Personal and professional development: a mind of one's own

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ABSTRACT – One of the aims of both postgraduate and undergraduate medical education is to help doctors to think for themselves, or to have minds of their own, in the complex process of interpreting evidence and adapting it to fit individual patients. But phrases such as 'thinking for oneself' or 'having a mind of one's own' conceal an important ambiguity. The ambiguity is between the process of developing independence of mind and that of developing individuality of mind. Medical education overstresses independence of mind at the expense of individuality of mind. But both processes are necessary for personal and professional development. The humanities have a role to play in correcting the balance.

KEY WORDS: communication, evidence, medical education, personal and professional development, randomised trials

The postgraduate medical education of consultants and GPs has been described in a variety of ways, such as 'continuing medical education' or 'personal and professional development'. Undergraduate medical education has an appropriate version of these activities, perhaps stressing 'problem-based learning' or 'critical reading'. Nowadays such activities may include some study of the humanities. Broadly speaking, we might say that the reason for this emphasis in medical education at all levels is an awareness on the part of medical educationists that doctors must be able to think for themselves, or to have minds of their own, to enable them to translate the many and conflicting claims of evidence-based medicine and government initiatives into humane treatment for individual patients.

Yet there is an important ambiguity in the idea of having a mind of one's own which can distort programmes of personal and professional development, and medical education more generally. It is the aim of this paper to explore this ambiguity. The ambiguity can be brought out if we distinguish two different ideas which might be implied by 'having a mind of your own': *independence of mind* and *individuality of mind*.

Key Points

Medical education at all levels requires doctors to cultivate 'minds of their own'

A 'mind of your own' can refer to independence of mind – basing your views on evidence – or individuality of mind – having your own unique approach to something

Medical education stresses independence of mind at the expense of individuality of mind

This produces a uniformity which can interfere with both research and patient care

Independence of mind

Independence of mind is shown in the kind of support or justification a person might offer for a belief. In more detail, independent-minded persons exhibit three qualities.

- Firstly, their beliefs, medical and otherwise, are based on *evidence* or *argument*. This sweeping statement must of course be qualified and developed. Different types of evidence are needed in different sorts of situation, and sometimes, if the matter is very technical, we ourselves may not be able to state the evidence, and may need to rely on the word of experts. But even here we may be able to assess whether the person really is an expert in that field, or whether the 'evidence' is really just ideology or pharmaceutical hard-selling.
- Secondly, independent-mindedness requires an ability *to understand* what we claim to have in our minds. For example, suppose someone is told that the structure of the DNA molecule consists of a double-helix. How does he make that statement 'his own'? He would need to understand the claim in several different senses. Thus he would need to understand some concepts of bio-chemistry and some concepts of mathematics and how they might be linked. He might also need to understand the wider context and significance of the claim. Understanding here is clearly something we can have more or less of, and to the extent that we have it we are more or less independent-minded.

- Thirdly, we are independent-minded if we are *critical* of the evidence or argument for a belief. We may come to hold that the evidence is insufficient, or of the wrong kind, or that the side-effects or the cost of the evidence-based treatment have not been mentioned. Critical appraisal of appropriate evidence is indeed one of the characteristics common to any respectable academic discipline, and typically goes on at lunchtime meetings in hospitals and postgraduate centres.

Although the importance of evidence and the understanding of it is widely appreciated, it may be worth giving an example of what it is to be critical of evidence, for this is far less widely appreciated in medical education. For example, Dr RC McGouran describes the case of a patient who was admitted to hospital with a myocardial infarct:[1]

> *He was given a thrombolytic drug and admitted to the coronary care unit. A little later a nurse noticed that his speech was slurred and that he wasn't moving his right side. A CT scan confirmed a massive intracerebral haemorrhage and he died several hours later as a result of this.*

Dr McGouran makes the point that the junior doctor who administered the drug had no reason to reproach himself – what he did was 'evidence-based'. Yet what does the evidence actually tell us? The answer is that the drug reduces absolute mortality after infarction by 2%. But if we put this another way it means that the drug is of no value to 98 out of 100 patients, and there is a possibility of dangerous side-effects – 0.4% of patients given the drug after infarction will have strokes and 0.7% will have life-threatening non-cerebral haemorrhages, some of which will be fatal. Yet it is used routinely. This example is a good illustration of what can happen when there is a lack of critical understanding of the evidence, or when independence of mind has given way to a blind following of a routine. However that may be, the three aspects I have discussed are independently necessary and jointly sufficient to constitute the independent mind.

Individuality of mind

Individuality of mind concerns differences in the content of people's beliefs, rather than the evidence or rational basis of belief. The beliefs of an independent mind purport to be well-founded, whereas those of a mind with individuality purport to be distinctive, unusual, original, challenging, idiosyncratic or unique.

