

Humanities and humanization in healthcare: the literature as a humanizing element for health science undergraduates

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This paper presents the results from a research project in which the main objective was to ascertain the benefits of including the Humanities Laboratory (LabHum) of the Center for History and Philosophy of Health Sciences (CeHFi), Federal University of São Paulo (Unifesp) as an elective discipline for promoting humanization in the context of medical and nursing students. The course focused on reflections from reading classics from the literature. Qualitative methods based on hermeneutic phenomenology were used. The results pointed towards the idea that literature enables deflagration of "interpellative experiences", i.e. moments of self-reflection that are capable of touching and educating to the point at which changes to vision and attitudes are incorporated naturally into the daily routine, so as to promote humanization.

Keywords: Literature. Humanization. Health education.

Introduction

Humanization and Health Education

The term humanization entails a range of acceptations and implies controversies as well. Nevertheless, when it comes to dehumanization, the opposite occurs. It seems that everyone understands its meaning, whether intuitively or for having suffered its consequences in some moment of their lives. Ortega Y Gasset, in 1925, already pointed to the dehumanization that prevailed in the new art emerging at that time and which failed to illustrate the dramas and passions of human life. Rather, it allowed artists to adapt their abstractions to express their feelings. The author defended the idea that the art which proposed a purely aesthetic work of art and, therefore, turned away from the human figure would be accepted for just a given time by a small group of artists or supporters of the pure aesthetic pleasure. For the author, it is not possible that

an aesthetic object unbound to people's lives is understood as an object of pure artistic creation. Therefore, detaching the artist's personal and social life from his creation would not have success to create pure art. In another context, although in a similar way, this would mean that the human being who is ill and consequently fragile needs, more than anyone else, be fully contemplated, i.e., in its physical, mental, emotional, social, cultural, and spiritual aspects¹.

In our country, the daily experience of attendance rendered to users by the healthcare services and the findings of assessment researches of these services have demonstrated that the quality of user's care is one of the most critical issues of the Brazilian health system. A public opinion survey conducted by the Brazilian Ministry of Health showed that, according to the user's evaluation, the way they were cared and the ability demonstrated by health professionals for understanding their requirements and expectations are factors that are even more valued than the lack of physicians, of space in hospitals and of medicines². This initial evaluation has drawn attention to issues related to what is conventionally called dehumanization in health and resulted in several actions that culminated with the implementation of the National Policy of Humanization of the Ministry of Health (PNH/Humaniza SUS)³.

Since then, some actions have been developed in clinics and public hospitals aiming at providing more comfort to patients and their families, such as: improved welcoming at the gateway through the participation of trained staff to do that; implementation of Ombudsman and Chaplaincy Services; placing nameplates in patients' beds, with the indication of their respective physicians, so that patients can be called by their names; applying questionnaires for evaluating users' satisfaction and other measures for optimization and care integration of patients, users of the health system⁴. Documents released by the Ministry of Health have clarified the initiatives concerning humanization. According to Deslandes, in these initiatives can be identified various senses, among which we cite: opposition to institutional violence; quality of care, associating technical excellence to ability of welcoming and response; taking care of the professionals' labor conditions; and increasing the communication skills between users and services⁵.

In spite of advances, the National Policy of Humanization of the Ministry of Health (Humaniza SUS) has been facing criticism and challenges since its creation, notably for the tendency of becoming a "school" - not a school in the sense of promoting courses, but for the unification of discourses⁶. Moreover, public strategies of humanization comprise "professional development" programs which have been developed intending to promote "humanistic skills" that would be integrated to technical competences of the health professional. Nevertheless, when analyzing the findings of such approaches or programs, taking in consideration opinions and feelings from the ones who are being going through training or "professional development", it can be clearly seen that the obtained results not always reach the proposed goals⁷.

It is increasingly evident that the theme humanization in health is extremely complex and involves multiple dimensions of managing healthcare. Cecílio indicates the risk that "qualification" and "humanization" of care programs may contribute to instrumentalization and excessive

formalization of the health/user professional encounter, hampering the existence of therapeutic relations between them. They are masterfully illustrated by Tolstoi, when describing the relationship established between the servant Guerassin and his lord, in the story *The Death of Ivan Ilych*⁸. Teixeira Coelho, inspired by the work of Montesquieu, presents us with a broader view about the issue, referring to humanization as an ongoing process for expanding the range of the human being, which goes far beyond a specific set of skills and competences⁹.

