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DEVELOPING A HEALTH-CENTERED MEDICAL HUMANITY EDUCATION FOR SERVICE EXCELLENCE

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ABSTRACT

Whether patients feel satisfied with the treatment of diseases is influenced not only by the medical technology possessed by medical personnel themselves, but also by the attitude of medical personnel toward patients, while this attitude is significantly influenced by medical humanities education. For a long time, the disease-centered medical education and training model has focused on improving medical professional skills in treating diseases, ignoring the psychological needs of patients' health. As social development drives the need to transform the medical education model, the importance and research on medical humanities education is becoming increasingly prominent. This paper discusses the research and reform of disease-centered to health-centered medical humanities education, finding the advantages of the health-centered medical humanities education model through research, verifying that this education model is more in line with the development of medical education and patients' needs for medical treatment in the new era, and further exploring ways to reform the medical humanities education model that are suitable for health-centered medical humanities education. It is expected that based on this, more medical service personnel with the spirit of medical science and medical humanism in one can be cultivated in the future to meet patients' expectations for medical care. A theoretical framework is proposed, and three hypotheses are developed for future empirical research.

1. Introduction

Medical education is a complete and complex system with scientific and rigorous characteristics. Medicine studies diseases not only the treatment of a patient's organ, but also the intrinsic nature and laws that produce diseases and pays more attention to the patient's physical and psychological needs for comprehensive health. At present, the concept and practice of centering on disease are still prevalent in medical education, and the natural nature of medicine is excessively strengthened, lacking the comprehensive understanding of health (Tang & Zhang, 2017). Disease-centered medical services focus on the treatment of diseases, requiring medical personnel to continuously investigate, think and study to understand and master the principles of disease treatment, find the best treatment methods, and eliminate the suffering of patients. Health-centered medical care requires medical professionals to improve their ability to treat diseases and to pay more attention to the psychological and other emotional needs of patients in the process of treating diseases, and to promote the overall health of patients. This paper aims to discuss and propose a theoretical framework for a health-centred medical humanity education for patient service excellence. A few hypotheses are developed.

The Need for a Health-Centered Medical Education in China

Many will tend to agree that, in the China's healthcare system, the quality of doctor-patient relationship needs to be improved (Zhang & Faulkner, 2011). In 2013, a research was completed by the China Hospital Association and the China Hospital Association's Medical Law Professional Committee. A total of 316 tertiary and secondary general hospitals covering 30 provinces in China were surveyed along with Specialized hospitals between December 2012 and July 2013, the survey revealed that verbal abuse and threats against medical staff were more common, the average number of incidents per hospital per year reached 27.3 in 2012. The proportion of hospitals with more than 100 incidents a year nearly doubled in five years to 12.5%, the number of incidents in which medical staff were physically assaulted and caused significant injury increased each year, with the percentage of occurrences increasing by 20%. The proportion with six or more occurrences per year, at 8.3% in 2012, is already nearly twice as high as it was in 2008 (Bai, 2013).

This has prompted the medical profession to begin a rethinking of disease-centered medical education, the result of which is the need to shift from a disease-centered education model to a health-centered education model, where medical personnel cannot focus on the treatment of disease while neglecting the psychological and emotional needs of patients, because medicine has a certain role in promoting the harmonious development of people and society, so more attention must be paid to the humanistic nature of medicine. Medical students should not only have excellent medical skills, but also have high moral accomplishment and a benevolent heart (Zhang et al., 2019).

Due to different social systems, medical technology development levels, cultural backgrounds and other factors, medical education in China and the West also presents different characteristics. And medical humanities education, which plays an important role in medical education, has received more and more attention. As a result, Chinese and Western scholars have begun to explore effective medical education and medical humanities education models to meet the public's urgent need for more humane medical services.

After the Second World War, major new technologies emerged in clinical care, such as organ transplantation, interventional radiology, computer tomography (CT) and Magnetic Resonance

Imaging (MRI) scans, and endoscopic surgery. The holistic characteristics of the patient as a "person" were gradually expressed using symbols, numbers and images. These new technologies ignored the holistic nature of the "person" when decomposing human organs into some specific symbols, numbers, and image marks, and the patient's psychological feelings and emotional needs were ignored. According to Charles E. Rosenberg, diagnosis has become increasingly technical, specialized, and bureaucratic, as has Western society (Yu & Du, 2013).

Driven by social movement, technological innovation and academic trend of thought, medical science is required to pay attention to the integral factor of "human". First, represented by the United States on the clinical medicine highly technical, the medical humanities movement, prompting medical humanities education in the western countries began to rise gradually and develops, medicine is also from focus on disease treatment technology only to pay attention to patients' psychology, comprehensive health needs a temperature of target transformation. This requires medical students to "take health as the center" and set up the concept of "great health, great hygiene". It is necessary to find out the influencing factors of medical students' all-round cognition of health and realize the transformation from simple disease treatment to disease prevention and treatment and health promotion (Liu et al., 2019).

