

THE DOCTOR AS PERSON FELLOWSHIP PROGRAM: A PATH FOR PURPOSE IN HEALTHCARE

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What is purpose in healthcare? There are two ways we explore this question. First, we might employ the empirical method and gather data around people's purposes. But this is not the most important sense of the question. The empirical method is limited to description with objectivity as an ideal. Yet often when we speak of purpose, we ask not what the purpose of healthcare is in general but what my purpose in healthcare is. I want to know that I am doing something meaningful.

Medical education has historically emphasized an important scientific foundation, which led to the unintended consequence of splitting medical science and clinical care. Medicine has ever since wrestled with and even assumed a dichotomy between scientific and humanistic practice. Our emphasis is misplaced. Our practices flow first from who we are. We are first and foremost people before we are clinicians or scientists. This is at the heart of the Doctor as Person (DaP) Fellowship Program.

The DaP program is an 8-month fellowship drawing together medical students across the four years of their medical training to consider the deepest human questions that shape who we are as people. As a group of twelve, we have moved monthly through different texts and ideas, ranging from Tolstoy and Sartre on the meaning of life to cathedral visits to understand how architectural spaces shape our posture in the world. We ask questions and debate. New ways of being are often uncovered. Underpinning all these activities

has been an explicit attempt to move beyond simply “medical” questions and to touch on what it means to be human. We do best as people when we recognize that we are people.

The question of purpose necessarily flows from these existential explorations. We have a sense of our life's purpose more fundamentally before we have a sense of our purpose for life in medicine. Yet if we start with the latter, or at least find our full meaning therein, we are at risk of a truncated view of both ourselves and our patients. The latter have lives and dreams beyond their healthcare encounters. It is easiest for us to understand this when we recall that medicine is itself only a sub-world of the grand scheme of life, and to find our all in it is to miss something crucial. The program exists primarily for us to grapple with these things, not first as medical professionals, but as people, and not with the eye of the scientist, but of the implicated, affective, existential humans that we are. We also suffer and want to make sense of our lives. We see that we are just like our patients. This, rather than the mastery of communication skills, is at the heart of engaged, compassionate healthcare. It is the steppingstone to purpose in our work.

With both rising demands on healthcare systems and the vast accumulation of knowledge we encounter daily, we are increasingly busy without a destination. We need to make sense of our place in our world and healthcare. In small ways, the DaP program is a space to do that. The following are some of our fellows' contributions, whose reflections continue to challenge us in what it means to be first and foremost a Doctor as Person. ■

Biographical Note

Dr. Lester Liao is a Developmental Paediatrician at the Montreal Children's Hospital and Assistant Professor at McGill University, where he is Director of the Formation of the Professional as Healer longitudinal course. He is also Founder and Director of the Doctor as Person Fellowship Program and the Psychiatrist as Person Forum. His work focuses on the intersection between culture, the humanities, and medicine.