Dehumanization symptoms, still extremely present in the Brazilian healthcare, reflect how important these questions are regarding Humaniza SUS. These symptoms are: unnecessary lines; negligence and carelessness with people; inability to deal with life stories, always unique and complex; unreasonable ethical practices, such as discrimination, intimidation, submission to unnecessary practices and procedures; and exclusion and abandonment, which perhaps are the most barbaric experiences to which people may be submitted¹⁰.

It is clear that the effectiveness of any humanization program will depend upon actors, who act in caring for users of the health systems, i.e., it will depend upon the health professionals. Therefore, investing in their academic education and fomenting professionalism are vital conditions for preparing the health professionals who demonstrate in their behavior as deserving the confidence they receive from the patients for working for their benefit. Swick identifies new attitudes that characterize the medical professionalism, among which we mention: seeking high ethical and moral standards; ongoing commitment to strive for excellence, thanks to the constant knowledge acquisition and development of new skills; ability to deal with high levels of complexity and uncertainty; manifestation of what the author calls the humanistic values, involving empathy and compassion, honesty and integrity, care and altruism, respect for the others and loyalty; and finally, reflection about decisions and actions¹¹. When we carry these ideas to our context, it becomes easy to understand that these attitudes are related to any humanized health professional.

The proposals of the National Curriculum Guidelines (DCNs) of Graduate Programs in Health, developed by the Experts Committees of Education, approved in October 2001, also show the concern of Brazilian educators towards the professional development of "humanized" professionals¹². The DCNs recommend that it should be contemplated elements that promote competences targeted at the students' intellectual and professional development, with the possibility of becoming permanently autonomous, i.e., of walking the path of academic and/or professional education which does not end with a degree in his area.

The National Education Council, by introducing the DCNs for the health courses, especially for Medicine and Nursing, suggests a body of disciplines which would give grounds to the acquisition of all assignments that a professional can and should possess for his/her entire achievement in the practice of his/her profession. The DCNs recommend the education of a professional who is able to act according to a biopsychosocial view which considers the health social needs, with emphasis on the Brazilian Unified Health System (SUS). The desired profile of the egress/professional is a nurse, or physician, who has a generalist, humanist, critical, and reflexive

education. To reach this target, the curricular content should include not only Biological and Health Sciences, but also Human and Social Sciences. Therefore, the issues related to humanization were not forgotten in the preparation of the DCNs proposals¹².

The higher education institutions have been dealing with a great challenge for composing a workload to be accomplished for the integralization of the curriculum in order to consider all these aspects. Although there is extensive freedom granted to such institutions for fulfilling these challenges, the predominant model of teaching and practice of the Health Sciences, focused on fragmentation, specialization and technological progress, has reigned fully for decades¹³. This way, biomedicine education still tends to occupy a predominant role in the curriculum of undergraduate courses in health, which present the structuring of their curricula cantered in disciplines related to the Natural Sciences and whose approach, in general, is guided in taking care of the body as a subject separate from the mind and from the humanistic sphere. This has contributed to the education of professionals with a predominantly technical and scientificist profile¹⁴. Such model started to be developed with the Enlightenment of the XVII and XIX centuries, gaining strength thanks to the establishment of a positivist view of the Cartesian-Newtonian paradigm in different knowledge fields¹⁵. Innumerable are the advantages derived from this model, responsible for the withdrawal, or reduction, of great part of the human suffering caused by disease and trauma. Nevertheless, a statement almost always present in the most varied scenarios of teaching and practice of Medicine is that professionals, students of health and patients are not completely satisfied, as they feel something is missing¹⁶. The issues concerning what is conventionally called dehumanization in health illustrate such idea¹⁷.

Throughout the world, the education of humanities has been adopted as a resource for the humanistic education of students in health. Therefore, disciplines such as History, Philosophy, Literature, Spirituality, Medicine & Literature have been incorporated into the curricula of undergraduate schools in health, which is a trend that starts in Brazil.