By the end of the 20th century, with the development of social economy and health care, China has also begun to further rethink the disease-centered medical humanities education and explored the transformation to a health-centered medical humanities education. At present, aspiring for health, focusing on health, and maintaining health have become the lifestyles chosen by more and more people. In the face of the deepening reform of medical and health care, society expects more humanistic care to be injected into the medical process. In the whole medical process, the value of life and people's feelings are placed in an important position (Huang et al., 2015). And not only the expectations for medical personnel to practice medicine have risen to the level of people-oriented, but also the expectations for medical humanistic education have become more urgent. Strengthening humanistic education in medical education has become a consensus among Chinese medical colleges and even the whole society.

The heroism and dedication of Chinese medical personnel in saving patients was touching after the sudden onset of the new COVID-19 in 2020. The professionalism and devotion of medical personnel also reversed the emphasis on the status and problems of medical education, especially medical humanities education, in China. Therefore, it is more important to continue exploring the shift from disease-centered to health-centered medical humanities education

2. Literature Review

Research on medical humanities education has received increasing attention from scholars in Western and China. In the study of the curriculum of medical humanities education, the Western medical humanities curriculum is a comprehensive one formed by the integration of humanities courses and courses in marginal disciplines arising from the intersection of humanities and medicine. It is offered in the form of compulsory and elective courses, and the compulsory courses are mostly humanities core courses, such as history of medicine, medical ethics, medical philosophy, and health law (Lian, 2014). In Harvard Medical School, for example, the required humanities courses include core courses such as medical ethics and professionalism and doctor-patient relationship (Pan & Chen, 2009), humanities elective courses include more than 50 in 16 categories such as medical linguistics, behavioral medicine, literature, and medicine. In the United States and Germany, the proportion of humanities hours in total medical hours is about 20%-30%, while in the United Kingdom and Japan, it is about 10%-15% (Chen et al., 2012). According to a survey (Lian, 2014), the proportion of humanities hours to total medical hours in

each academic year of Harvard Medical School in 2010, 2011 and 2012 was 27.95%, 29.80% and 30.56%, respectively, and the medical humanities curriculum focuses on the integration of humanities and medical education. Foreign medical humanities education reflects the continuity of the curriculum and runs through the whole course of medical education. For example, the "Social Medicine" course at Hawaii Medical School is offered for 44 weeks in the first and second academic years, and the "Introduction to Continuing Medicine" course is continued in the last academic year, so that students can better understand the relationship between medicine and law, ethics and society (Zhang et al., 2011).At Harvard Medical School, the "doctor-patient relationship" course spans three years, extending from the basic medical education stage to the clinical internship stage, focusing on the development of doctor-patient communication skills in clinical practice (Lian et al., 2013).

Medical humanities courses in Chinese medical colleges generally take "two courses" (political theory and ideology and ethics) as the core. For example, in a survey conducted by Huangqian (Huang, 2012), on the number of hours of medical courses in a medical college in Jiangxi province, and found that the total number of hours of medical courses was 3186 hours, and the total number of hours of humanities courses was 388 hours, which accounted for 12.0% of the total number of hours of medical courses. Among them, the total number of "two courses" is 292 hours, accounting for 75.3% of the total number of hours of humanities courses. According to the survey (Liu et al., 2011), the proportion of humanities course hours in the total medical school hours in China is 5.7% ~ 17.0%. In 2011, the study found that the types of humanities courses and the number of hours offered had increased compared to the previous ones, but there was no uniform standard for the types of humanities courses and the number of hours offered by medical schools. According to a study of 69 medical schools in China in 2013 (Sun, 2013), 47.8% of the institutions offered medical psychology, 34.8% offered medical ethics, 34.8% offered health law, and only 5.8% offered social medicine. The curriculum in China basically follows a three-stage model, basic medical courses in the first year, clinical specialties in the second and third years, and internship in the fourth year, while humanities courses are only offered in the first and second years, and they do not run through the whole medical education (Li & Zhang, 2015).

In the study of teaching methods of medical humanities education, the teaching methods in Western are more flexible and diverse, usually taking cases as a guide, based on problems, and adopting open teaching methods such as role-play, group discussion, and scenario simulation to mobilize students' interest in learning (Sun, 2012). Different countries have formed their own distinctive humanistic teaching methods. For example, The United States adopts extra-curricular reading, academic discussion, and development of hidden courses. French institutions use lectures and reading lists for students to take elective courses. Japan adopts experiential teaching (Wellbery & Gooch, 2005), by creating a certain situation, where students can connect with their own life experience, and realize the organic combination of cognitive process and emotional experience by relying on their own emotions, intuitions, and other intuitive feelings to understand and discover humanistic knowledge and humanistic ideas.

