

Comment on “Carl Rogers' humanistic psychology in medical education: spaces and challenges”

Comentário sobre “A psicologia humanista de Carl Rogers na educação médica: espaços e desafios”

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Dear editor,

We read with great interest the article recently published in this scientific journal entitled “Carl Rogers' humanistic psychology in medical education: Spaces and challenges” (1). In it, the authors explore possible contributions of American psychologist Carl Rogers and his method of the “Person-Centered Approach” as a tool for practice and teaching in medical graduation (2). At the outset, we must declare that we fully share the vision and concepts exposed by the authors. In times of preference for publications of experimental clinical studies by scientific journals, it is extremely commendable that space is also opened for conceptual articles that explore ideas and discussions that are equally important for professional training and education. As the authors well assert, this debate is important to foster the construction of a humanized training of medical professionals, a skill as relevant to clinical practice as knowledge and mastery of semiology, the construction of clinical reasoning or even the conscientious use of the instruments offered by Evidence-Based Medicine. The relevance of such skills for conducting a proper medical interview is also highlighted, since data indispensable to the clinical reasoning are best obtained through a dialogue based on a relationship of welcoming and listening. In addition, the simple perception of acceptance in the doctor-patient relationship can, by itself, provide satisfaction and adherence to therapeutic proposals. Some additional aspects about the topic that are relevant will be discussed below and, in our understanding, could also be used by medical courses in order to train undergraduates in humanistic skills.

Initially, it is necessary to mention that there are in Psychology several schools and clinical currents of extremely relevant contributions to the treatment and approach of psychiatric disorders. However, it seems to us that the adequacy of the humanist approach to Psychology by Carl Rogers for the objective at hand is revealed precisely insofar as what is intended to be built here are skills and competences of the inter-subjective relationship between doctor and patient. In other words, more than clinical expertise in addressing specific psychiatric disorders, here we seek an adequate and practical theoretical framework for the development of competences for humanized clinical practice within the “generalist” profile of graduates in Medicine. Furthermore, as the authors point out, it is worth emphasizing that, in addition to the obvious importance of the described skills for professional practice, there is an express recommendation in the National Curriculum Guidelines of the Ministry of Education of Brazil (DCN) in the sense of humanistic-based training for medical education and training (3).

Secondly, we believe that the curricular subjects of Psychiatry and Mental Health represent an excellent opportunity and scenario for the development of these humanistic skills and competences. Thus, attitudes and skills such as empathy, the development of a therapeutic bond or “rapport” with the patient, as well as numerous communication strategies, could be satisfactorily

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trained and developed in the clinical settings and contexts of these disciplines. In addition, there is already a wide range of bibliographical references on the subject available that are suitable for undergraduates, which, although already used in undergraduate courses, may not yet have assumed the proper centrality that they should occupy in the training of medical professionals (4-6). Furthermore, Psychiatry is a medical specialty that, admittedly, has the capacity of clinical interviewing as one of its main skills (7). Thus, taking advantage of the good bibliography available on the subject, the clinical setting of these disciplines could be used to integrate theoretical-practical learning, perhaps offering a unique opportunity within the undergraduate course to the student, under the supervision of a psychiatrist or Mental Health professional, develop humanistic skills and good clinical interview and anamnesis.

Thirdly, and as an alternative to adapting to the current context of the pandemic, tools such as clinical video vignettes widely available on the internet could be used in a remote learning context for the same purposes. Approach models and interview techniques could be explored and discussed in a shared environment with further discussion between students and professor in a shared environment. Naturally, these pedagogical tools could be maintained during the transition to emergency hybrid teaching and, later, be ultimately incorporated into academic activities after returning to face-to-face activities. Fourth, in a more advanced graduation scenario, within the context of internships, medical graduation courses could, like the pioneering initiative of the Federal University of Rio de Janeiro (UFRJ), draw on experiences such as the integrated internship Mental Health and Family and Community Medicine to reinforce and develop skills for a humanized practice in real clinical practice scenarios and under multidisciplinary supervision (8). Such a learning scenario could certainly be used to develop these competences and seems to be a perfectly feasible possibility for most medical undergraduate courses in Brazil.

In summary, this letter to the editor sought to briefly contribute with some considerations for the necessary discussion on how to build a curriculum within the context of medical graduation that encourages the training of professionals capable of humanized clinical practice as recommended by the DCN (3). We described some reasons to corroborate the authors' view on the adequacy of Carl Rogers' humanist approach as a tool for the development of these clinical competences. Later, some alternatives were explored on how these skills and competences could be developed and worked on in the disciplines linked to the

Departments of Psychiatry and Mental Health and their practice scenarios to promote the training of professionals capable of exercising a humanized clinical practice. Finally, and especially in an apparently irreversible context of progressive incorporation of disruptive technologies, such as artificial intelligence and big data, in professional practice, without prejudice to other medical skills, the competence for a humanized clinical practice that effectively understands the biopsychosocial dimension of the health-disease process seems to us to be exactly the fundamental foundation to guide a good practice in Medicine.

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