

The Dawn of Quantified Humanism

Following the successful campaign by the Arnold P. Gold Foundation to include the Gold Humanism Honor Society (GHHS) designation within the Electronic Residency Application Service (ERAS), the foundation has moved beyond quantifying humanism as a mechanism for entry into GHHS. With this new effort, the foundation has begun development of the Humanism Assessment Tool (HAT), which is an attempt to “effectively measure the humanistic concepts of interest”¹ that undergird the foundation’s mission. The HAT, which the foundation noted may be “commercialized in the future,” creates a report that is “designed to help you identify potential areas in which you may need improvement, and to grow as a caregiver.”¹

To generate this report, the HAT asks for responses to 42 questions, with response options ranging from strongly disagree to strongly agree. Yet, comparable to the instrument to measure humanism for induction into GHHS,² the HAT is seriously flawed. After all, what are the humanistic answers to “Being compassionate can be taught,” “Sometimes it’s hard for me to relate to my patient’s experience,” “I get frustrated by cultures whose practices and traditions negatively impact their health,” and “Relating to someone must involve actually experiencing what they experience”?

To be sure, there is no single humanistic answer to any of these statements. Many are situation dependent, and some have been the subject of ongoing debate among scholars for centuries. Which humanistic caregiver has never found it difficult to relate to his or her patient’s experience? Which humanistic caregiver has never been frustrated by patients whose practices or traditions impede their health, potentially resulting in disastrous consequences? I recall (with tremendous frustration and sadness) an innocent bystander who was struck by an errant bullet fired by a detective in pursuit of a violent suspect. As a Jehovah’s Witness, the patient refused blood products. Despite the team’s efforts, he expired to his family’s deep sadness and regret.

Is this an acceptable source of deep frustration, or does Oslerian *Aequanimitas*³ prohibit such emotions?

There clearly is no way to answer these questions based on one’s own “perceived characteristics” in an effort to “effectively measure humanistic concepts.”¹ Such an attempt to quantify humanism is not only lacking in scientific and philosophic rigor, it also may dramatically backfire. In a world of medicine that is rapidly moving toward the business motto of “you are what you measure,”⁴ will students and physicians be penalized if their HAT scores are below the mean?

Humanism and the humanistic traits that undergird the foundation’s honorable mission by their very nature elude quantification. To be sure, developing compassion and humanism is crucial, and the foundation’s efforts to assist physicians in doing so is laudable. Yet, like the Schrödinger’s cat thought experiment in which measurement destroys entanglement,⁵ the quantification of humanism by its very nature destroys that which it seeks to capture. The foundation and other organizations and individuals who have followed this lead should redirect their efforts from quantifying humanism toward nurturing humanism wherever it may be found.

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References

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