Due to the large enrollment scale of medical colleges and universities in China, the teaching ratio between teachers and students has not reached that of foreign countries. Humanities courses are still mainly taught in short and efficient large classes (Zhang, 2012). Some scholars conducted a questionnaire survey of clinical medical students on "which method should be adopted to teach humanities courses". The results showed that students were more likely to accept appreciation of film and television works (68.6%), case discussion (58.0%), group learning (37.9%) and classroom teaching (37.2%). Li Zhenyu (Li et al., 2014). According to the survey of medical students' cognition of humanistic teaching, 71.6% of medical students thought that "teaching theoretical knowledge combined with clinical practice" was the ideal humanistic

teaching method. 80.1% of the students thought that "the focus of medical humanities education" was "the combination of humanities education and clinical practice".

In the study of medical humanistic education mode, western universities have their own characteristics. The humanistic education mode of Harvard University focuses on core curriculum construction and case teaching, with emphasis on group teaching and autonomous learning. The humanistic education model of Oxford University emphasizes the combination of humanities and practice and the use of the tutorial system. Under the guidance of the tutor, the learning plan is made, and the tutor checks the learning progress regularly. Humboldt University in Germany has developed a "Special Learning module for medical Humanities", which runs through three stages of medical education. The humanistic education mode of Kameida Hospital in Japan is to organize "medical humanistic project" to cultivate the ability of medical students to conduct group discussion on a certain topic and solve medical social problems (Wang, 2011). The research on medical humanistic education model in western countries is earlier and has entered the stage of effect evaluation and further improvement.

China is constantly reforming the mode of medical humanistic education. In 2008, the Peking University health science project launched a medical education reform with the introduction of "case teaching" and "organ system centered" teaching mode. There is an integration for professional education, joining Beijing 16 universities' open elective courses, and implementing the cross-school minor professional with mutual recognition of credits. The sharing of teaching resources is a kind of humanistic training teaching mode worth popularizing(Lian et al., 2013).

In the research of medical humanistic education teaching resources, western countries have extensive sources of medical humanistic education teachers and abundant resources. Humanities education is strongly supported by the National Humanities and Social Science Foundation, government agencies and teacher training institutions. At present, humanities teachers in colleges and universities, medical teachers keen on humanities education, and clinicians with rich humanistic knowledge are all sources of medical humanities teachers (Zhou & Yu, 2014). Humanities teachers usually have a doctor's degree and have the knowledge base of both medical science and humanities. In addition, medical schools also employ voluntary lecturers from the society, such as organ transplant recipients and artists, to participate in humanistic teaching (Sun, 2012), enriching the teaching content and improving the teaching effect.

Chinese medical colleges and universities have a weak faculty of medical humanities education. Humanities teachers lack systematic humanistic knowledge and cannot well integrate medical knowledge with humanistic teaching to meet the needs of humanistic quality cultivation of medical students (Liu et al., 2011). In 2011, a survey of 46 medical colleges and universities participating in humanistic education (Liu, 2011) showed that 88.7% of medical colleges and universities did not have institutions dedicated to humanistic education, teaching and research. Under the circumstance that humanistic education is not paid much attention to, medical teachers lack the initiative to improve their own humanistic quality, and full-time humanities teachers have few teachers and heavy tasks.

In the study of curriculum evaluation of medical humanities education, western countries have diversified ways of curriculum evaluation of medical humanities education. Different assessment methods are adopted for different humanities courses. Taking Harvard Medical School as an example, the assessment of doctor-patient relationship course includes comprehensive assessment of doctors, objective structured clinical examination, and physical examination performance. The introduction to social medicine is judged by the performance of panelists'

discussions, project proposals, and written assignments. Medical ethics and professionalism are evaluated by the quality of weekly paper reports and class performance (Lian et al., 2013).

The evaluation method of Chinese medical humanities education curriculum needs to be improved. The examination is mainly based on theory examination, and the examination method is divided into open-book and close-book. This assessment method is characterized by students' solid theoretical knowledge but relatively poor ability to analyze and solve problems, which is prone to the disconnection between theory and practice (Liu et al., 2011). Some scholars (Zhou, 2011) investigated the expected assessment methods of medical students in Guangxi and found that only 5% of them expected closed-book examination, 37% of them expected open-book examination, and 24% of them expected practice report. At present, most medical schools pay more attention to the result evaluation than the formative evaluation (Lian et al., 2013).

