain these through certain philosophical thinking.

To begin answering these questions, one must have a slight overview of what the medical school application process looks like. As previously discussed, a pre-medical student must take all the needed courses and standardized MCAT exam to become accepted into medical school. These two qualifications coincide with the scientific role of medicine. Along with these two qualifications, a strong applicant must also have outstanding extracurriculars. If this applicant has these stellar qualifications and scores, they are then invited to an interview. The applicant must be personable enough to stand out in an interview for complete acceptance to that certain medical school.

Since medical schools want to incorporate physicians with good character, how can they determine an individual's character outside of an interview? The interview and some of the extracurriculars are the only aspects of a person's application that represents the clinical role of medicine. Based upon the information offered by the interview and extracurriculars, it is the only representation of whether they could be a humanistic physician or not. However, a single 30–60-minute interview does not completely demonstrate someone's personal characteristics. Someone could easily prep for that interview in which they answer every question with precise detail. They may look like a striving fantastic human on the surface, but they prepped for that image. Based on this, it seems as though personable skills and moral amplitude are unable to fully shine through in the application process. These humanistic skills are undervalued and seem to be less of a priority for medical school admissions

Since it has been established that medical schools cannot reliably see a person's humanistic role of medicine, one may ponder whether medical students who lack these skills are able to learn them during their years of medical school. As mentioned earlier, clinical rotations are first installed in the third and fourth year of medical school. It is disheartening to think that this may be

one of the first times a medical student could be exposed to humanistic skills. Some medical schools have seen this concern and have started initiating a few humanities courses to be taught between the first two years of their program. This is essential when understanding if the clinical role of medicine can be taught in an effective manner. Since most of these humanistic values of clinical medicine relate to virtue ethics, it has been seen that virtues within medical practice can be taught to physicians through exposure and practice.[2] So, since these certain medical schools are exposing their students to the ideas of practice early on, they will be able to learn this humanistic way of medicine in a more effective way.

If this humanistic way of medicine is not taught in a more effect way or valued, the scientific role could be the only determining factor regarding the practice of medicine. It is important to address the distinction between physicians and medical scientists. The major difference between the two lies in whether the clinical role of medicine is present or not. Physicians are required to work hands on with patients where medical scientists are not. If someone decides to be a medical scientist, they only use the scientific role of medicine since all their moral training involves research ethics. However, *The Immortal Life of Henrietta Lacks*, states that medical scientists tend to forget their original motive, to eventually cure diseases that harm humans.[3] Medical scientists tend to work in a laboratory environment all day, so while this is understandable, medical scientists need to be trained to remember they are employed for patients. This information being forgotten is captured by the narrative of Mary, the medical scientist who first reproduced HeLa cells. This is represented when she initially saw Henrietta's dead body:

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[2] "The Virtues in Medical Practice," accessed October 10, 2020, http://eds.b.ebscohost.com/eds/ebookviewer/ebook/ZTAwMHhuYV9fMTUwMTkxX19BTg2?sid=c4f61b66-8b97-448d-99e8-470dd0e4add0@sessionmgr103&vid=7&format=EB&rid=1.
[3] Rebecca Skloot, *Immortal Life of Henrietta Lacks* (Picador, 2018).

> "When I saw those toenails … I nearly fainted. Oh Jeeze, she's a real person. I started imagining her sitting in her bathroom painting those toenails, and it hit me for the first time that those cells we'd been working with all this time and sending all over the world, they came from a live woman. I'd never thought of it that way." [4]

Mary, never once thought about the origin of why she was experimenting in the first place. Science overtook her moral awareness and outweighed any possibility that these scientific units came from a live individual. Most medical science is like this because there is not enough education behind the humanistic and clinical side of medicine. This is an essential fact since majority of physicians also partake in medical research as a side obligation or interest while practicing medicine. this represents that the poor clinical training involved with medical research could be another reason why science is taking over in the world of medicine since medical science is increasingly taught during medical school.

The humanistic medicine virtues that are beginning to be taught in medical school for the clinical side of medicine include trust, compassion, justice, temperance, and self-effacement.[5] Trust is one of the most important virtues in human relationships so of course it is one of the most significant virtues in medicine. It involves medicine because a relationship needs to be formed so the patient can be comfortable enough in the care being provided. If a patient does not trust their physician and does not believe their physician is capable of doing their job, they could easily disregard the advice given by said physician. Compassion is the virtue seen with the most deficiency in medicine today.[6] The physician should not treat the patient like an object but attempt to understand what the patient is experiencing. This allows the physician to better understand the

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[4] Ibid, 91
[5] Ibid
[6] "The Virtues in Medical Practice."

issue and want to treat the patient since they can envision the experience they are facing.[7] The virtue of justice coincides with the virtue of compassion. As previously stated compassion allows the physician to truly treat the patient and justice helps the physician see what the patient deserves. Basically, the physician will understand what treatment is best for that person on an individual basis.[8] These two virtues work together to prove that the emotion of compassion and the rationality of justice can help determine the best plausible outcome for the patient.

Temperance, another virtue included in medicine, represents that act of fighting against self-indulgence. Self-indulgence is typically viewed as an excessive desire such as hunger or sex. However, in medicine it can be seen as playing God.[9] Physicians are put into situations where they must decide treatments and results of patients especially with the assistance of technology. Therefore, physicians need to practice a good balance of temperance within their daily careers to prevent any form of excess self-indulgence while helping control another person's life. Finally, the virtue of self-effacement coincides with temperance. Self-effacement is essential in medical practice because it allows the physician to not only think about themselves but the sick patient at hand. We find ourselves in a more a narcissistic society, but medicine is not the time or place for narcissism.[10] Humans are hurt and need their physician to treat them with care and knowledge.

