

EDITORIAL

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Honouring the heritage and building the future of healthcare

The practice of medicine has been rooted strongly in traditions. Discipline-based academies, colleges, societies, and associations regularly practice "rituals" based on context-specific traditional norms and cultural practices. Medical education and training are no different. Being part of a larger, higher education institution and preparing graduates for a future profession, they too have deeply embedded rituals such as the whitecoat ceremony, the silent mentor appreciations, oath taking, and the commencement. These practices have a strong influence of the institutions in which the programs are conducted giving each of these practices not only the professional but the context and institution specific angle and colours.

It is important to explore further why the traditions and heritage are important elements in training a future healthcare professional. The practice of medicine is intertwined with people's values, beliefs, and culture. Patients and their families' understanding of health and illness, their illness management and treatment preferences are all significantly impacted by the society they live in, and their cultural practices and traditions. The eastern cultures belief that some foods are heaty, plain or that some others are cold, therefore either good or bad for certain illnesses, stem from the ancient eastern philosophy of "Ying and Yang". (Xie et al., 2020). This can have a direct effect on illness and care outcomes. (Kindig et al., 2004; Petri et al., 2015). This has to be incorporated into medical training early in the curriculum, to highlight its significance to the students and trainees.

Another area where the institutional and professional traditions and heritage play a part is in the development of professional identity of the learner (Wahid et al., 2021). This is critical in medicine to develop a sense of belonging to their future profession and to the institution from a very early stage of the student or trainee program. This will enable them to understand that they are part of an institution and a profession that strive to alleviate human suffering and improve lives. This will enable them to be resilient and develop their grit to successfully face the rigours of their challenging profession in the future. (Samarasekera & Gwee, 2021). This is important in the present context where, due to the pandemic, we are seeing an unprecedent number of doctors and other healthcare professionals leaving the profession or getting burnout, leading to a severe negative impact on providing quality care to our patients and communities (Kisa, 2020).

Another interesting aspect is how these context-specific cultural practices, norms, and traditions impact one's development and conceptualization of patient empathy. There is evidence that students in medical programs from different localities show differences in the development of empathy (Ponnamperuma et al., 2019).

As professionals, when we engage with fellow colleagues, in public or during patientcare, we exhibit our learnings from role models and our cultural beliefs and practices that are deeply rooted in the institutional heritage. This is the reason why those activities during educating and training the future healthcare workforce become important in shaping the next generations of doctors and healthcare professionals. It is difficult to practise medicine and provide healthcare efficiently and effectively without having a good understanding of the traditions and cultural practices of the institution in which they trained and the profession to which they belong as well as the communities they care for. In all systems of healthcare practice, the place of training and the practice settings become important for the new practitioners to enhance their skills (Buckley et al., 2010). Therefore, it is important for the healthcare training institutions to place much emphasis on incorporating core values rooted in the institutional traditions. This could be an ideal platform to build new cultural norms

and practices aligned to the 21st century society and clinical practice. Whether we are conscious of it or not, our beliefs, values and traditions shape the way we behave and practice. It forms the practice culture of our graduates and determine the quality of care. Therefore, providing a good foundation of cultural understanding will assist the future practitioner to embrace the challenges they may face in a rapidly changing, dynamic clinical practice without losing the notion of one's identity, self-worth, or getting burnout in providing care. Furthermore, the training institutions could use examples from their rich traditions and heritage to imbibe a strong sense of servant leadership, an excellent service culture as well as to develop learner and, subsequently, practitioner grit. These measures will help improve efficiency and quality healthcare.

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Buckley, J. D., Joyce, B., Garcia, A. J., Jordan, J., & Scher, E. (2010). Linking residency training effectiveness to clinical outcomes: A quality improvement approach. *The Joint Commission Journal on Quality and Patient Safety*, *36*(5), 203-208. <u>https://doi.org/10.1016/s1553-7250(10)36033-8</u>

Kindig, D. A., Panzer, A. M., & Nielsen-Bohlman, L. (Eds.). (2004). Health literacy: A prescription to end confusion. National Academies Press.

Kisa, S. (2020). Burnout among physicians and nurses during COVID-19 pandemic. *European Journal of Environment and Public Health*, 4(2), Article em0055. <u>https://doi.org/10.29333/ejeph/8447</u>

Petri, R. P., Jr., Delgado, R. E., & McConnell, K. (2015). Historical and cultural perspectives on integrative medicine. *Medical Acupuncture*, 27(5), 309-317. https://doi.org/10.1089/acu.2015.1120

Ponnamperuma, G., Yeo, S. P., & Samarasekera, D. D. (2019). Is empathy change in medical school geo-socioculturally influenced? *Medical Education*, 53(7), 655-665. <u>https://doi.org/10.1111/medu.13819</u>

Samarasekera, D. D., & Gwee, M. C. E. (2021). Adapting to change during challenging times. *The Asia Pacific Scholar*, 6(1), 1-2. https://doi.org/10.29060/TAPS.2021-6-1/EV6N1

Wahid, M. H., Findyartini, A., Soemantri, D., Mustika, R., Felaza, E., Steinert, Y., Samarasekera, D. D., Greviana, N., Hidayah, R. N., Khoiriyah, U., & Soeselo, D. A. (2021). Professional identity formation of medical teachers in a non-Western setting. *Medical Teacher*, *43*(8), 868-873. https://doi.org/10.1080/0142159X.2021.1922657

Xie, A., Huang, H., & Kong, F. (2020). Relationship between food composition and its cold/hot properties: A statistical study. *Journal of Agriculture and Food Research*, 2, Article 100043. <u>https://doi.org/10.1016/j.jafr.2020.100043</u>