The Laboratory of Humanities (LabHum):

a "laboratory" experience of humanization applied to health

Bearing in mind all these issues related to humanization, the Center of History and Philosophy of Health Sciences (CeHFi) of EPM/UNIFESP created, in 2003, a Laboratory of Humanities. At first, it was a free extracurricular activity which, over time, acquired the status of an extension course and, more recently, started to have the function of an elective discipline (non-obligatory) for the undergraduate courses of Medicine, Nursing, Speech Therapy and Biomedical Sciences as well, and the status of discipline for the postgraduate programs of the São Paulo/UNIFESP campus. The LabHum proposes the reflection from reading classics of the universal literature as a resource to the humanistic education of students and professionals in Health.

The dynamics of LabHum involves biannual “cycles” contemplating the reading and discussion of two or three books each semester, chosen by the coordinators. Once the book is chosen, it must be previously read by all the students who have enrolled in the cycle. There are weekly meetings of 90 minutes each, whereas the face-to-face workload of each cycle is 28 hours. Currently, the LabHum is comprised of two groups of usually 30 members, represented by undergraduate and postgraduate students, as well as by free participants – composed of employees, faculty and students of UNIFESP and even of community representatives, such as patients or residents of the institution’s neighborhood. Some students who used LabHum for getting credits return to the LabHum afterwards to enroll themselves as free participants. Bittar, Sousa and Gallian present a detailed description of the LabHum model¹⁸.

Extracurricular activity: an experience lived by undergraduate students in health

From the first semester of 2010, the LabHum started to be offered as an elective discipline to medical students from the second to the fourth year, as well as to Nursing, Biomedicine and Speech Therapy students from the second to the third year. The discipline is taught twice a year, with a workload of 32 hours. These students integrate the current LabHum, besides receiving special attention for an extra period due to their demands.

In the first meeting of the LabHum, students are invited to talk about why they have chosen that discipline and to indicate what their expectations are. The students’ disposition in a circle in the classroom allows both a different type of integration and a better contact among them. The dynamics of the elective discipline occurs informally, but without losing its main focus, which is to instigate the humanization of the undergraduate students from literary narratives.

Throughout the meetings, conducted by a coordinator, everyone has the opportunity to share feelings and insights arising from the suggested reading. They share expectations and draw parallels to their own experiences, showing their anxieties and concerns, as well as taking part in discussions about what would be the main human life issues. At the end of the course, all participants have to prepare and handle a report, showing their opinion about the course.

Objectives

This paper aims at presenting the findings of a research project – in conjunction with and complementing what has been already presented in this same journal in a previous paper about the Laboratory of Humanities¹⁸. The main objective of the research project was to verify the benefits of the LabHum inclusion as an elective discipline for promoting humanization in the context of undergraduate students in health, whereas the secondary objective was to problematize the

humanism and humanization concepts, revisiting modern and contemporary authors who present unorthodox and critical views which allow giving ground to the humanization concept.

Methodology

This research was conducted in a period of two years (2010-2011), in which seventy-seven undergraduate students of Medicine (2nd, 3rd and 4th years), Nursing, Speech Therapy and Biomedicine (2nd and 3rd years) joined the LabHum as students of the elective discipline “Humanidades e Humanização: questões essenciais da existência humana através de histórias” (Humanities and Humanization: essential questions of human existence through stories).

The distribution, the number of participants and the books used, according to the period in which the elective discipline was taught, are shown in Chart 1.

Chart 1. Schedule, books and number of participants in the course

Period	Number of participants	Addressed books
2010 – 1 st semester	25	The Death of Ivan Ilitch by Leo Tolstoy
2010 – 2 nd semester	17	The Dream of a Ridiculous Man by Fiódor Dostoevsky
2011 – 1 st semester	20	Alice’s Adventures in Wonderland by Lewis Carroll
2011 – 2 nd semester	15	Brave New World by Aldous Huxley

Qualitative methods were chosen to guide this study due to the issues to be explored.

Data were collected from three sources: participatory observation¹⁹, students’ written narratives and interviews obtained through addressing the Oral History of Life, as proposed by Holanda and Meihy²⁰. These three stages of data collection are described below.