These virtues are needed for humanistic patient care. There are difficulties with teaching virtue and vice, but it does not make it a pointless act due to the "covenant of trust" shown through the "healing relationship" between a physician and their patient.[11] Although the patients trust their physician to correctly identify the pathology associated with their sickness, they also expect their

[7] Ibid
[8] Ibid
[9] Ibid
[10] Ibid
[11] Ibid

physician to be a virtuous person. The patient is known to trust their physician more if they are virtuous because the physician can be assumed to try to do everything in their power to act in the patient's best interest. Whether that be in a scientific or social way.[12] These moral virtues are one of the expectations most patients expect from their physicians according to multiple studies. Therefore, practicing a more humanistic form of moral virtue in the context of medical care could be beneficial to both the physician and the patient in the situation at hand.

## 2.2 – The Most Effective Relationship Model

Now that the distinction of the two roles of medicine has been made, other important definitions involving the different models of relationships within health care surrounding the patient and physician can be addressed. James Childress has defined the main relationship models that exist today by introducing the definition and then comparing some of the positive and negative effects of each model.[13] The three most significant models for this thesis include the technician, friendship, and partnership models. Based on the characteristics of these models, I argue that a synthesis of the friendship and partnership model would be more successful than what is currently practiced. .

To begin, it is important to discuss the definition of the technician model. Childress states that this model is:

> … viewed as "the expert engineer of the body as a machine" and provides or delivers technical service to patients who are consumers. … The professional may be thought to have only technical authority, not moral authority.[14]

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[12] Steven D Pearson and Lisa H Raeke, "Patients' Trust in Physicians: Many Theories, Few Measures, and Little Data," *Journal of General Internal Medicine* 15, no. 7 (July 2000): 509–13, https://doi.org/10.1046/j.1525-1497.2000.11002.x.

[13] James F. Childress, "Metaphors and Models of Doctor-Patient Relationships: Their Implications for Autonomy," in *In Biomedical Ethics*, 7th ed (New York, NY: The McGraw-Hill, 2011), 74–82.

[14] Ibid

The quote refers to a physician who only uses the evidence and methods of diagnosis consistent with scientific research. This physician does not have any moral obligation to treat the patient with the clinical role of medicine, only a technical authority to treat and diagnose the disease at hand. Childress views this model as a fruitless endeavor representing what physicians should not practice. The model is meant for those who evaluate the data but do not necessarily interact with the patient, and does not foster communication and humanistic value with them It is almost as if the patient is now an object of scientific investigation. Since only the scientific role of medicine is present, the physician does not necessarily display any moral virtues. In a way, the physician has no need to become virtuous if science can solve all. Unfortunately, this model does not create future goals and does not fully aid the patient due to no connection or trust being established.

Childress's friendship model presents that physicians should have a friend-like relationship with their patients thus creating a compassionate atmosphere where one person assumes the interests of another.[15] This is best described by Childress as, "technical help and generalized benevolence are 'made friendly' by explicit reference to the patient's personality."[16] Although this model creates a rewarding atmosphere in a positive way, it could have some negative effects. If the physician does not have a correct balance, they could become unprofessional and too friendly with their patients. A hypothetical example of this imbalance could be the story of a midwife in training, Sarah, who is delivering her friend's baby. The birth goes as planned but Sarah needs to follow procedure at the end and give her friend 6-7 stitches to prevent infection and provide better healing. As Sarah tries to give her friend the routine stitches, her friend begins to panic. Her friend was previously sexually assaulted and was freaking out with the thought of a needle in that area.

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[15] Ibid, 76 - 77

[16] James F. Childress, "Metaphors and Models of Doctor-Patient Relationships: Their Implications for Autonomy."

Sarah does not exactly know what to do but decides to not give her friend the stitches. Although her friend is appreciative, Sarah gets in trouble for not following protocol and her friend had a prolonged healing period with dangerous infections. This is why most physicians are not supposed to treat their family or friends. It provides the physician with some type of bias which makes the physician act out of emotion instead of rationality.

Childress's partnership model allows for a progression of the patient-physician relationship, but it can be difficult to achieve. The partnership model posits that the physician should strive to achieve a "shared value of health" between the physician and the patient,[17] thus creating a mutual relationship based on mutual trust. Childress explains this best, "Within this model the physician helps the patient to help himself, while the patient persues expert help to realize his (and the physician's) ends."[18] Since the partnership model calls for a shared value, it requires a balance between both the physician and the patient. However, there may be certain stations where the physician will have to put more effort into the scientific atmosphere of science or act professionally. An example of this is could be an emergency medicine physician dealing with an emergency patient. They may not have the time to talk to the patient since they are providing lifesaving procedures that are time sensitive. Not to mention, the patient may be unconscious if it is an emergency. So, in this situation, the physician needs to cling more to the scientific role of medicine. Moreover, they may have to act towards the opposite spectrum by providing more support than science for their patients. Groopman's, Letter to Patients, represents a good example of when support is needed over science. The essay speaks to the reader from a patient's point of view. Groopman states,

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[17] Ibid, 75 - 76

[18] James F. Childress, "Metaphors and Models of Doctor-Patient Relationships: Their Implications for Autonomy."

> "You ask me how you can be a good patient. Why do you want to be a good patient? Is it because you are afraid? It's natural to be afraid in the face of illness, and one response to being afraid is to try to be good, because we believe if we are good, we'll be taken care of, be protected and safe."[19]

This quotation represents how fearful patients are because they are sick and are not really in control of their life anymore. Patients are putting a lot of trust and dedication into trying to be 'good' for physicians. When physicians realize that patient's need additional empathy and care due to their feelings, this is when physicians should practice humanistic medicine. The physician is the only person who could possibly help and be there for them. Although they should practice humanistic medicine, it can be hard to maintain a balance between science and clinical medicine. This balance of "shared value of health' can be difficult to fully achieve in an actual medical setting since the patient may demand more or less of a certain role depending on the situation.