Three features are characteristic of individuality of mind:

- Firstly, it shows itself in an *unusual direction* of interest. The person with the individual mind may know about unusual or less commonly known things, such as the science of John of Norfolk, or the songs of troubadours. Moreover, specialised or unusual directions of interest can be displayed just as much in the sciences or medicine as in the arts and humanities.
- Secondly, the person of individual mind may have a greater *depth of knowledge* on some subjects. He/she may concentrate to the point of obsession on just one area of knowledge or skill – in this direction lies the specialised surgeon, or the medieval historian. Sometimes this kind of knowledge is dismissed by saying, 'He knows more and more about less and less'. But a highly specialised direction of knowledge and skills is obviously a good thing. In medicine we require the specialists, say, for treating the back of the eye, as well as the generalists. As a gesture towards allowing individuality of mind to develop, the medical curriculum in the UK now allows Special Study Modules (SSMs), in which students can follow their interests in science, medicine or the humanities through short periods of in-depth studies which may lie in unusual directions of interest.
- The third aspect of individuality of mind shows itself in a variety of ways. Perhaps it is best expressed by the term *lateral thinking*, a term which was introduced by a former Lecturer in Medicine at the University of Oxford – Edward de Bono.[2] The main point made by de Bono is that we tend to see the world, including the areas of it which constitute our professional lives, in terms of certain patterns or groupings. But these are only some of the many possible patterns or groupings. The person who has a disposition to lateral thinking is the person who can break away from the familiar patterning of the world and suggest new ways of looking at things, or non-routine ways of behaving. Intellectually, lateral thinking may emerge as a sceptical disposition towards received opinion and ways of doing things.

  Lateral thinking of the kind relevant to individuality of mind is illustrated in Wittgenstein's anecdote about the fly in the bottle.[3] The fly buzzes against the glass and cannot escape, but there is no stopper on the bottle. If the fly changes direction it can escape. The person of individual mind who thinks laterally can show the fly the way out of the bottle!

The term 'originality' can be used for certain forms of this kind of individuality. It is of course above all in the arts that it can be shown, although it can also be shown in science, medicine, and philosophy. Some artists reveal their originality in their ability to make us see the familiar in a new light. For example, Wordsworth and Coleridge, in their Preface to the *Lyrical ballads* of 1803, said that in their poetry they intended to remove the film of familiarity which everyday experience spreads over things.[4] The person of individual mind can make us appreciate afresh what we already know. For example, the arts might help a doctor to look afresh at patients, when after some years they have acquired an anonymous sameness.

Another sort of originality can consist in the creation of new ideas or styles. For example, Wagner and Schoenberg might be said to be great innovators in music, Galileo and Einstein in science, Harvey and Bernard in medicine, and Kant and Wittgenstein in philosophy. The point is that whether the innovation is in science, medicine, the arts, or philosophy, the result is the same – the human *imagination* is enriched and we can see the world in fresh ways.[5]

Mutual enhancement

It is, of course, important that the criteria for independence of mind, and for individuality of mind, should be used only where it is appropriate and in appropriate ways. For example, the Dean of Medicine who asks, 'How can you measure the benefit for a doctor of reading novels?' is looking for the wrong sort of evidence. It is not that the humanities ought to be immune from evaluation, but anyone who uses the language of measurement about novels does not understand measurement or novels.[6] Equally, it is important that individuality of mind should at the very least be constrained by the criteria for independence of mind; we can ignore the individuality of the flat-earthers. And of course in its behavioural aspects individuality can become disruptive of good teamwork.

Nevertheless, independence and individuality can be mutually enhancing. If we return to Dr McGouran's example we can see the influence of the fly-in-the-bottle mentality as it affects modern medicine:

> *When nurses on the coronary care unit are told that for 49 out of 50 patients* [thrombolysis] *is at least a waste of time, at worst lethal, they don't believe it. Thrombolysis is a firmly established part of modern medical practice. We don't question its effectiveness any more, we just audit the speed and frequency of its use*'.[1]

Here there is a need to look at the evidence in a fresh way, or laterally. Individuality of mind is a safeguard against undue fascination with one way of looking at evidence or, more generally, aims.

Independence, individuality and professional development

What are the connections between independence of mind and individuality of mind and personal and professional development or continuing medical education? The classic text which guides us here is JS Mill's essay, *On liberty*.[7] In Chapter 3 of this essay Mill tells us that the end of man is 'the highest and most harmonious development of his powers to a complete and consistent whole'. These powers are developed by pursuing ends which are rich and complex and therefore suitable for bringing out the potentialities within us. In more detail, Mill argues that we all have what he calls a 'distinctive human endowment', which can be developed. The qualities which he thinks make up the endowment are: 'the human faculties of perception, judgment, discriminative feeling, mental activity, and even moral preference which are exercised only in making a choice'.[8] We might say that these qualities are distinctive of what can be called the 'generic human self'. These qualities, Mill holds, can be developed, and it is incumbent on us as human beings to exercise choice to develop them. It is my claim that developing this endowment and developing independence of mind are one and the same, and are one essential component in personal and professional development.