By acting as participant observers, the researchers had the opportunity to monitor and log as field notes the dynamics and content of discussions held in the meetings. Moreover, it was requested from the students to write a narrative and handle it at the end of the course. The narrative should present an evaluation of the activity developed in the course and report the student’s opinion about the LabHum. Sixty two of these narratives were used as the data source of this study.

In order to find out the impact of this pioneer experience in a more individual, subjective perspective, and broadened over time²¹, it was adopted the approach of the Oral History of Life, which proved to be highly appropriate. Four interviews were conducted with participants at this stage, selected from a preliminary analysis of the field diary and the narratives of the undergraduates. In the interviews, the elected students were invited to narrate their life stories. Their focal point was the concrete experience regarding the elective discipline, based on cutting

questions focusing on the possible “humanizing effect” on the lives of those who had taken the course. The “humanizing effect” is understood as the result of an ongoing process of “broadening the sphere of the human being”⁹. Cutting questions, like the ones listed below, were only made at the end of the interview when it was necessary to complement the information obtained through spontaneous narratives of each interviewee.

What were the perceived changes in your academic and personal life? How ideas and feelings aroused by reading and after shared and distilled in weekly meetings have interfered in your life and in your way of seeing and interacting with the world? What was effectively added to your existence? How the LabHum experience contributes to humanize people who take part in it?

It should be noted that the interviews were recorded, fully transcribed and “trans-created”²⁰. In this way, it was possible to identify, in the context of personal experiences, the way how the undergraduate students could clarify issues related to the humanization and dehumanization processes in health from reading the aforementioned literary works.

The three successive and exploratory phases of the research generated a rich material represented by a great amount of written texts. They were organized and interpreted according to the immersion/crystallization technique, an interpretation style inspired in the Hermeneutic Phenomenology²². The subtopics which firstly emerged were gathered in main themes, which are presented next and illustrated by some sentences of the students, identified by fictitious names.

This project was approved by the Ethics Committee of UNIFESP and the research participants signed the Free and Informed Consent (TLCE).

Results and discussion

The text interpretation showed five major themes of greater relevance, which served as the basis for presenting the research findings and raised our discussion. The discussion reveals a trajectory characterized by seeking sense attributed to the humanizing experience, which was lived both by participants and researchers. The findings are presented below.

The dehumanization in the postmodern University

The difficulty faced by the medical and nursing schools for providing the teaching of humanized care was persistently focused throughout the elective discipline and in the individual interviews as well. Consistent with Serodio and Almeida²³, the undergraduate students demonstrated feeling themselves completely displaced from their humanistic education, reporting being almost obliged to search exclusively for the knowledge of the strictly scientific and biological spheres. On the other hand, the strong demands of the curriculum towards these spheres gave them no possibility for looking for a better understanding of themselves and, therefore, of the

other. For the undergraduate students, the charge for a continuous rationalization, which characterizes the Health Sciences teaching, leads to the education of mere “knowledge operators”. These do not acquire the necessary resources to cope with subtle issues addressing the human being, which are issues poorly covered throughout the undergraduate programs. However, they play an important role in the way illness is experienced and in the healing processes.

In the first meeting, João, a 3rd year medical student, reports: “In medical education, there is the risk of deconstructing the individual, educating robots and technicians in Medicine, and not physicians capable of relating to the other.” Cleiton, also a 3rd year medical student, is resentful for the lack of teaching towards the humanities:

“We have some subjects towards humanistic education, but I think that they’re still too little, since Medicine is an area which deals pretty much with people. There are still a lot to be done... We don’t have much experience, much discussion, and much practice in this area of humanities. The contents are sometimes learned outside the context of practice”.

The technicization of Medicine has posed the gap between patient and physician, causing the lack of a relationship which makes possible the flow of the patient’s ability in symbolizing the disease that affects him/her. The lack of communication makes patients and their families often confuse when coping with the great amount of information they get without due care. Not contemplating the feelings, reasons and expectations of the human being eventually culminate in a process called “objectification of the patient”, in which the disease has a stronger value than the patient, who is fragmented into parts, increasingly smaller, of pathologies²⁴. This idea has been confirmed with the unfolding of the discipline, as shown in the speech of Ivan, a 3rd year medical student:

“Everything is taught in a purely rational manner, making us feel insignificant and indifferent and leading us to question if we’re a “soup” of organized atoms, favored by luck and evolution, and also if sadness and truth are only the products of neurotransmitters released into specific neural circuits”.