I offer a model that synthesizes the friendship and partnership model which can be referred to in this thesis as the compassionate-trusting model. When the strengths of the friendship and partnership models are used together, it can allow for an extremely virtuous relationship between the physician and patient. The compassionate-trusting model is needed because it consists of the positive traits of both theaforementioned models, while mitigating the potential consequences of using only one of them.. The combination creates a much more humanistic argument that tends to challenge the previous criticisms. It allows for a balance to be found between the relationship of friendship and partnership so there is not an excess or deficiency found in the relationship. If followed correctly, the compassionate trust model is lined up to create goals within medicine

[19] Groopman, Leonard C. "On Becoming the `Good" Patient and Finding the "Right" Doctor. In Surviving Health Care: A Manual for Patients and Their Families edited by Thomasine Kushner, 1-12. New York: Cambridge University Press, 2010.

involving not simply the quality of life for a patient but the quanity of life as well. It opens up the capacity to fully treat the human being and not only the disease at hand embracing the previous virtues discussed such as compassion and trust. This model allows the physician to finally understand the individual fully and achieve a respect for the person. Generally, the compassionate-trust model allows the physician to get the job done like the technician model but in a more effective way by recognizing the importance of the patient's feelings during the process.To completely understand this model, one should first try to define what exactly medicine is composed of: is it a science or an art.

A hypothetical example of the compassionate-trusting model being utilized could be a physician, Doctor Jimmy, treating a patient with a chronic illness, Pam. Pam is a twenty-six-year-old woman who comes in for routine checkups once a year to check up on her chronic illness that was diagnosed with when she was seven. She experiences a stressful life due to the lifelong pain associated with the illness, but she is typically positive about the situation. However, this year Pam seems to be in more pain and suffering than usual. Most technician modeled physicians would have treated her chronic illness and sent Pam along her way. A compassionate-trusting modeled physician would investigate the case a bit further. This type of physician would begin to unravel hidden factors after talking to Pam. Apparently, she lost her job and has been struggling financially for some time. After additional discussion, Pam tells Doctor Jimmy that she is thinking about taking her own life. Doctor Jimmy begins to understand that Pam is suffering from mental illness which is probably not helping her previously diagnosed chronic illness. Pam acknowledges she needs help. So, Doctor Jimmy solves the case by offering support and getting Pam the mental health care she needs. Since Jimmy investigated compassionately to create a trusting relationship, it allowed him to treat Pam more holistically and accurately.

Currently, the advancements of science and technology are controlling medicine. These advancements are helping physicians cure and diagnose diseases at a faster pace. This can be seen as a definite benefit. The benefits of technology relating to medicine can be observed by evaluating medical history. Scientists discovered numerous inventions which have helped medical professionals today such as MRI machines. If a patient is admitted into the ER after a traumatic brain injury, the first step is to run an MRI scan to localize where the brain was injured. This could help determine the diagnosis and then treatment. Although these advancements can be beneficial, they are taking away from the humanistic side of medicine. These advancements are making a physician's job easier and sometimes completing the job for them which takes away from the artistic side of medicine and the important practice of humanistic medicine. It is almost as if there is no need to create beneficial relationships with patients, which provide better care, since their medical experience is shorter. There does not seem to be any need to uncover the patient's narrative as previously discussed. Current examples of this become apparent through current training of medical students and residents in the COVID-19 pandemic. Students are now being taught scientific procedures and interactive experience virtually, especially in the surgical field.[20] Although virtual reality can help enhance an experience, it should not be the only way of teaching. The hands-on experiences are minimized for safety reasons but may have the consequence of devaluing interaction with the patients. This led to the questioning of whether medicine is an art or a science. Is it one or the other, or is it possible that it can exist as both an art and science?

[20] "Future of Healthcare: 10 Ways Technology Is Changing Healthcare," accessed December 11, 2020, https://medicalfuturist.com/ten-ways-technology-changing-healthcare/.

## 2.3 – Art or Science?

Medicine can be viewed as a science. There is an extremely important scientific role of medicine that is utilized by physicians due to advances in the medical science community. Physicians are taught medicine through science; therefore, medicine must be a science. This can be seen from the first two years of medical school being focused heavily on only scientific content, not hands-on experience. There is something missing, however from most individuals' perspective of how medicine is a science. Medicine is a science but not a pure one. Pure sciences are the typical disciplines that one thinks of such as biology, chemistry, or physics. Medicine is an applied science meaning it is not itself a distinct discipline,[21] Rather, it uses all the sciences depending on the situation. This interdisciplinary way makes medical science more unique and important. An example of the applied science section of medicine can be seen from a simple patient diagnosis. The physician must map together all of the patient's symptoms through sciences to predict the disease.[22] This diagnose utilizes biology, chemistry, physics, or another form of mathematics and a deeper critical thinking to synthesize everything together.

As previously mentioned, medicine can also be viewed as an art. The art within medicine is expressed in the clinical role of medicine, which is the focus of the last two years of medical school. The clinical role of medicine is where the physician learns from experience and begins their interaction with patients. This experience of interaction allows these skills to be formed when handling patients and diseases.[23] This art of interaction creates an environment in which the patient is respected and the physician is trusted. The experience can be compared to a philosophy professor

[21] Panda, "Medicine: Science or Art?" Medknow Publications, January 2006.
[22] Julian Reiss and Rachel A. Ankeny, "Philosophy of Medicine," in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta, Summer 2016 (Metaphysics Research Lab, Stanford University, 2016), https://plato.stanford.edu/archives/sum2016/entries/medicine/.
[23] Panda, "Medicine: Science or Art?" Medknow Publications, January 2006.

teaching philosophy. The student may understand the philosophy but needs to grow the skill of philosophizing through their own experience.[24] The same type of results can be seen in someone practicing medicine. This means the art of medicine is understood through the practice of it. Since medicine is an applied science as previously mentioned, there must be practice within it. This is due to the assumption that all applied sciences are simply the application of pure sciences related to specific cases.[25] So, there must be both science and art within medicine.

This synthesis of both art and science being involved within medicine was first introduced in the Hippocratic oath. The oath was made for physicians promising they will be diligent in all their duties and follow the certain rules provided within said oath. Two lines which pertain to the combination of art and science in medicine is as followed:

> "I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow… I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug."[26]

The first line represents the applied science concept by respecting previous scientific gains and attempting to gain knowledge in the scientific field. In the second line, Hippocrates wanted to establish that both science and art should be taken into account when physicians treat patients. When this artistic side of medicine is represented, they become great medical practitioners with the help of the virtues previously mentioned in this chapter. The second line also provides insights on the way art is significant throughout medicine. It represents that the act of practicing medicine

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[24] Ibid
[25] Ibid
[26] Tyler, Peter. "The Hippocratic Oath Today." PBS, Public Broadcasting Service.

will always outweigh the scientific principles taught to physicians. So, it is safe to say that medicine is mainly an art that is practiced with an applied science component included.

