Editorial

Continuous reflection in medical education: forming doctors who are both professional and humanist

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"Continuous reflection in medical education is not an academic luxury. It is a necessity. It is how we safeguard competence, protect humanism, and remain worthy of the trust that society places in us—every single day."[1,3,5]

The rhythm of public life nowadays is very particular: quick, loud, and unmerciful. A minor event can become a nationwide discussion by the end of the day. An issue that could have been settled in private can escalate to a public uproar, with the combined force of outrage, speculation, and judgement leading to an individual making a public apology and, worse, the risk of ruining another person's career. This is the price we pay for being surrounded by a critical society and a volatile online community. The emotional temperature can go up in a matter of minutes, and the repercussions can be just as swift.[1]

Doctors live in this same world. We are watched, discussed, and assessed—sometimes fairly, often emotionally. Yet we cannot practice medicine by following whatever trend dominates a timeline. Unlike public opinion, medicine is held together by standards: ethics, evidence, duty, and responsibility. A doctor's decisions are not meant to satisfy noise; they are meant to protect patients. Still, it would be a mistake for the professional world to treat the public's perspective as irrelevant. When the public puts us in the wrong light, it is not only their difficulty; it is also our chance to rethink our position. Not in a way that we give up our values, but in a way that we scrutinize our practices, our cultural values, and our communication.[1]

This is why medical education matters so deeply. Not only the curriculum and the competencies, but the philosophy beneath it; the philosophy that decides what kind of doctor stands beside us when we are frightened, in pain, and uncertain. In that moment, what we want is straightforward: a doctor who is professional and humanist.

Science is a promise of professionalism. We would like a doctor who is proficient to the highest degree, aware of the latest advances, skilled, and disciplined. One who makes his or her decisions based on research findings, not on intuition or the easiest way out. We demand the trustworthiness that goes with mastery. Humanism is the promise of humanity. We would like a doctor who is attentive with his or her heart, who recognizes a human being instead of just a patient, who is equally aware of and concerned for the fear as well as the symptoms, and who treats the patient with compassion. We want presence, not just performance. Medical education today cannot treat these professionalism and humanism as two separate lanes. Professionalism without humanism produces cold technicians. Humanism without professionalism risks kind intentions with unsafe outcomes. The work of education is to fuse both into one identity—built early, strengthened continuously, and tested in real life.[2]

That fusion did not happen by accident. It has been shaped by an evolution in how we teach and how we learn. For a long time, medical education resembled many other disciplines: teacher-centered. The senior doctor or professor stood as the main source of knowledge. Students listened and absorbed. Initiative was limited. Expression was restrained. Learning moved in one direction. Then came a shift: student-centered learning. Students were meant to do research, ask questions, analyze, and solve. They were prepared for being independent thinkers—their remembering was to be accompanied by habit of critical thinking. In medicine, this is clinical reasoning: the ability to read the signs, cope with the ambiguous, and make the right choice.[3]

But clinical education, at its most mature form, moves beyond both. It arrives at the most fundamental philosophy of all: patient-centered learning. This is where everything becomes real. Not simulated, not hypothetical—real. When a student meets an actual patient, the patient must not become an object for

practice. The patient must remain a subject: a person with a story, a life, values, and vulnerability. In that space, medical learning becomes more than diagnosing disease.[4,5]

The patient ceremoniously expressed that even though evidence and guidelines should be the first-priority sources for making medical decisions, the patient's preferences and priorities ought to be considered at every step of the process. Moreover, when the patient is put at the center, the slogan of empathy is not just a phrase anymore. It becomes training. Repeated exposure to real suffering, real fear, and real resilience. This is where humanism is produced, the factory that shapes a humanist doctor.[4,5]

Patient-centered learning also reframes power. It trains the future doctor not to dictate, but to partner: to explain, to dialogue, and to make decisions together. This is not a soft skill; it is the heart of ethical medicine. True professionalism, in its highest form, is inseparable from a humanist understanding of the patient. This patient-centered foundation is now being pressured—and refined—by two realities of our time.[5]

The first is a knowledgeable society. The public has unlimited access to health information. They come to the doctors' offices with screenshots, videos, and threads, and carry the opinions of others with them. The accuracy of some is high, while a lot of it is misleading. The doctor's role has to be changed, then. A doctor cannot just inform the patient of what the options are, and he/she has to be a guide who helps the patient to filter out the true, relevant, and applicable to their needs. At the same time, the more the society is educated, the more the patients express their readiness to take an active role in the decision-making process. Therefore, medical schools must make it a point that both an ethical and a practical principle: patient autonomy has to be upheld even more strongly through education.[5,6]

The next fact is the disruption of the artificial intelligence (AI). AI's capabilities for data analysis, diagnosis support, and outcome forecasting will constantly be improved. It will improve speed and accuracy. It will reduce certain categories of human error. Used well, it will reinforce professionalism. But AI also clarifies something essential: the irreplaceable role of humanism. Machines do not carry moral accountability. Algorithms do not hold a patient's hand, do not sit in silence when no cure remains, do not translate fear into understanding, and do not give hope with honesty. Precisely because technology can increasingly perform technical tasks, the doctor's human function becomes more—not less—central. The future doctor must be skilled with technology while never losing the human touch that is the core of healing.[7]

This is why medical education remains a social promise. Society entrusts us with more than training a workforce. Society expects us to produce doctors and specialists who are both excellent in competence and rich in empathy—strong in evidence and strong in compassion. The philosophical movement from teacher-centered, to student-centered, and finally to patient-centered learning is part of how that promise is kept. And there is one final truth that every doctor must digest—what I call "the no first day syndrome." In the eyes of a patient, there is no acceptable first day for incompetence. A patient does not see our learning curve; they see only one role: their doctor. That is why continuous reflection in medical education is not an academic luxury. It is a necessity. It is how we safeguard competence, protect humanism, and remain worthy of the trust that society places in us—every single day.[1,3,5]

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