The parallel made by Carolina, a 3rd year nursing student, between the characters of the classic “The Death of Ivan Ilych” and the current educational system showed the formality and rigidity of the academic education:

“I feel that our kind of education, including the academic education, encourages the birth of ‘Ivans Ilych’, since the hierarchic, merit and efficiency notions are created upon the mantle of the apparent success of the man without flaws, who is unaware of his own ridiculous facet and requires the same posture from others”.

The modern science and technology make us believe that all problems can be controlled and that it is increasingly near the day in which we will be able to defeat any kind of pain, suffering, and even death. Using, again, allusion to the “pathologies” of a modern and perfect society, as the one created by Aldous Huxley, in his work *Brave New World*, Renato, a 3rd year medical student, states:

“In the book, the dehumanization of men took place by excluding any form of human life suffering, even death. [...] Nobody else would need to suffer because the ‘artificial’ happiness could be reached. It is interesting because, when comparing our society to the one reported in the book, we notice that alienation and social control are also on our side”.

Igor, a 2nd year medical student, referring to the same literary work, complements this idea:

“What puzzles me greatly is the insensitivity that was generated, or “conditioned”, in individuals and in social groups in which any kind of isolation was hindered – what is not so different from today, when who isolates himself is considered strange or weird by the others [...]. The society into which they were inserted couldn't allow instability, religion, pain, suffering, and thoughts; philosophy and science were forbidden for not destabilizing its postmodern world”.

The idea that the human being is subject of achieving perfectibility and that the technical perfectibility can solve all emergent issues in teaching and practice of Health Sciences has been portrayed more often in the field of health. It is in this area that “the perception of emptiness and shadow is felt in a more candent and painful way”¹⁷, as pondered by participants, and where the consequences of dehumanization are more harmful. Such misconception seems to take us away from what is “our more human side”. In this paradigm, there is no place for uncertainty, and randomness is a dilemma that turns out to be completely ignored. Nevertheless, it is often the solution in life.

The power of literature

With the continuity of the course and greater engagement in the discussions by the students who let themselves get naturally involved by the classics, we observed their “surrendering” to the power of literature. Many of those undergraduate students reported that those classics had been an important source of empathy, which is one of the most currently discussed humanistic attitudes and desirable in the health professional and whose acquisition seems to have played a major role for the humanizing process that was beginning.

As an example, we will use the statement of Pedro, a 3rd year medical student:

“I could get slightly away from a purely scientific approach of the medical course. Through several reading suggestions, I was able to tackle various universal questions about the human existence, such as death, the illness process, questioning the values imposed by society, and men’s dreams and frustrations. It was great to look at the human being through the humanities perspective”.

The undergraduate students could draw parallels between emerging themes of the literary works they had read and situations experienced in their routine. According to the report of Cláudia, a 2nd year nursing student:

“We often find in the literature pertinent matters, situations and life experiences of other people which, somehow, incorporate into our lives as the reading takes place. They serve as spiritual and intellectual nourishment, which is extremely necessary in the search and development of what is most human in the individuals”.

Hence, through literature, the undergraduate students could capture the hidden complexity of each one thanks to an escape of the limited daily life, allowing the living of broad and deep experiences²⁵. This certainly required a deep reflection, which further led to a change in attitude, as illustrated by the next topic.

Capacity for reflecting and changing attitude

Since the period of academic education, every future health professional needs to reflect upon the human existence and the self²⁶. Insofar as the works are read and discussed, students gradually show moments of reflection and empathy for the characters from the books. With regard to the theme Capacity for Reflecting, many of them confirmed the need for an environment that would propitiate them to become more reflexive health professionals and, consequently, more humane professionals. When asked about the impact caused by the lack of such environment, Cleiton, who considered that as a deficiency, replied:

“I guess it impacts the sense of you not knowing how to deal correctly with some real situations you live everyday, such as difficult situations regarding illness, death and losses. I think if we had more opportunity to discuss such issues throughout the undergraduate program, to exchange opinions with our peers, with the professors, it would help us a lot in dealing with tough situations”.