Since it has been determined that medicine is both art and science, specially a practiced art with an applied science component, one can finally look a bit further into the real issue of this thesis. Medicine is both an art and a science but in modern times, the balance is challenging to obtain. Since medical schools are only teaching students about the scientific component, values of humanistic medicine are either not being experienced or lost. This leads to the issue in current medicine that science is taking over the way physicians treat their patients. As if, medicine has become a robotic transaction.

## 2 – Medicine: Medicalization and Narrative Ethics

### 3.1 – The Issue of Only Science

Although the advancement of science and technology is significantly beneficial within today's society, when it involves medicine, there are some issues. All physicians include medical science in their daily practice so they can treat patients accordingly. Lately, it is seen that physicians have been including too much science in their daily practice. This tends to happen when physicians view patients as experiments or merely a data point rather than humans. Not only does this undermine a patient but they are no longer succeeding in their practice within the compassionate trusting model thus diminishing the art of medicine previously discussed. A physician's duty is to not only treat the disease at hand but also treat the human's mind, body, and soul.

A previous example of when science undermined a patient can be seen in *The Immortal Life of Henrietta Lacks*. The book described the life of an African American woman who discovered she had cervical cancer. John Hopkins is the only hospital that Henrietta could attend during this timeperiod due to her race. So, she was admitted to the hospital and treated under the care of Doctor George Gey. Doctor Gey decided to begin a research project involving the progression of cancer cells since cancer was vastly misunderstood. It sounded like a good idea from the surface, but this physician proceeded to obtain cancer cells from his patients without their knowledge. Henrietta Lacks was one of those patients, but Henrietta's cells were special compared to other patients. Henrietta's cells (HeLa) are some of the only cells that can reproduce in a petri dish and thus be used for future cancer research. Doctor Gey continued to grow HeLa cells and

give them to other medical researchers to further progress the field of science.[27] These HeLa cells are still currently used today to research certain diseases including cancer.

So, besides ethical dilemmas presented in this situation that are morally wrong regarding medicine, there were some underlying scientific discoveries. These discoveries included the progress of growing cells in a petri dish and investigating diseases that kill many like cancer, polio, and AIDS. Even though these impressive scientific discoveries were made, Doctor Gey undermined Henrietta as a human being with the assumption that it was acceptable to take her cells without her permission. A main factor behind what distinguishes a human being is their autonomy, which is essentially a patient's independent freedom to make their own decisions. So, when a physician takes away a patient’s autonomy, they undermine them as a patient and even undermine them as another human being. In this situation, Doctor Gey let the future and advancements of science take hold of his career. Essentially, he was a physician without the clinical role of medicine. He was not striving to achieve the overall goal mentioned earlier to aid a patient but to mainly progress scientific finds.

Although the case involving Henrietta Lacks is several decades old, it does not weaken the importance of physicians losing humanistic values due to science. In fact, cases like Henrietta Lacks still exist today! These present-day cases involve a process called medicalization. Medicalization has been defined as “a social process through which a human experience or condition is culturally defined as pathological and therefore treatable as a medical condition.”[28] In simpler terms, medicalization is when symptoms, experiences, or conditions are seen to be treatable as a medical condition. Some ‘medical condition’ examples using medicalization would

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[27] Rebecca Skloot, *Immortal Life of Henrietta Lacks*.
[28] Bjørn Hofmann, *On the Social Construction of Overdiagnosis Comment on Medicalisation and Overdiagnosis: What Society Does to Medicine*, 2017.

be obesity, alcoholism, sexual abuse, etc. The term medicalization is not only related to biological causes but roots from a sociological function through medical sociologist. An example of this could be seen through obesity. Biologically, obesity is when someone is extremely overweight which leads to other health issues such as diabetes, heart disease, and more. This is something that can be seen from statistics and proved biological analysis. From a sociological standpoint, obesity is seen as something that has now been over sensitized which may create people to become over sensitive and view it in a bad light since it seen as something only treated by a procedure or with medicine. It has become something more than a problem one can fix with losing weight but a disease missing holistic values of the human. Since obesity is now labeled as a disease it leads to money being made in the market of medicine. Plastic surgeons can easily advertise that obesity is not only bad for your health, but something frowned upon in the social world around us. These surgeons can then make money from liposuctions and other cosmetic surgeries when there were other ways of treating this issue instead of medicalizing it.

In a way, medicalization is a positive attribute to medicine because it allows the biomedical field to constantly grow scientifically. This can be seen as a positive factor because it helps physicians diagnose and treat patients with more challenging diseases in an effective way. One example of positive medicalization could be the idea of infertility.[29] The issue involving infertility complications has been around since the turn of the century, but no one viewed it as a disease, just a medical issue that is unsolvable. However, with new technologies, infertility has become something that infertility clinics can diagnose and try to treat. In a way, infertility becoming a disease opened up ideas from scientists of how to provide infertile parents with hope and success

[29] "Medicalization: Scientific Progress or Disease Mongering?," NYU Langone Health, accessed January 27, 2021, https://med.nyu.edu/departments-institutes/population-health/divisions-sections-centers/medical-ethics/education/high-school-bioethics-project/learning-scenarios/medicalization-ethics.

within this field. Without it, these people would have continued to be overlooked and infertility would still be an issue today.

Another example of positive medicalization can be related to the idea of transgendered bodies. In the past, transgendered individuals were often overlooked and no one in medicine took the time to try to understand the importance of the human body to a transgendered person. This led to many psychological issues within transgendered individuals who could never be the person they wanted to be entirely. In the last decade, transgendered body transformations have become an increased medicalization need. Medicalization allowed science to come up with a way to diagnose a transgendered person who was born with the "wrong" genitalia. Now surgeons are able to operate and change this uncomfortable dysmorphia transgendered individuals have. Not only does this help the individual at hand, but it helps encourage the LGBTQ+ community since science is advancing in their favor. Therefore, the example of medicalization in transgendered bodies has created a positive revolution in today's society.

