MJA, MDA National, Nossal Global Health Prize

Winner
Medical student category

Utilising humanism to (re)fortify global health leadership

She lay there, pristine in bright floral motifs, to herald the joy of impending motherhood. Her pregnant body was precariously positioned, beads of perspiration dotted her forehead, and she was heaving with anxiety for what was to follow — her first ultrasound scan. My young, spry medical student self stood watching her while she anxiously eyed her obstetrician working with the many bells and whistles of his portable ultrasound scanner. He never ceased to offer her words of comfort, and she never ceased to move her lips in fervent prayer to be successful in bringing a healthy child into this world, against the backdrop of constant beeps from the machine. Finally, with the audible heartbeat of her baby caught by the Doppler ultrasound, she was brought back from her reverie. "You have a fine baby kicking, alive and well, Mrs Jones. You've taken exceptionally great care of yourself despite your difficult situation at home, and for that I applaud your resilient spirit", announced the obstetrician. She smiled, radiating contentment. He held her hand, celebrating a moment of shared victory, while I let out a silent thankful sigh. "We'll continue to monitor your baby closely with regular scans", he continued, "Your cervix is a little softer than normal; we need to ensure it is competent". Her smile waned a little, "But Doctor . . . is it something . . . bad? How will I . . . I can't afford to pay for these regular scans . . . ", she trailed off, her voice mired with palpable anxiety. With an assuring smile he responded, "Mrs Jones, you have come this far with sheer determination", and with a voice filled with empathy he added, "and you will go further. Your ability to pay will not determine the quality of care I'll give you. Yours and the baby's health is your human right, and I took an oath to safeguard it, come what may".

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That was my moment of global health nirvana, experienced during my first foray into clinical medicine — as a clerkship student at a limited-resource hospital in Saint Lucia in the Caribbean, during my third year of medical school. A catalytic paradigm shift had dawned, making me realise the importance of being a global health activist, astute in humanism, and sparking thoughts on how humanism can reform the face of global health leadership. In my eyes, my clinical preceptor was a leader in global health. He went above and beyond his limited resource capacity. Because most patients were unable to afford routine prenatal ultrasound examinations, he brought along his own portable ultrasound scanner and would assess his patients for free each day. He relentlessly lobbied with hospital administration to subsidise birthing costs and provide coverage for patients who required specialised procedures. He was loathed by few for his audacity, but admired by many for his perseverance and commitment to fostering the true spirit of global health leadership. Saint Lucia, despite its miniscule geographic size, has wide health disparities. The hospital where I worked had limited access to sophisticated imaging equipment. In stark contrast, there was another health facility barely a stone's throw away where the affluent would go, blessed with cutting-edge technology. In such a setting, it takes resilient leadership, courage and, most importantly, zeal to be an advocate for the poor and the marginalised — zeal fuelled by humanism. Think global, act local. And my preceptor embodied that spirit.

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In this era, where global health reform is primarily riddled with battle cries for legislative action — enforcing accountability from health and funding agencies, and soliciting innovative ideas from civil society — one barely thinks of the more innate core ethical values that drive positive change. With growing health disparities pushing global health towards an uncertain future, clearly something is amiss. This should be an opportunity for self-awareness — for us, as global health advocates, to consider the values that propel us to act.

Foremost, I invite you to ask yourself: why does corruption mar global health interventions despite stringent regulations? Suboptimal care is rampant: is it due to lack of resources alone, or something else? And, most importantly, why is it that the quality of care that you and I receive has anything to do with our socioeconomic status or geographic location when health care is our universal birthright? These are the questions that I found myself asking during my time at Saint Lucia. I was compelled to think: what are we missing? I realised that we need to refortify leadership in global health with humanism, as social advocates.

I realised that we, as young physicians-in-training and global health advocates, are so automatically programmed into believing that our global health frameworks and health systems are broken beyond repair that a vicious cycle breeds. After being told that "there is no medicine without humanism", but seeing that only few physicians would be true social advocates and lobby for so-called pro-bono care, I came to a painful realisation: this vicious cycle begins with benign cynicism when we first enter clinical practice, progresses to a gradual erosion of empathy — we unwittingly acquire a quality that we pledge not to adopt in the Hippocratic oath — and festers to deter our positive

motivation to act. As we chart our professional careers as physicians, the sheer magnitude of expectations coupled with toxic health systems, which leave little room for the good Samaritan in us to flourish, come together in a turbulent mix that slowly, but steadily, chips humanism away from our global health practice. Treating large volumes of patients over short periods becomes our priority. We turn away the father of a child who needs an MRI scan while he pleads for cost subsidisation so that he can afford one. We reject cries for holistic care, bluntly saying that we don't have the resources, while we do nothing to innovatively improvise. These are all red flags that denote our compromising humanism and undermine our unique ability to advocate for our patients with daring interventions — be it lobbying for affordability or improvising on tools to render optimal care — that can have a profound impact on global health.

This brings us to another question: can humanism be taught? Traditionally, little is done to sensitise young health professionals to be mindful of the critical importance of nurturing humanism, let alone proactive teaching. Regardless, the onus is on us as global health leaders to hone our humanistic core — to allow it to expand and develop — and be guided by this moral compass. It has been shown that global health experiences can contribute to an increased perceived need for humanism, while restoring idealism and enthusiasm.[1] The answer isn't "yes" or "no". Humanism is for us to adopt and derive inspiration from — to take responsibility for our local "global" health concerns by seeking new knowledge and methods, instead of settling for prefabricated answers to the great questions that plague global health today. Think global, act local, with humanism.

Rudolf Virchow said, "physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction." Let us fortify our leadership in global health with humanism; only then can we truly be natural attorneys of the poor and effect social change that will reform the face of global health leadership today, and tomorrow.

1 Godkin M, Savageau J. The effect of medical students' international experiences on attitudes toward serving underserved multicultural populations. *Fam Med* 2003; 35: 273-278.