The human being who is weakened by pain, death threats and losses surely needs, above all, someone who listens to him/her with empathy and who shows to be a compassionate testimony to his/her suffering, even if nothing else can be done²⁷. This is the expected attitude from health professionals, and it is exactly that the patients consider a humanized care. Notwithstanding, in such situations difficult emotions are triggered, whether from the self or from others, and we face difficulty to cope with them. And they are emotions with which we have difficulty to cope with. And what is more human than emotions, which are almost ignored during education in health?²⁸ Humanization is ineffective if we disregard the emotional side of human beings by adopting an attitude of denial and non-involvement. The reflection from the literary narratives could prepare the undergraduate students in health to deal better with difficult life and professional situations, as well as with the emotional issues raised by them when confronted in real life. Carlos, a 3rd year medical student, stated:

“With the speed of the world we live in, we often believe we have no time for reflection and thinking. For this reason, it is more and more necessary to have spaces like this, where we stop, sit down, and invest time in only that. And this is one of the greatest difficulties in the healthcare practice. We will be confronted with endless variations of human beings; thus, it’s extremely necessary to know how to see what is immeasurable and incalculable in each human being”.

Carlos’ comment was in agreement with the ones of many other undergraduate students of Nursing and Medicine. Among debates of different ideas, sharing similar thoughts and penetrating looks of each undergraduate student surrounded by those deeply reflexive moments, it was possible to see the development of real seeds for change, seeds that would not have proliferated from a lonely reflection.

Humanization

The theme dehumanization was as insistently tackled as the theme humanization. The undergraduate students recognized that when the education is exclusively technical, it presents no answers to their anxieties in what concerns their education as health professionals, considered humanized for being capable of meeting the demands of their patients in a holistic sense.

Emphasizing the special character of the elective discipline as an element that deflagrates a humanization process that does not rely on programs characterized by protocols to be accomplished almost mechanically, Rodolfo, a 2nd year medical student, notes:

“When it comes to humanization in medicine, about which much is spoken today, protocols are created regarding how the humanized physician should be. It is as if the

humanization laws of Medicine were superior to the humanization itself. In this regard, this elective discipline addressed a different view about what would be humanization in Medicine, in which there aren't protocols to be followed, but the discovery of the human being inside us. In brief, the discipline allowed me to go beyond the technical medical knowledge for getting in touch with the entire human being: with his rationality and irrationality, feelings, anxieties, fears and achievements. Surely, the recognition of this whole human being in ourselves, in those who will work with us and in the patients is essential for the exercise of a more humane Medicine".

The undergraduate students recognized how important it is to acknowledge the humanity inside them in order to recognize it in the other. The reflection upon the themes present in the classics of the literature allows this recognition, representing a safe way to humanization. Cleide, a 2nd year nursing student, when referring to the issue of humanization, explains how the reflexive process triggered in LabHum was reflected in patient care:

"Regarding care, what influenced me was the respect for the person in the sense that he/she is an individual with feelings, beliefs, a life story... It's a person, a human being! A person who has feelings, who feels pain, who gets hurt with the way we talk, and we have to learn to deal with that because, although we are guided to consider the individuality of patients, they don't teach us how to do that. We don't have subjects focused on that issue to learn how the individual is. Sharing experiences throughout the elective discipline helped me in the sense of seeing and knowing that people have different opinions, as well as that, even if we don't agree, we can still reach a common place, a consensus".

Impact and differential of the elective discipline

When they arrived at the last meetings and were asked to talk about the impact of the experience they had been through along the course, many students tended to ponder that this was the only space in which "no trivial issues are discussed and considered essential and elementary in the daily life," as mentioned by Ana Paula, a 3rd year medical student.

When drafting their final reports, the undergraduate students tried to recreate, through writing, much of what had already been addressed along the course, aiming at organizing their insights in a way that made sense in their lives. It was clear that, insofar as the students read, discuss and share their feelings - many times locked up and silenced by a society that charges them greatly -, they perceive that some moments like the experienced ones at the LabHum are indispensable.