Medicalization is more often seen as a negative though since it takes away from the humanistic part of medicine by reducing the complex person with goals and values to a biological object. When medicalization does this, it can be viewed as "over-medicalization".[30] Over-medicalization happens when the biological processes become the fundamental analysis component. So, when patient/human symptoms, experiences, or conditions become viewed this way, the patient/human becomes a set of medical processes. Since the patient/human becomes a set of medical processes, they are undermined by science and all humanistic qualities tend to

[30] Emilia Kaczmarek, "How to Distinguish Medicalization from Over-Medicalization?," *Medicine, Health Care, and Philosophy* 22, no. 1 (2019): 119–28, https://doi.org/10.1007/s11019-018-9850-1.

disappear. Overall, medicalization (especially in supreme forms) takes away the subjective qualities of a person and only focuses on their body as merely an object for science.

An example using over-medicalization would be a woman being treated for depression as a disease when she mainly has the external factor of an alcoholic husband causing the sadness. This was a real case that a psychiatrist recalled in *On Good and Bad Forms of Medicalization*.[31] The psychiatrist gave the woman antidepressants to treat her medicalized depression disease. However, when the psychiatrist asked her how she felt on the medication weeks later, she replied, "I feel so much better. But I'm still married to the same alcoholic son of a bitch. It's just now he's tolerable." This is when the psychiatrist had the epiphany, science may not always be able to treat the 'problem' or 'disease' at hand. The woman's problem was rooted within her relationship involving her husband, not within biological depression.[32] However, the physiatrist did not see this until he already undermined her as a patient and followed medicalization protocol. But now he does see this, because he is listening to her goals and understanding her values as a human being. Situations like this are seen a lot with mental illnesses but recent studies have proven that there is not even one distinct form of depression but multiple. Therefore, psychiatrists need to utilize the clinical role of medicine (along with other physicians) before taking the easy way out, which is over-medicalization.

Another example of over-medicalization that could relate back to the gender and sex of an individual occurs in intersex individuals. Medicalization has shown a positive effect for transgendered individuals since they now have the choice to change their body with how they see fit. Intersex is the opposite, where an individual may be born with male and female genitalia/sex

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[31] Eric Parens, "On Good and Bad Forms of Medicalization," in *Bioethics*, 2013.
[32] Ibid

hormones. Medicalization has created a stigma that growing up as an intersex individual is challenging and abnormal. Since intersexuality has been stigmatized this way, physicians now offer surgical procedures on newborns. These surgical procedures are an attempt to assign a gender and sex to these newborns in hopes that it creates a normal life. This idea is summed up in a 2013 United Nations report describing the torture, "Children who are born with atypical sex characteristics are often subject to irreversible sex assignment, involuntary sterilization, involuntary genital normalizing surgery, performed without their informed consent, or that of their parents, 'in an attempt to fix their sex,' leaving them with permanent, irreversible infertility and causing severe mental suffering." [33] The issue with medicalization forming these new scientific surgeries is that these children now have to grow up being confused with their identity. They do not know the nature of their being and often become confused from the multiple sexual identities they were born with since the surgeries only fix the external qualities of intersex individuals not the internal qualities.

Although medicalization can be seen as a good trait, the theory of over-medicalization is beginning to become predominate in society. Medicalization has allowed medicine to evolve when it pertains to science and technology. In certain cases, this could be seen as revolutionary at times. We need limited amounts of medicalization to grow through new medical finds, however we need to protect society from over-medicalization. Over-medicalization is typically overlooked because it can create an outcome that may be seen as good on the surface. For example, surgeons gaining business based on the fact that they can market against abnormalities such as obesity or being born as an intersex individual. Socially, over-medicalization is a type of stigmatism that has to be

[33] "'I Want to Be Like Nature Made Me,'" Human Rights Watch, July 25, 2017, https://www.hrw.org/report/2017/07/25/i-want-be-nature-made-me/medically-unnecessary-surgeries-intersex-children-us.

recognized and stopped because the scientific role of medicine could potentially take over the clinical role of medicine. The main values of humanistic medicine do not align with medicalization, so there is a way humanistic medicine could help challenge medicalization. In particular, narrative ethics, which can be seen as a way of ethical thinking when practicing humanistic medicine should be further explored.

## 3.2 – Ethical Significance of a Narrative

There is noticeably an epistemic model that unbalances the humanistic model in several current day situations due to the prevalence of science. So, it can be questionable whether the medical community can ever find a balance between science and art. Nevertheless, with further evaluation it can be achieved. Maybe there is additional information that should be taught to physicians especially regarding their clinical role. This information can involve the study of analyzing a narrative. Within a physician's busy life, it may be easier to over-medicalize or undermine a patient, but a patient's narrative is arguable the most important aspect to treating a patient with better detail. A person's narrative is the story of their life. The physician unravels the patient's narrative through the physician-patient relationship to better understand how to treat them best.[34] Discovering the patient's narrative can be compared to reading a story book and unraveling the lesson behind the plot.

Humans process narratives throughout their whole life. An example would be a young child reading a story book and retaining a lesson from it. This young child took the time to understand the narrative, so why can't physicians? These narratives provide stories which produce knowledge

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[34] Faith L. Lagay, "The Ethical Force of Stories: Narrative Ethics and Beyond," *AMA Journal of Ethics* 16, no. 8 (August 1, 2014): 622–25, https://doi.org/10.1001/virtualmentor.2014.16.8.jdsc1-1408.

because the reader pays attention to the characters. Humans tend to care when they realize the information involving the characters in the novel. Another narrative example is *the Immortal Life of Henrietta Lacks*. Henrietta did not deserve to be treated the way she did. The book was written to provide the background material to comprehend this. Without it, one would not be able to know the story of Henrietta Lacks.