3. Theoretical Framework

Through the research on medical humanities education in China and western countries, this study has consulted a large number of literature and processed and sorted out the new information. Combining the qualitative and quantitative research (e.g., theoretical and empirical research), paying attention to the systematic research of medical humanistic education mode, referring to the development trend and law of medical humanistic education in China, and exploring the humanistic education mode which are suitable for medical colleges and universities in China are considered as essential (Wang, 2011). The main dimensions of medical humanistic education are sorted out, including courses, teaching content, teachers and teaching evaluation, etc. Medical humanistic education can be divided into disease-centered and health-centered medical humanistic education, as shown in the Figure 1.

This research through the study of medical humanities education in China and western countries, consulting a large number of literature data, the processing of new information, sorting out the main dimension of medical humanities education curriculum, teaching content, teaching and teaching evaluation, medical humanities education can be divided into disease as the center and health as the center of medical humanities education (Figure 1).

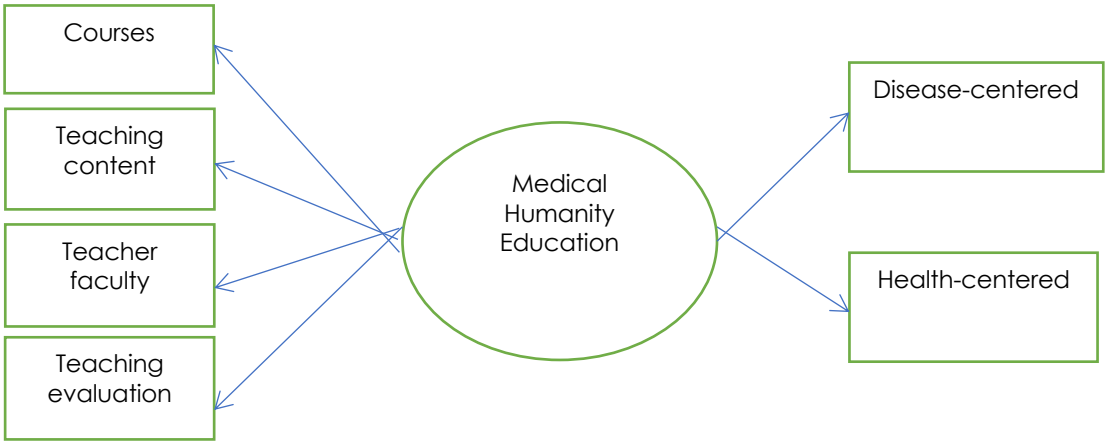

Figure 1. Structure chart of medical humanity education

Figure 1 shows the theoretical framework of disease-centered medical humanistic education and health-centered medical humanistic education is sorted out according to a large number of literature review. See Figure 2.