Individuality of mind by contrast is concerned with the development of at least some of those qualities and interests which are peculiar to a given person. Now the development of those idiosyncratic qualities will make use of the generic features of the human endowment, the features on Mill's list, but will turn them in a direction unique to a given individual person. Mill argues for this in a second and complementary strand to his thinking. When the second strand is uppermost he stresses the importance of the conscious and discriminatory pursuit of objectives which express authentically one's own uniqueness as a person. According to this strand in his thought, it is important to 'be oneself' as opposed to 'conforming to custom'. A custom may be a good one, he says, but 'to conform to custom merely as custom does not educate or develop [in a person] any of the qualities which are the distinctive endowment of a human being'.[8]

Independence of mind and individuality of mind will both therefore find their ultimate justification in self-development (or personal and professional development), but in different ways: independence of mind leads to the development of our distinctive human endowment, the generic aspects of the self, whereas individuality of mind leads to the development of our personal uniqueness, our individuality, the idiosyncratic aspects of the self. These two aspects of development are necessary and sufficient for total self-development.

Some challenges to medical orthodoxy

In conclusion, I should like to take a few examples of aspects of medicine which can be challenged, using the distinctions which I have drawn. The examples are of necessity brief and not developed. The first example concerns the current medical obsession with randomised trials – the gold-standard. Observational or descriptive studies are depicted as second-rate, or 'anecdotal' until they are validated by a trial. This position is delightfully mocked by Gordon Smith and Jill Pell in the *British Medical Journal*.[9] They point out that the evidence that people do better with a parachute when they jump out of an aeroplane is only anecdotal! It should also be noted that while doctors seem to be fixated on the evidence of randomised trials, the term is used in many other ways in other respectable disciplines. A laboratory scientist, or a detective, or a lawyer look at evidence in ways which might be illuminating for medical research, were it not for the current obsession.[10] Indeed, even if the generalisations which emerge from the trial are valid, there remains the problem of how their results should be applied to individual patients. For example, for any of a number of good reasons, a given patient may refuse consent for the best evidence-based treatment and prefer another.[10] In such cases it might be good medical practice to harness the placebo effect of the patient's beliefs, rather than persist with what the evidence is alleged to say. A more critical, not to say sceptical, turn of mind is what is needed here. There is more to independence of mind than citing trials.

Turning now to medical education at all levels, I would argue that it can be impeded by the idea that every lecture or presentation requires aims and objectives, visual aids and bullet points. This produces a dreary sameness. Obviously, visual aids may be needed for diagrams or tables, but surely every point in every presentation does not require visual aids. Indeed, to an outsider,

it seems faintly comic that during a period when medical educators and the public are rightly insisting on the importance of communication and listening for good patient care, doctors themselves seem unable to give or to follow a talk without visual aids. The teachers one remembers are the ones with the individual or even the eccentric approach; they enrich one's imagination as well as developing one's knowledge. Anecdotes and enthusiasm are more memorable than bullet points.[11] The power of stories over statistics has recently been examined in the *British Medical Journal* by Thomas Newman, writing from the hard-nosed end of medicine as an epidemiologist and biostatistician.[12]

As far as communicating with patients is concerned, individuality comes into its own; there is no such thing as scientific expertise in human relationships.[13] Certainly, some people are better than others at communicating, but this is not because they have acquired some mysterious 'skill' but because they are more authentic human beings. Whether the doctor is gruff or charming, patients can distinguish the voice of an honest and sincere individual from that of someone who has been on a course. As Mill puts it: 'It really is of importance not only what men do, but also what manner of men they are that do it'.[8]

The growth of the medical humanities has provided a partial remedy for this grey uniformity. For what the humanities can do above all is not make doctors more humane – they are every bit as humane as my colleagues! – but rather bring out the multiplicity of ways in which one human being can be in a relationship with another, or in which birth, life and death can be viewed. In other words, the humanities can help medicine to get away from the idea that in education, in communication, or in treatment, one size fits all. Again, Mill puts the point in a striking way. He writes that human nature

> *is not a machine to be built after a model . . . but a tree, which requires to grow and develop itself on all sides, according to the tendency of the inward forces which make it a living thing.*[8]

Continual challenges to the false finalities of medical or educational orthodoxy are necessary if a discipline is not to stagnate, and it is those with individuality of mind who are most likely to mount such challenges.

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