This application of narrative ethics involving Henrietta Lack's story can be seen in chapter six. This chapter begins by describing when Skloot originally contacted Roland Pattillo about investigating more details involving the Henrietta Lacks case.[35] Roland begins to quiz Skloot on understanding the unethical situations most African Americans had experienced up to then since Roland thought Skloot was simply another form of media trying to explore the Henrietta case without considered her life, only the science. Skloot was able to impress Roland by representing how much she cares about ethics. This is how the journey of unraveling Henrietta Lack's story began. It can be accepted that not all narratives can be "read" easily, and some are difficult, but we have narratives that should be paid attention to especially if you are a physician or medical scientist.

Narrative ethics can be evaluated on a case-to-case basis, it is essentially a way of thinking about ethics like in the case called "please don't tell".[36] The case presents a young male adult, Carlos, who comes into the emergency room with gang violence gunshot wounds. After evaluation the physician realizes Carlos does not have medical insurance which made his stay at the hospital shortened. The physician suggests that Carlos hires an in-home nurse to assist with the follow-up care he needs. Since Carlos lives with his sister Consuela, Medicare will not pay to hire an in-

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[35] Rebecca Skloot, *Immortal Life of Henrietta Lacks*.
[36] Leonard Fleck and Marcia Angell, "Case Studies: Please Don't Tell!," *The Hastings Center Report* 21, no. 6 (November 1991): 39, https://doi.org/10.2307/3562362.

home nurse since he has a caregiver at home already. Consuela agrees to take on the responsibility of becoming Carlos's caregiver for the weeks following. However, the catch is Carlos informs his physician of a pre-existing HIV virus that he has. Carlos insists on the physician not informing Consuela of his HIV disease even though she will be the one in charge of his wound care. Apparently Carlos has been a homosexual individual for years and has kept it a secret from his whole family. He believes if his sister is notified of the disease, the news will spread to his father who will practically disown him.[37]

The Hasting's center published this case with two scholarly views reviewing the case through different ethical lenses. The first lens took a standpoint from Maria Angell, where the physician is obligated to tell Consuela about her brother HIV virus. The physician is obligated to the standing that Carlos is putting another life in jeopardy. This standpoint also thought that Carlos owed Consuela a great deal due to her wanting to take care of him, so it is only necessary to make Consuela be aware of his HIV status by breaking confidentiality.[38] Although this standpoint may look sound through a Kantian view, it does not necessarily take into consideration the patient's narrative in full. This is providing great stress for Carlos due to the fact that he has not come out yet to his family. Any physician who takes the time to hear this information and truly understand Carlos's situation should know that HIV is not exactly a good enough reason to bring confidentiality.

The second standpoint from the Hasting's center consisted of a more narrative ethics approach from Leonard Fleck.[39] For instance, Fleck begins by understanding that Carlos has his own worries and concerns from his own life as well. This is important so physicians can recognize

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[37] Ibid
[38] Ibid
[39] Ibid

that they are not only treating the patient's physical issue at hand but mental ones as well. It is the right as a virtuous human to want to serve medically ill patients to the best of the physician's ability, in which trying to understand the patient's narrative allows for this. After evaluating Carlos's situation, it can be determined from a narrative ethics opinion that the physician is not required and should not breach confidentiality. When one breaches confidentiality, it is typically because there is a huge threat towards others. If Carlos said he wanted to murder another human being, a physician is obligated to breach confidentiality. Fleck describes this theory by thinking about hundred different surgeons operating on one HIV patient.[40] If one out of a hundred of the surgeons has an open wound, they will contract the disease, but it is unlikely even then with proper care. So, it can be decided that Consuela does not need to know necessarily about the HIV virus. This is because the physician has the opportunity to encourage Carlos to discuss the issue with Consuela and educate him on the consequences of his actions. Besides dealing with the narrative of Carlos, the physician can still have respect for persons regarding Consuela as well. The physician can choose to monitor Carlos's care and provide correct education on proper wound care. This would allow both Carlos and Consuela's narratives to be protected and safe.

An interesting way to process narrative ethics can be in regard to medical malpractice. Nearly 225,000 patients die yearly due to medical malpractice. Some forms of medical malpractice include surgical issues, misdiagnosis, and overlooked neglect. Medical malpractice is the third leading cause of death in the United States and only around 2% of cases are actually reported and documented.[41] The reason why medical malpractice is so prevalent in the United States simply relates to the issue of no balance between clinical and scientific medicine. Physicians become so

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[40] Ibid

[41] "Medical Malpractice Statistics," Keller & Keller, accessed January 28, 2021, https://www.2keller.com/library/medical-malpractice-statistics.cfm.

invested in their scientific work that they do not take a step back to process the clinical side of medicine previously discussed.

Most medical malpractice cases are due to a misdiagnosis or unnecessary surgery.[42] In these types of situations, it is typical to find that the physician missed an important detail in the patient's records, symptoms, and background leading to a negative result. In other words, the physician never fully connected the patient's story together. Although this is a reoccurring theme, it can be resolved from utilizing narrative ethics within daily medical practice. Narrative ethics can allow the physician to stem together all the possibilities of diagnosing, treating, and outcomes by retaining all the information provided. Think of this almost like when a detective pins up clues on a wall and connects them to eventually solve the case. It takes all the information include the narrative of the case to understand the next action.

If a physician pays attention to the narrative of a patient, ethically they are more willing to care for that person and the patient's surrounded love ones as seen in Carlos's case above. Not only will they be willing to care, but they will know what is best for that person which can be compared to the want to decrease medical malpractice within the United States. The patient's narrative unraveled creates a respect between the physician and patient where the patient can trust a physician in their darkest times. This represents the humanistic side of medicine practiced through the compassionate trusting model since there is a correct balance between the physician and patient without disregarding humanistic virtues as presented in an earlier chapter. If a physician can sit down and try to reach the goals of understanding their patient's narrative, they are finally practicing the art within medicine and reaching success in the clinical role of medicine.

[42] Ibid

Therefore, the essential way to reach a balance between science and art within medicine is through physicians understanding the narrative of their patients.