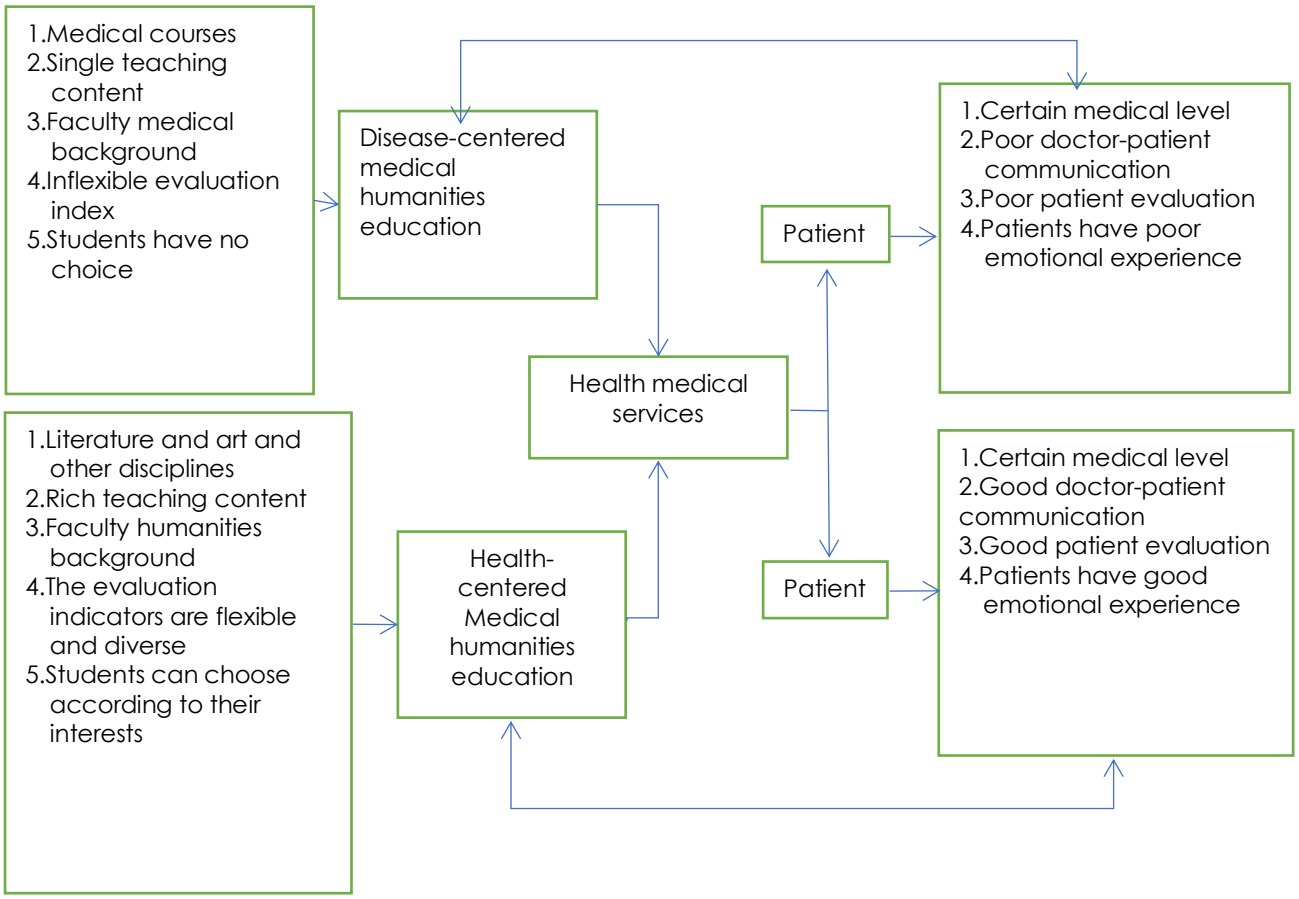

Figure2. Theoretical framework of medical humanity education (Zhang Haifeng.2021)

Disharmonious doctor-patient relationship will lead to distrust and even conflict between doctors and patients, and the lack of medical humanistic spirit is an important factor causing current doctor-patient conflict (Zhang & Zhu, 2017). As shown in Figure 2, the main dimensions of disease-centered medical humanistic education are as follows: based on medical courses, the teaching context is single, most teachers have medical background, and the curriculum evaluation indicators are rigid, leaving students with no more choices. Under the influence of these dimensions, health care personnel trained to serve all types of patients in the health care service result in communication between health care personnel and patients despite their level of care. Poor communication in the treatment process, unable to meet the psychological needs of patients, resulting in poor emotional experience of patients, affecting patient satisfaction.

Medical humanistic education is crucial to the cultivation of medical talents, which can affect the clinical performance of medical staff and enhance their empathy for patients (Graham et al., 2016). Centered on health of medical humanities education the main dimension of the curriculum content involves many subjects such as literature and art, teaching content, teaching teachers of humanities and social sciences are abundant background, curriculum evaluation is more flexible, targeted students choose course, under the influence of these dimensions,

cultivated by the medical staff in the health care services, The feeling of patients is that the medical staff not only have a certain level of medical treatment, but also have good communication in the process of medical treatment, meet the psychological needs of patients, patients have good emotional experience, high satisfaction.

Based on the research basis in Figure 2, the structure chart of the service results provided by medical personnel with disease as the center of medical humanities education is explored and sorted out, as shown in Figure 3.

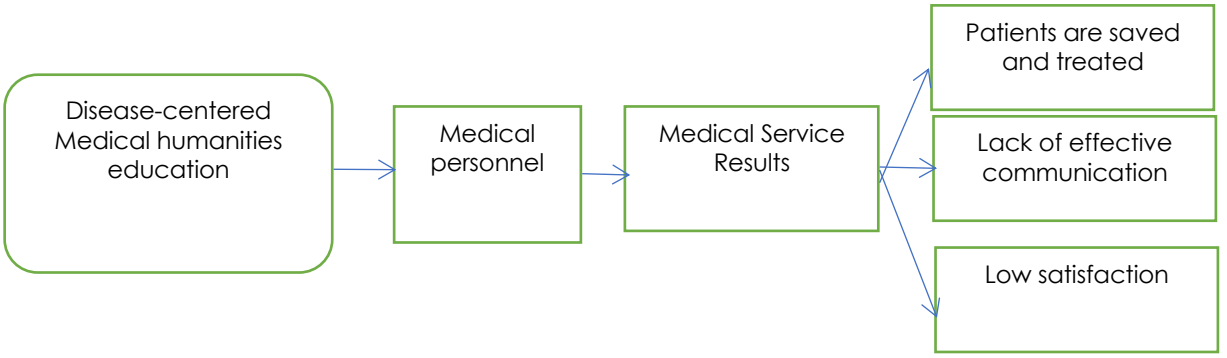

Figure 3. Structure of service outcomes for medical personnel in disease-centered medical humanity education and training

As can be seen from Figure 3, the medical services provided by medical personnel trained by disease-centered medical humanistic education mainly result in the treatment of patients' diseases, but lack of effective communication with patients, resulting in low patient satisfaction.