When comparing the adopted model in the LabHum for promoting humanization with other tested models, several undergraduates indicated the first as the most effective one, highlighting its singularity and need. Gustavo, a 3rd year medical student, commented on that.

“In this discipline, differently from the others, not only reasoning is encouraged but also feelings. It is a space within which we can educate ourselves as individuals, rather than only as health professionals; a space in which the human being is seen beyond anatomy and physiology. It’s a space for us to discuss about fears, joys, decisions, sufferings, discoveries, vanities, and about everything else that is inherent to the human condition”.

The experience of the discipline reflected in the participants as a whole, revealing the possibilities of a fulfilled life, and not only in what concerns the professional activity. This happens because the themes are not treated in a linear way, but rather, paraphrasing Quintás²⁹, the students are prepared “to understand them deeply, and in their origin. This is the only way to persuasively and convincingly approach them.”

Final remarks

The experience provided by the elective discipline proved to be a promising resource for the humanization of undergraduate students in health, a resource that goes beyond course programs and protocols that end up ignoring the complexity and singularity of human beings. This, maybe, has been the differential of this model and the reason for having affected the participants so deeply and naturally.

The rich coexistence between the LabHum participants called attention to the idea that, with accelerated rhythm and lack of time which plague all of us, it is necessary a moment to stop, feel, think, have a real interpolative experience, and to be touched by the event. From this exchange of experiences may emerge the necessary change towards attitude.

Certainly the humanities, and the literature in special, have much to contribute to the development of the Health Sciences to the extent that it enables us to become more understanding and open to nature, society and the like. The reevaluation of humanities is a must in the way to a less compartmentalized and more human health practice, as they help understanding subjectivity and complexity which are present in human beings. Through the humanities, the undergraduate students have the opportunity to promote empathetic, real and distinct feelings concerning the care of another, which brings a potential for improvement in students' education and personal lives.

The results shown here point towards the idea that the humanization process, through literature, fosters the outbreak of “interpolative happenings,” i.e., moments of self-reflection capable of touching the student to the point in which changes regarding the vision and attitudes of the students are naturally incorporated in their routine.

Collaborators

The authors worked together in all the stages of the production of the manuscript.