One may wonder what makes narrative ethics better than other ethical theories like Kantian ethics and utilitarianism. The truth is that some may see narrative ethics as pointless teaching since the patient's autonomy may be more than justified through these other theories or it may be a distraction for the science that should be taught in medical school. However, I argue narrative ethics is the most moral ethical theory and should be taught because it relates to the humanistic factor of medicine. Kantian ethics and utilitarianism may respect a person's autonomy but only because it is their "duty" or because it may result in the best outcome for all proved by an equation. But where is the care and compassion in these ethical theories? They do not truly empathize with the patient and represent the important virtues needed to understand a human being and treat them the best way possible. Narrative ethics approaches a patient as another human being who is unique and has their own story worth noting in which the other ethical theories do not. That is why narrative ethics is the most important ethical theory relating to medicine, since it incorporates the humanistic desire of the art. Narrative ethics could be a way of challenging medicalization since it relies heavily on the artistic role of medicine instead of solely on the scientific role of medicine.

### 3.3 – Challenging the Issue Through a Narrative

Narrative ethics as discussed in the previous section presents the ability to challenge a physician's typical scientific thinking to become more humane and virtuous. Thus, creating a balance between both the scientific and clinical side of medicine. Since over- medicalization is essentially the ability of applying too much science to certain problems within medicine, narrative ethics may be a helpful solution. Narrative ethics can help challenge over-medicalization by

indulging into not only the patient's physical issue but their overall well-being. The over well-being of a patient can only be processed when all the information is provided. So, uncovering personal traits about the patient may help with treatment. Since the physician can become closer to the patient through narrative ethics, it allows them to see what may be best for the patient. Therefore, narrative ethics can help the physician see the problems with over-medicalization. This may be a way that physicians can stop over-medicalization before it occurs again by using a cause-and-effect approach.

The woman who previously had external issues causing her depression can be a previous example of narrative ethics challenging medicalization. It is important to revisit this example from, *On Good and Bad Forms of Medicalization*, because it allows one to think like a true narrative ethicist. The woman came into a psychiatrist seeking help with her onset depression. She could not understand why she was feeling so bad about her life, so the psychiatrist simply prescribed some antidepressants and figured her symptoms would eventually decrease.[43] However, that was not the case. It is found that most psychiatrist today only typically prescribe medications to help with mental illnesses instead or before listening to the patient's full circle issue. Narrative ethics strives on the fact that everyone has a story and these medical issues provided by patients can be caused by more than what is on the surface. If this psychiatrist used a more narrative ethics approach, they would have been able to discuss the external factors occurring in the woman's life that is aiding in her depression. So, the psychiatrist would know that antidepressants are prob ably not the best way to treat the patient since she may need psychotherapy and additional humanistic support.

[43] Eric Parens, "On Good and Bad Forms of Medicalization."

Another example of medicalization on a simpler level is the issue of bleeding out. For decades, physicians could not help patients who had lost too much blood. This was until the 1800's, when a surgeon conducted the first successful blood transplant. However, blood transfusions were still not understood completely until the mid 1900's. This issue became medicalized at the time being, so a solution was found through science.[44] Blood transfusions are still extremely common today, but at times they can cause issues within certain religious views. For example, a Jehovah Witness patient believes that a blood transfusion is evil and impure. There is a common ethical case called "Jack and Jill" which can been evaluated through several ethical practices.

The Jack and Jill case involves the physician, Jill, meeting the patient, Jack. Jack is a patient who has been hospitalized for appendicitis. Jill is preforming a very simple surgery to remove Jack's appendix but when visiting him, Jack seems uneasy. He expresses to Jill that he is a Jehovah's Witness and if he loses a lot of blood, he cannot receive any and will die. Jill assures him that she will keep that in mind, but he is in safe care for this simple surgery. During surgery, Jill accidently pierces Jack's artery causing him to begin bleeding profusely. Jill hesitates but decides to give Jack a blood transfusion. Jack does not make it through the operation and Jill has many questions towards her decision.[45]

It is important to recognize why narrative ethics is a superior method of ethics compared to ethical theories that are very different. To do so, this Jack and Jill case can be assessed to another ethical theory which approaches through a unique lens, Kantian ethics. From the Kantian ethics theory, one would assume that Jill has the duty to save Jack's life as a physician. Fore, she took an

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[44] "History Of Blood Transfusions 1628 To Now | Red Cross Blood Services," accessed March 12, 2021, https://www.redcrossblood.org/donate-blood/blood-donation-process/what-happens-to-donated-blood/blood-transfusions/history-blood-transfusion.html.
[45] Jens Erik Paulsen, "A Narrative Ethics of Care," *Health Care Analysis* 19, no. 1 (2011): 28–40, https://doi.org/10.1007/s10728-010-0162-8.

oath in medical school to practice benevolence. This is seen in that oaths first line which was, “do no harm”.[46] So, from a Kantian view, Jill made the correct decision by giving Jack a blood transfusion since that was the best solution to saving his life. The duties one takes should overcome all and a principalist theory should be established. Although, his life was not able to be saved, in Kant’s eyes she did everything she could do. However, a Kantian lens approaches this situation completely different than a narrative ethics lens would.

Narrative ethics would have taken a more care ethics approach and been routed within virtue.[47] Although, narrative ethics recognize that the patient should have no harm done to them, it approaches it in a unique case-by-case way. In this specific example, Jill did good by talking to Jack before his surgery. She listened as he addressed his concerns with his future. However, she did not make an ethical decision during the surgery by giving him a blood transfusion. Jill may have given him blood in hopes of saving his life, but based on his narrative, she did not choose this based on his quality of life but only quantity. Narrative ethics allows one to see the quality of life along with the quantity which is nearly as important. Let’s envision this situation as if Jack actually lived. If Jill disclosed the information of him receiving blood, he would have felt as if there was a demon flowing through his body. This would have cause internal conflict, conflict between his church, and possibly conflict within his family who are also Jehovah’s Witness. If anyone was Jack in this version of the situation, they would not want to go on living thus the quality of their life is completely diminished. Therefore, narrative ethics takes the approach that focuses on the patients beliefs, values, and story to determine what is best for the patient instead of relying solely on science.

[46] “The Hippocratic Oath Today.”
[47] Paulsen, “A Narrative Ethics of Care.”