Based on the research basis in Figure 2, the structure chart of the service results provided by medical personnel with health as the center of medical humanities education and training is explored and sorted out, as shown in Figure 4.

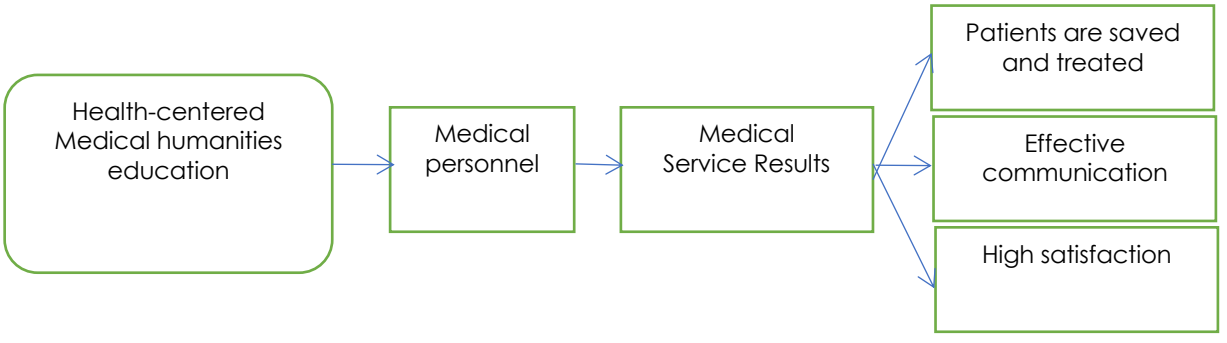

Figure 4. Structure of service delivery results for health – centered medical humanity education and training

As can be seen from Figure 4, the medical services provided by medical personnel trained by health-centered medical humanistic education mainly result in the treatment of patients'

diseases, good communication with patients during treatment, and high medical satisfaction of patients. At the same time, improving the evaluation system of medical humanistic education can help rebuild doctor-patient trust and restore harmonious doctor-patient relationship (Tucker et al., 2015).

To sum up, Figure 1 lists the main structure of medical humanities education and divides it into disease-centered and health-centered medical humanities education. On the basis of Figure 1, Figure 2 shows the main dimensions of disease-centered medical humanistic education and health-centered medical humanistic education and their impact on the number of patients and explains the relationship between various variables of different medical humanistic education. Figure 3 further shows the medical service results of disease-centered medical humanistic education based on the Figure 2. Figure 4 further shows the medical service results of health-centered medical humanities education on the basis of Figure 2.

4. Research Hypothesis

Medical humanistic education concerns the process of medical teaching to improve students' humanistic quality while learning medical professional knowledge with professional ethics (Li et al, 2012). Some scholars put forward that medical humanistic education is to cultivate medical students into people with harmonious, sound, and all-round development based on general humanistic education (Cai & Lin, 2010).

From the perspective of society and patients' needs, medical humanistic education needs to comprehensively improve the comprehensive quality and ability of medical staff. The training of medical staff should not be limited to imparting medical knowledge and medical technology, but also strengthen the education of humanistic knowledge. Different medical humanistic education produces different results. The dimensions of health-centered medical humanities education are more patient-oriented. Therefore, it hypothesized that:

H1: Health-centered medical humanities education can meet the current needs of medical personnel training better than disease-centered humanities education.

Medical skills replace medicine, scientific spirit covers up the brilliance of medical humanities, medical education focuses on human's biological attributes, but ignores human's social attributes, and emphasizes the teaching of professional skills. In its extreme, medical students become "hollow people" who only know technology but have pale souls (Yin & Wu, 2017). Therefore, disease-centered, and health-centered medical humanities education have a significant impact on patients' outcomes in health care services, and patients' feelings are different, including good communication with patients, emotional experience, and satisfaction evaluation. Hence, the hypothesis is:

H2: The health-centered medical humanities education model has a positive effect on medicine service outcomes.