References

1. Ortega y Gasset J. A desumanização da arte. 5a ed. São Paulo: Cortez; 2005.
2. Ministério da Saúde. Secretaria de Assistência à Saúde. Programa Nacional da Assistência Hospitalar. Brasília, DF: SAS; 2001 [acesso 2012 Jul 20]. Disponível em: <http://bvsmms.saude.gov.br/bvs/publicacoes/pnhah01.pdf>
3. Ministério da Saúde. Humaniza SUS: Política Nacional de Humanização. Brasília, DF: MS; 2003 [acesso 2012 Jul 22]. Disponível em: http://portal.saude.gov.br/portal/arquivos/pdf/doc_base.pdf
4. Ranzi DVM. Relatório técnico: Programa de Humanização do Hospital Universitário de Dourados, MS. [monografia]. Rio de Janeiro: Escola de Saúde Pública Sergio Arouca; 2004 [acesso 2012 Jul 20]. Disponível em: <http://www.dourados.ms.gov.br/LinkClick.aspx?fileticket=DwTcHStbSuo%3D&tabid=326&mid=761&language=en-US>
5. Deslandes SF. Análise do discurso oficial sobre humanização da assistência hospitalar. Cienc Saude Colet. 2004; 9(1):7-14.
6. Ceccim RB, Merhy EE. Um agir micropolítico e pedagógico intenso: a humanização entre laços e perspectivas. Interface (Botucatu). 2009; 13 Supl. 1:531-42.
7. Gallian DMC, Reginato V. Relação assistencial e sua humanização. In: Ramos DLP, organizador. Bioética, pessoa e vida. São Caetano do Sul: Difusão; 2009. p. 117-33.
8. Cecílio LCO. A Morte de Ivan Ilitch: elementos para se pensar as múltiplas dimensões da gestão do cuidado. Interface (Botucatu). 2009; 13 Supl. 1:545-55.
9. Coelho JT. A cultura como experiência. In: Ribeiro RJ, organizador. Humanidades: um novo curso na USP. São Paulo: Edusp; 2001. p. 65-101.
10. Pasche DF. Humanizar a formação para humanizar o SUS. In: Ministério da Saúde. Caderno Humaniza SUS. 2010; 1:63-71 [acesso 2011 Abr 27]. Disponível em: http://bvsmms.saude.gov.br/bvs/publicacoes/cadernos_humanizaSUS.pdf
11. Swick HM. Toward a normative definition of medical professionalism. Acad Med. 2000; 75(6):612-6.
12. Ministério da Educação. Secretaria de Educação Superior. Diretrizes Curriculares Nacionais dos Cursos de Graduação da área de Saúde. Brasília, DF: MEC; 2001 [acesso 2012 Jun. 21]. Disponível em: <http://portal.mec.gov.br/dmdocuments/ces1133.pdf>
13. Capra F. O ponto de mutação. São Paulo: Cultrix; 2001.
14. Gomes AMA, Paiva ES, Valdés MTM, Frota MA, Albuquerque CM. Fenomenologia, humanização e promoção da saúde: uma proposta de articulação. Saude Soc. 2008; 17(1):143-52.
15. Bastos LAM. Corpo e subjetividade na Medicina: impasses e paradoxos. Rio de Janeiro: Ed. UFRJ; 2001.
16. De Benedetto MAC, Blasco PG, Troll T. Even a little magic. Can Fam Physician. 2008; 54:1146-7.
17. Gallian DMC, Pondé LF, Ruiz R. Humanização, humanismos, humanidades: problematizando conceitos e práticas no contexto da saúde no Brasil. Rev Int Human Med. 2012; 1(1):5-15.
18. Bittar Y, Sousa MAS, Gallian DMC. A experiência estética da literatura como meio de humanização em saúde: o Laboratório de Humanidades da Escola Paulista de Medicina, Universidade Federal de São Paulo. Interface (Botucatu). 2013; 17(44):171-86.
19. Geertz C. Obras e vidas: o antropólogo como autor. Rio de Janeiro: Ed. UFRJ; 2011.
20. Holanda F, Meihy JCSB. História oral: como fazer, como pensar. São Paulo: Contexto; 2007.
21. Ousager J, Johannessen H. Humanities in undergraduate medical education: a literature review. Acad Med. 2010; 85(6):988-98.
22. Borkan J. Immersion/Crystallization. In: Miller WC, Crabtree BF, editors. Doing qualitative research. Thousand Oaks: Sage Publications; 1999. p. 179-194.

23. Serodio AMB, Almeida JAM. Situações de conflitos éticos relevantes para a discussão com estudantes de Medicina: uma visão docente. Rev Bras Educ. Med [Internet]. 2009 [acesso 2011 Out 14]; 33(1):55-62. Disponível em: <http://www.scielo.br/pdf/rbem/v33n1/08.pdf>
24. Martins PH. Contra a desumanização da Medicina: crítica sociológica das práticas médicas modernas. Petrópolis: Vozes; 2003.
25. Compagnon A. Literatura para quê? Trad. Laura Taddei Brandini. Belo Horizonte: Ed. UFMG; 2006.
26. Rios IC. Humanização e ambiente de trabalho na visão de profissionais da saúde. Saude Soc. 2008; 17(4):151-60.
27. De Benedetto MAC, Castro AG, Carcalho E, Sanogo R, Blasco PG. From suffering to transcendence: narratives in palliative care. Can Fam Physician. 2007; 53:1277-9.
28. Shapiro J. Perspective: does medical education promote professional alexithymia? A call for attending to the emotions of patients and self in medical training. Acad Med. 2011; 86(3):326-32.
29. Quintás AL. Como obter uma formação integral: o modo ótimo de realizar a LOGSE (PCNs) [Internet]. Madri: Conferência na Real Academia de Ciencias Morales y Políticas; 1996 [acesso 2011 Set 5]. Disponível em: http://www.hottopos.com/harvard1/como_lograr_una_formacion_integr.htm

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