Free the Dinosaurs into Butterfly Gardens: in a Search for Changing the Profile of the Academic Professional

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In the present debate about academic medicine in crisis, I argue that the problem is partly the consequence of a global process of alienation and depersonalization. Technology-based medicine is one of the key players which creates unsuitable role models. In its wake and as a consequence, the profile of the academic professional must be redesigned. Academic professionals should influence more strongly not only the quality of health care but the whole mentality in our socialized world. Academia itself should also become an arena for advanced ideas, and creative power pervaded by the humanities – a facet which has been lost.

**Key words:** education, medical

To make predictions is certainly an unscientific approach, and to make guesses how academic medicine should look like in the 21st century or even 20 years from now would be looking into the future. As a medical historian, I qualify for neither, so within the campaign of revitalizing academic medicine, I will adhere to the point which I can trace in its development. Namely, I’ll focus my attention to the central figure in the academic medicine: the academic medicine professional. What is an academic professional like? To envisage the stereotype of the academic professional is easy. It is a serious, middle-aged person, a bit distanced, a bit cold, with a touch of artificial smile occasionally. With patients precise, in the lab ambitious, with students correct, and in behavior restrained. Often frustrated and under pressure, always in hurry. Works hard but often without passion. Likes monitoring, honors, formalities, titles, and traveling. Usually difficult in relations, particularly with younger colleagues, but likes to shake hands. Often chased by pharmaceutical industry, rarely succeeds to escape. Dresses without imagination. Rarely reads anything but medical journals.

The hypothesis is that academic medicine is in a crisis and if it is correct, it leads to the conclusion that its main actor – the professional himself is in a crisis too. In this paper I will investigate the circumstances which influenced the academic medic’s profile and behavior, participating thus in creating a gradually unfavorable setting within academic medicine in general. Humanities will be suggested as a potential help in searching intellectual dimensions outside of confines of academic medicine culture with a purpose of achieving more holistic and humanistic approach.

**Depersonalization, Detachment, and Authority**

Since the middle of the 19th century, technology has come to play a profound role in our lives. Medical science soon offered the illusion that every situation can be precisely measured, and this gradually led to a point where the (academic) physician became less interested in a holistic approach to the patient and more oriented to monitoring the organs. It created a distance from patients and from the self, endangering all involved in the process: (academic) medics, patients, students, members of the family, and society at large (1). Patients started to suffer from organ dysfunction rather than from diseases. Furthermore, modern medical specialist was trained to behave in an authoritarian manner, demonstrating great certainty (2). Gradually such professionals earned much in popularity and became role models for students and the medical community in general.

Apart from the impact of technology, different social and political systems influence the academic community, as well as the profile of academic professionals. In Croatia and in neighboring countries of the post communist world, the organization of academic life is still partly based upon a rigid hierarchy and authority. The influence of politics, although decreased in the last decades, is still felt on many levels of academic life. Obviously, mentality changes last and our individual and collective mindset still has a long way to go (3). Leading academic personalities, for exam...
Critical and Self-critical Thinking

The image of an academic professional as uninviting or too conventional is pointed out again and again through various media, including recent forum on academic medicine in crisis. The later has even reached the point in describing the profile of academic medics as dinosaurs that pursue their own interests, fail to serve the public good, live in ivory towers, and are unpopular within youngsters (4). No doubt an academic professional should advance to be more vibrant and open to the challenges the work offers, including humanistic values and moral behavior. This profile can only be reached by devoted and dedicated engagement. Therefore I think it is not the triad of capabilities of an academic professional which is in question (5) but the need for their better harmonization in achieving more quality (Box 1). The three dynamic components of academic job, i.e., clinical care, research, and teaching; intertwine with each other and contribute into creating the integrity and proficiency of academic professional’s profile, adding to eloquence, creativity, and vision. Besides, they are different levels in communication with the world: within research we explore and test our originality; in clinical service we heal and support, while in teaching we transmit the knowledge. Yet, all three aspects are giving activities, and this makes academic profession demanding but as much captivating and challenging. It is true, nevertheless, that combinatoriality of vocations often work better in theory than in practice (5) but any job, academic or not, needs permanent improvement and reconsideration, time for reflection, and contemplation of the motives of actions and their effects.