In recent years, China's medical education reform has been emphasizing the importance of medical humanistic education in order to improve the humanistic spirit of future physicians, but the integrated medical humanistic education curriculum of medical colleges still lags behind that of western countries (Song & Tang, 2017).Medical humanities education in the West and China has a distinct approach to medical humanities education development and reform due to different social systems, cultural backgrounds, educational philosophies and other factors. In the context of China, it is hypothesized that:

H3: The reform of health-centered medical humanities education can be realized through the optimization of curriculum, teaching methods, faculty team, and evaluation system

5. Discussions and Implications

Through the study of medical humanities education in the West and China, the results are that medical humanities education in the West and China are different in the following aspects. In terms of the curriculum of medical humanities education, medical humanities courses in Western countries are more varied, and the proportion of class time in the total medical class time is about 20%-30%. China generally focuses on political theory and ideology and morality courses, and the proportion of class hours to total medical hours is 5.7%-17.0% (Liu et al., 2011), which is lower than that of western countries.

In terms of teaching methods of medical humanities courses, medical schools in western countries are more flexible and diverse, which can fully mobilize students' interest in learning. Chinese medical schools teach in a single way and are not able to mobilize students' interest in learning. On the other hand, the medical humanity education mode is different. The medical schools in western countries mainly focus on core curriculum construction and case teaching, while only a few universities in China are exploring the teaching mode of 'case teaching' and 'organ system-centered'.

In terms of medical humanities education faculty resources, medical schools in western countries have a wide range of medical humanities education faculty and abundant resources. Chinese medical schools have fewer full-time humanities teachers, lack systematic humanities knowledge, and have heavier teaching tasks.

The evaluation methods of medical humanity education courses can be reviewed or improved. Medical schools in western countries adopt different assessment methods for different humanities courses and conduct diversified evaluation. Most medical schools in China currently focus on the assessment of humanities courses in terms of result-based evaluation, while paying less attention to formative evaluation (Lian et al., 2013).

To sum up, from the research on the development and status of medical education and medical humanities education in Western countries and China, the disease-centered medical education focuses on the training and learning of medical technology and medical skills, and gradually shifts to health-centered medical education with the development of society, which requires more attention to the psychological needs of patients while improving medical technology of medical personnel. Therefore, in the reform of medical education, medical humanities education should also meet the new requirements of medical education development, specifically, it is necessary to change from disease-centered medical humanities education to health-centered medical humanities education, which involves various aspects such as curriculum, teaching methods, education modes, teachers' strengths, evaluation methods, etc. This study is based on this to explore a health-centered medical humanities education in Ningxia Medical University in western China.

6. Conclusion

The disease-centered medical humanities education takes the elimination of patients' diseases as an important purpose, and the curriculum is dominated by medical specialty courses. Although there are some humanities education contents, most of them are closely related to medicine, such as medical history, medical ethics, medical philosophy, etc. The humanities

education contents of other disciplines such as literature and art are relatively small, and the humanities education hours do not account for a high total number of medical hours. What the medical students cultivated are lacking in humanistic quality and humanistic spirit since having certain medical ability, which has a negative impact on cultivating their own noble medical ethics, and the resultant evaluation of serving patients will be low, only eliminating the illness and pain but not meeting the psychological and emotional needs of patients, which is not conducive to the establishment of harmonious doctor-patient relationship.

Health-centered medical humanities education focuses more on communication with patients and satisfying their psychological needs while eliminating their diseases, highlighting the holistic nature of patients as "human beings". In terms of curriculum, the number of humanities education courses will be increased, and the content of education will be expanded to include literature and art out of medicine, greatly enriching the scope of humanities education and increasing the number of class hours to the total number of medical class hours. The medical students trained will have both certain diagnosis and treatment ability, and certain humanistic spirit and quality, which will promote their overall development. And the patients will feel better about the treatment. At the same time, the outcome of the disease treatment will be highly evaluated, which eliminates the pain and meets the psychological needs of the patients. All of these will be conducive to the patients' recovery and will play a positive role in building a harmonious doctor-patient relationship.

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References

Bai, Y. S. (2013). As the Ultimate Beneficiary of Supporting Medical Care. Chinese Health Talents, 9, 22-23

Cai, Z. G., & Lin, L. (2010). Research on the Root of Medical Humanities Education Dilemma. Medicine & Philosophy. Humanities & Social Medicine Edition, 31(4): 50-51.

Chen, R. F., Wu, Y., & Shao, M. H. (2012). Research Progress of Humanistic Quality Education for Nursing Students. PLA Journal of Nursing, 29 (10a): 28-30.

Graham, J., Benson, L. M., & Swanson, J. (2016). Medical Humanities Coursework is Associated with Greater Measured Empathy in Medical Students. The American Journal of Medicine, 129(12), 1334—1337.

Huang, Q. (2012). Research on Medical Humanistic Quality Education in Jiangxi Medical College. NanChang: NanChang University.

Huang, X. L., Mei, Y., & Zhang, W. (2015). Humanistic Spirit of Evidence-based Medicine. Chinese Medical Humanities, 1(6): 15-16.

