The history of humanity alternates between cycles of dominance of the human element or of technical knowledge. While sentiment and religion prevailed in the Middle Ages, during the Renaissance the power of man through the discovery of new lands and the progress of science brought expertise to the forefront. In the 19th century, Romanticism reclaims the emotion so that, years later, Positivism resumes the praise of technique. In the 20th and 21st centuries, after two World Wars, after stepping on the moon, sequencing the human genome, and developing treatments for many illnesses personalized at a molecular level, we end up facing the same duality: technical expertise versus humanity. If the technical knowledge shows us how to do things and what we can achieve, the human element raises questions such as why we do things, what the purpose of our actions is and what they mean. The answers to many of these questions cannot be in the realm of technical knowledge, the progress of which allows us to glimpse achievements previously unimaginable for disease prevention and healing. Technical knowledge does not allow us to judge, just act. The same expertise can either save lives or torture and kill, as witnessed in the various wars and revolutions experienced by mankind throughout its history.

Those who suffer seek a multidimensional understanding of their suffering through their assisting physicians. Suffering has a physical dimension that can be attributed to a biochemical disorder, tissue damage caused by an external agent, and more. At the same time, it presents a psychological, social, economic and spiritual side. If the one suffering is a family man who loses his job due to the limitations imposed by the illness, and is no longer able to financially support his family, we can anticipate the many ramifications that will transcend the original biochemical disorder to more complex levels. In order to understand this human being and the multidimensional totality of his suffering, we need to hear his story, to understand its ramifications into the other spheres of this individual’s life.

Martin Heidegger (1889-1976), German philosopher, describes the “Dasein” as the living being in the world, in the several forms of its expression. Then, disease would restrict the expression universe of “Dasein” and such limitation would be the cause of suffering. Only the doctor who is interested in listening to the patient will understand his suffering to a greater extent. Listening is, thus, the essence of history taking in this Humanistic Medicine, focused on a broader understanding of the patient’s suffering.

If listening is so important, how do we learn to listen? We will not find the answer among the techniques described in medical textbooks. The first step is to have interest in the other. Martin Buber (1878-1965), in his book I and Thou, brilliantly explains that human relationships can be of two types: a) objective (“I-It”), which is when we try to take advantage from it, using it as a means to achieve our purpose; and b) personal (“I-Thou”), when we see others in their totality, recognizing their desires and personality. Maintaining an “I-Thou” relationship with our patients would then be the basis to arouse our interest in listening to our patients. Medical doctors learn how to listen early in life, as they interact with their relatives, fall in love, read, or watch movies and plays; that is, live life to the fullest. It is out of all of these experiences that one emerges as a being interested in life, in the uncertainties, sorrows and joys that inevitably accompany every one of us in our experiential path. A physician who cultivates this curiosity and refines it with culture becomes an ideal listener, for every patient who seeks him or her will reveal yet another fragment of the endless web which is living.

And if listening is the core of history taking, what would then be therapeutics in Humanistic Medicine?

Giving advice to our patients. Since ancient times, even when our technical ability was very limited, timely advice, a wise word at the right time, can relieve much suffering. This ability we have to selflessly guide our patients not only with regard to the remedy they should
take, but also with attitude and actions, is a powerful, yet little used, therapeutic weapon. The ability to advise comes with experience that only life can teach. We do not learn how to offer our patients advice from libraries or laboratories, but living life to the fullest.

Therefore, listening and offering advice, along with physical examination and sophisticated treatment to which we now have access, confer humanity to the technical expertise, which is much needed by our patients. Listening and offering advice transform the “I-It”, which is the exclusive concern with the disease in its biological dimension, into “I-Thou”, that redeems Medicine from its pure materiality.

To my young colleagues, I suggest that they live, reflect and learn at every moment, to better hear and gain experience so that they can offer advice, because, in the words of Socrates, the unexamined life is not worth living. Listening is a practice that rescues “Thou” from “It” since, according to Buber, “a tragedy of human existence is that the I-Thou is doomed to be reduced to an I-It relationship.”

**REFERENCES**