Box 1

Key points in transformation of academic professional:
- re-integrate holistic approach to patients, medicine, and health care;
- participate continually in shaping and reshaping student’s curricula, as well as in shaping academic medicine culture;
- increase public recruitment and participate actively in shaping mentality and culture.

Perhaps a good starting point in improving the profile of academic professional would be a better education and training in contemplation to become more humane, empathic, and honest. A lot can be achieved through critical and self-critical thinking and acting, which finally stimulates mental growth. A lot of our achievements depend upon give and take between ourselves and our work, upon feedback, which can be amplified by our criticism of what we have done. It is, according to Popper, through the interaction between our actions and their objective results, that we can transcend our talents, and ourselves (6).

Academic career includes medical professionalism tangled by a lifelong commitment to scholarship and learning. This might seem unappealing to coming generations trained in culture where speed pervades all spheres of life. Rapid changes during their formative period in academic career should meet and challenge patience. The perspective that essential values, such as learning, patience, experience, behavior, and wisdom need time to be developed, should be propagated in their teaching programs and explained as productive both in shaping their profile and in influencing the relationship with their patients.

Role of Humanities and Global Engagement

Humanities could be of utmost help in all mentioned aspects. One of the most respected role models in medicine, Sir William Osler (1849-1919), for example, defined the humanities as hormones. He wrote that humanities energize and lubricate the intelligence of society as hormones stimulate our physiology (7). Without their stimulation the society dries up and becomes mentally vacant. According to Osler’s words they bring the student in the contact with the minds who gave us philosophies, the models of literature, the ideals of democratic freedom… the fundamentals of science… the basis of our law… (8). Humanities could after all be of enormous help in revitalizing the holistic approach, and can guide through the conflict of self-interest and altruism the basic principles of moral life of every (academic) professional (Box 2).

Box 2

Methods for reshaping the profile of academic professional:
- improving medical education, including humanities as a mandatory courses in medical curriculum;
- introducing social services for medical students;
- introducing employment criteria for academic medical doctors based on principles of professionalism, including confirmations of humanistic values and moral behavior.

Altruism would consequently lead to the imperative of further engagement in global (and environmental) security, human rights and promotion of peace. This requires authority based upon knowledge wisdom and honesty. It is not that we do not have such representatives within our academic community, only we need more and louder ones! One of the constructive suggestions given within the academic medicine in crisis forum was that academic clinicians should be present in governmental organizations, even the Parliament, for the purpose to achieve louder resonance (9). This then altogether is actually an old formula in use even since the universities were opened. In Bologna, where a professor of medicine
was on the public payroll since 1305, the provision of salaried professional chairs by territorial rules strengthened both the portion of the professor to outside authorities and the control of those authorities over the academic community. Princely patronage was, for example, a major factor in the development of the University of Ferrara, during 15th and 16th and in Aberdeen in the early 16th century, where the provision of medical teacher was possible only when combined with that of royal position. Academic medicine thus occupied the position of importance in the public sphere and its milieu was used as evidence of medical standards, source of medical information and reservoir of reliable practitioners (10). Numerous such examples exist and different threats to global security particularly in recent decades have pointed out that members of (academic) medicine should have the expertise and duty to act and influence decision makers (11). In Croatia we experienced it during the Homeland war period when majority of academic medicine members participated actively, contributing promptly on different levels. Further more the Croatian Medical Journal, founded by prominent representatives of academic medicine when the war was culminating, made enormous attempts in contributing to peace development, recognizing human rights, and educating (12). Similar attempts could be recognized world wide. McMaster University Center for Peace Studies in Canada for example pioneered the concept of Peace through Health framework and “The Butterfly Peace Garden” is one of their extraordinary projects which described the engagements of those who have tried to heal the war implications in a community on a social level and at the same time healing wounds, especially of children. The methods united healing, art, education, and play; which aimed to honor children who faced violence at many levels in their lives (13).

I believe such examples can give some simple directions for our profession within academy and in society at large. Initiated as one among many from the orthodox university setting, they did not end in formal way in orthodox publications but with broader implications also for the community fostering peace in the world. Knowledge met altruism, emphatic involvement engendered enthusiasm and thereby, results were multiplied. Such protagonists I believe would help adding more color into our stereotype, creating attractive role models for all of us within and out of academic medical community. Let us free dinosaurs into butterfly gardens for the sake of the new air in academic environment, and society in general.

References

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