Li, C. Y., & Zhang, X. X. (2015). Investigation on Humanistic Quality of Nursing Students in Higher Vocational Colleges. PLA Journal of Nursing, 32 (9): 61-63.

Li, K. J., Guo, L. S., & Hu, J. P. (2012). Training of "Excellent Doctors" and Medical Humanities Education. Chinese Journal of Medical Ethics, 25(5): 643-644.

Li, Z. Y., Liu, W. C., & Kong, X. J. (2014). Investigation and Analysis of Medical Students' Cognition of Medical Humanities Teaching. Medicine and Philosophy, 35 (7a): 72-75.

Lian, J. (2014). Research on Medical Humanities Curriculum and Evaluation of Five-Year Clinical Medicine Specialty. TaiYuan: ShanXi Medical University.

Lian, J., Yan, J., & Wang, H. Q. (2013). Analysis on the Curriculum System of Medical Humanities in Harvard Medical School. Medicine and Philosophy, 34 (8a): 26-29.

Liu, D. M., Lei, H. Y., & Fan, F. F. (2011). Problems and Countermeasures of Medical Humanities Education in Medical Colleges and Universities in China. Chinese Medical Ethics, 24 (6): 795-796.

Liu, H. Q., Zhao, M, J., & Wang, J. W. (2019). Chronic Disease Management in China from the Perspective of Human Health. China Health Service Management, 36(7): 558-560.

Liu, J. (2011). Comparison and Enlightenment of Medical Humanistic Education. China Higher Medical Education, (5): 8-9.

Pan, Y., & Chen, J. G. (2009). Current Situation of Medical Humanities Education in Western Countries and Its Enlightenment to China. Exploration of Medical Education,8(11):1344-1346.

Song, P., & Tang, W. (2017). Emphasizing Humanities in Medical Education: Promoting the Integration of Medical Scientific Spirit and Medical Humanistic Spirit. BioScience Trends, 11(2): 128—133.

Sun, B. Z. (2013). Challenges and Reform of Higher Medical Education from a Global Perspective. Medicine and Philosophy: Humanities and Social Medicine Edition, 34 (7): 1-4.

Sun, P. (2012). Research on the Construction of Medical Humanistic Quality Education System. Chongqing: The Third Military Medical University.

Tang, W. P., & Zhang, D. Q. (2017). The Rise of Health Culture and Its Contemporary Challenges. Medicine and Philosophy, (6A): 1-5.

Tucker, J. D., Cheng, Y., & Wong, B. (2015). Patient—Physician Mistrust and Violence Against Physicians in Guangdong Province.China: a Qualitative Study, BMJ Open，5(10): e008221.

Wang, Q. (2011). Research on Medical Humanities Education Model in Medical Colleges and Universities. NanNing, GuangXi Medical University

Wellbery, C., & Gooch, R. (2005). A Web-Based Multimedia Medical Humanities Curriculum. Literature Arts Medieval education,35(3):165-167.

Yin, J. F., & Wu, Y. L. (2017). Reconstructing the Symbolic Space of Traditional Culture: Modernity of College Humanistic Education Dilemma and Breakthrough Path. Higher Education Exploration, 6, 18-23.

Yu, X. Z., & Du, L. H. (2013). The Tyranny of Diagnosis: Specific Diseases and Individual Experience. Medical, Social and Cultural Reader. BeiJing: Peking University Press, 64-81

Zhang, J., & Zhu, L. (2017). Study on the Relationship Between Doctors and Patients. Medicine and Society, 30(8), 44-46

Zhang, J., Huang, H. X., & Chen, C. (2019). Ways of Whole-Course Medical Ethics Education for Medical Students in the Context of the New Era. Chinese Medicine and Society, 6, 127-130.

Zhang, L., Zhang, Y. B., & Shi, K. (2011). Comparative Study on Humanistic Quality Education in Chinese and Foreign Medical Colleges. China Higher Medical Education, 1, 3-4.

Zhang, X. Q. (2012). Lack and Return of Medical Humanistic Education. Basic Medicine and Clinic, 32 (11): 1252-1255.

Zhang, X., & Faulkner, M. (2011). Tension Between Medical Professionals and Patients in Mainland China. Cambridge Medical Ethics Quarterly. 20458-465.
https://doi.org/10.1016/j.ijcard.2014.07.246

Zhou, W. C., & Yu, S. X. (2014). Thoughts on the Overall Design of Medical Humanistic Education Reform. Medicine and Philosophy, 35(6a), 48-50.

Zhou, Y. J. (2011). Current Situation Analysis and Countermeasures of Humanistic Education in Medical Colleges and Universities in GuangXi. NanNing: GuangXi Normal University

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