Even though this ethical dilemma focused on an older and more simpler medicalization issue instead of a present one, it demonstrates how medicalization can effect certain people even if it is over time. If Jill would have followed a narrative ethics approach, she would have been able to challenge the idea behind medicalization in this situation which says that blood transfusions is the only way. This situation evaluated by narrative ethics represents why it can be seen as a better ethical theory for physicians to follow since it can also challenge medicalization. Overall, narrative ethics allows physicians to channel their humanistic medicine values to challenge the scientific role of medicine.

## 4 - Conclusion

Through this thesis, I have argued that humanistic medicine should be utilized to provide ethical guidance in the field of medicine. In order for humanistic medicine to be thoroughly practiced, one must understand that although there are the fundamental sciences that goes into medicine, it is foundationally a practice or art. Next, one needs to comprehend that humanistic medicine can be best represented through the compassionate-trusting model. This model allows an important amount of compassion and trust to be added to the physician-patient relationship. Not only is the compassion and trust replicated to the patients, but a physician can use this model for their own personal help. For, a physician cannot treat patients if they are not well themselves.

Once, the concepts of humanistic medicine are learned, they can be used in practice. The use of humanistic medicine in practice helps challenge medicalization. Medicalization leads to physicians not practicing humanistic medicine but focusing solely on the scientific side of medicine. This reduces the human being to a science experiment. This issue in medicine can be challenged through humanistic medicine. Humanistic medicine can be taught and explored through the field of narrative ethics. As previously explained, narrative ethics fosters the physician taking the patient's whole story into account is when the physician when making ethical decisions. Narrative ethics is a way to practice of humanistic medicine because it signifies prioritizes the humanistic value to a patient. This form of ethical thinking helps a physician challenge medicalization by realizing, at the end of the day, the patient is a human being as well. The wise physician William Osler once said a quote that summaries this thesis, "the good physician treats the disease; the great treats the patient who has the disease."[48]

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[48] Robert M. Centor, "To Be a Great Physician, You Must Understand the Whole Story," *Medscape General Medicine* 9, no. 1 (March 26, 2007): 59.

**Bibliography**

Bjørn Hofmann. On the Social Construction of Overdiagnosis Comment on Medicalisation and Overdiagnosis: What Society Does to Medicine, 2017.

Centor, Robert M. "To Be a Great Physician, You Must Understand the Whole Story." Medscape General Medicine 9, no. 1 (March 26, 2007): 59.

Eric Parens. "On Good and Bad Forms of Medicalization." In Bioethics, 2013.

Fleck, Leonard, and Marcia Angell. "Case Studies: Please Don't Tell!" The Hastings Center Report 21, no. 6 (November 1991): 39. https://doi.org/10.2307/3562362.

"Future of Healthcare: 10 Ways Technology Is Changing Healthcare." Accessed December 11, 2020. https://medicalfuturist.com/ten-ways-technology-changing-healthcare/.

"History Of Blood Transfusions 1628 To Now | Red Cross Blood Services." Accessed March 12, 2021. https://www.redcrossblood.org/donate-blood/blood-donation-process/what-happens-to-donated-blood/blood-transfusions/history-blood-transfusion.html.

Human Rights Watch. "'I Want to Be Like Nature Made Me,'" July 25, 2017. https://www.hrw.org/report/2017/07/25/i-want-be-nature-made-me/medically-unnecessary-surgeries-intersex-children-us.

James F. Childress. "Metaphors and Models of Doctor-Patient Relationships: Their Implications for Autonomy." In Biomedical Ethics, 7th ed., 74–82. New York, NY: The McGraw-Hill, 2011.

Kaczmarek, Emilia. "How to Distinguish Medicalization from Over-Medicalization?" Medicine, Health Care, and Philosophy 22, no. 1 (2019): 119–28. https://doi.org/10.1007/s11019-018-9850-1.

Lagay, Faith L. "The Ethical Force of Stories: Narrative Ethics and Beyond." AMA Journal of Ethics 16, no. 8 (August 1, 2014): 622–25. https://doi.org/10.1001/virtualmentor.2014.16.8.jdsc1-1408.

Keller & Keller. "Medical Malpractice Statistics." Accessed January 28, 2021. https://www.2keller.com/library/medical-malpractice-statistics.cfm.

NYU Langone Health. "Medicalization: Scientific Progress or Disease Mongering?" Accessed January 27, 2021. https://med.nyu.edu/departments-institutes/population-health/divisions-sections-centers/medical-ethics/education/high-school-bioethics-project/learning-scenarios/medicalization-ethics.

Panda, S.C. "Medicine: Science or Art?" Mens Sana Monographs 4, no. 1 (2006): 127–38. https://doi.org/10.4103/0973-1229.27610.

Paulsen, Jens Erik. "A Narrative Ethics of Care." Health Care Analysis 19, no. 1 (2011): 28–40. https://doi.org/10.1007/s10728-010-0162-8.

Pearson, Steven D, and Lisa H Raeke. "Patients' Trust in Physicians: Many Theories, Few Measures, and Little Data." Journal of General Internal Medicine 15, no. 7 (July 2000): 509–13. https://doi.org/10.1046/j.1525-1497.2000.11002.x.

Rebecca Skloot. Immortal Life of Henrietta Lacks. Picador, 2018.

Reiss, Julian, and Rachel A. Ankeny. "Philosophy of Medicine." In The Stanford Encyclopedia of Philosophy, edited by Edward N. Zalta, Summer 2016. Metaphysics Research Lab, Stanford University, 2016. https://plato.stanford.edu/archives/sum2016/entries/medicine/.

"The Hippocratic Oath Today." Accessed September 25, 2020. https://www.pbs.org/wgbh/nova/article/hippocratic-oath-today/.

“The Virtues in Medical Practice.” Accessed October 10, 2020.
http://eds.b.ebscohost.com/eds/ebookviewer/ebook/ZTAwMHhuYV9fMTUwMTkxX19BTg2?sid=c4f61b66-8b97-448d-99e8-470dd0e4add0@sessionmgr103&vid=7&format=EB&rid=1.