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HUMANIZATION OF MEDICAL EDUCATION IN GREAT BRITAIN: HISTORICAL ASPECTS

The topic of the "History of Humanization in Medical Education in Great Britain" is increasingly significant today, providing valuable insights into the evolution of medical ethics, educational practices, and the development of healthcare as a patient-centered field. This historical overview reflects the gradual shift from a rigid, theoretical approach to medical training toward one that prioritizes the human aspect of healthcare. By recognizing this shift, modern healthcare professionals can better appreciate the foundational importance of empathy, compassion, and ethical responsibility in their practice. Early medical education in Britain was highly technical and often disconnected from patient experience, focusing mainly on the acquisition of theoretical knowledge and procedural proficiency. However, over time, the recognition of patients' emotional, psychological, and cultural needs began to reshape medical training, leading to a more holistic approach to healthcare.

Understanding this evolution is crucial for current and future healthcare practitioners, as it contextualizes ongoing debates regarding patient rights, medical ethics, and the delivery of care. For example, issues like informed consent, patient autonomy, and shared decision-making – all essential components of modern healthcare – have their roots in this historical journey toward humanizing medicine. By studying how medical education has incorporated humanization, we gain a better understanding of the societal and ethical challenges that medical professionals have faced over the years and continue to face today.

Furthermore, exploring this history is not only an academic exercise but a practical tool for improving current medical training programs. It highlights the growing importance of soft skills such as communication, empathy, and cultural competence, which are now recognized as just as crucial as clinical expertise. Policymakers and educators can draw on these historical lessons to address contemporary challenges in healthcare, including disparities in patient care, cultural insensitivity, and the ethical dilemmas posed by technological advancements such as artificial intelligence in medicine.

In conclusion, delving into the history of humanization in medical education in Great Britain enriches our understanding of how medical practices have evolved and offers invaluable lessons for the future. It underscores the need for continuous reflection on the ethical, emotional, and interpersonal dimensions of medical care. This perspective not only enhances the quality of healthcare but also ensures that medical professionals remain compassionate, ethical, and responsive to the diverse needs of patients. By embracing the lessons of the past, we can continue to shape a more humane and effective healthcare system for the future, both in Britain and globally.

Key words: *humanization, medical education, Great Britain, human, value, life, altruism.*

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ГУМАНІЗАЦІЯ МЕДИЧНОЇ ОСВІТИ У ВЕЛИКОБРИТАНІЇ: ІСТОРИЧНІ АСПЕКТИ

Тема «Історія гуманізації медичної освіти у Великій Британії» набуває все більшого значення сьогодні, надаючи важливі уявлення про розвиток медичної етики, освітніх практик та становлення охорони здоров'я як орієнтованої на пацієнта сфери. Цей історичний огляд відображає поступовий перехід від жорсткого, теоретичного підходу до медичної підготовки до такого, що надає пріоритет людському аспекту охорони здоров'я. Усвідомлення цього переходу допомагає сучасним медичним працівникам краще оцінити фундаментальну важливість емпатії, співчуття та етичної відповідальності у своїй практиці. Рання медична освіта у Великій Британії була надзвичайно технічною і часто відірваною від досвіду пацієнтів, зосереджуючись переважно на здобутті теоретичних знань і процедурної майстерності. Проте з часом визнання емоційних, психологічних і культурних потреб пацієнтів почало змінювати медичну підготовку, приводячи до більш цілісного підходу до охорони здоров'я.

Розуміння цієї еволюції є важливим для нинішніх і майбутніх медичних працівників, оскільки воно допомагає краще розуміти поточні дебати стосовно прав пацієнтів, медичної етики та способів надання медичної допомоги.

Наприклад, такі питання, як інформована згода, автономія пацієнта та спільне прийняття рішень – усі ці ключові складники сучасної медицини – мають свої корені в цій історичній подорожі до гуманізації медицини. Вивчаючи, як медична освіта інтегрувала гуманізацію, ми краще усвідомлюємо соціальні й етичні виклики, з якими медики стикалися протягом багатьох років і продовжують стикатися й сьогодні.

Більше того, вивчення цієї історії є не лише академічною вправою, а й практичним інструментом для покращення сучасних програм медичної підготовки. Це підкреслює зростаючу важливість таких м'яких навичок, як спілкування, емпатія та культурна компетентність, які зараз визнаються не менш важливими, ніж клінічна експертиза. Політики та викладачі можуть використовувати ці історичні уроки для вирішення сучасних проблем у сфері охорони здоров'я, включаючи нерівність у наданні медичної допомоги, культурну нечутливість і етичні дилеми, викликані такими технологічними досягненнями, як штучний інтелект у медицині.

На завершення, вивчення історії гуманізації медичної освіти у Великій Британії збагачує наше розуміння того, як розвивалися медичні практики, і пропонує безцінні уроки для майбутнього. Це підкреслює необхідність постійного переосмислення етичних, емоційних і міжособистісних аспектів медичної допомоги. Такий підхід не лише покращує якість медичних послуг, але й забезпечує, щоб медичні працівники залишалися співчутливими, етичними та чутливими до різноманітних потреб пацієнтів. Засвоюючи уроки минулого, ми можемо й надалі формувати більш гуманну й ефективну систему охорони здоров'я в майбутньому, як у Британії, так і в усьому світі.

Ключові слова: *гуманізація, медична освіта, Велика Британія, людина, цінність, альтруізм, життя.*

Introduction. Humanization of medical education is one of the most essential conditions to train medical specialists who will treat patients altruistically and fulfill their duties with dignity. Perception of patients as the highest value from the point of view of the patient's health preservation determines worthy performance of doctors' duties. Analysis of historical development of humanization of medical education itself allows to trace the changes in doctors' ethical standards since the ancient times. Taking into account the fact that health care system in Great Britain is considered to be one of the best, we decided to analyze historical development of humanization of medical education on the territory of this country since the ancient times up to the 20th century.

The aim of the article is to determine and describe the characteristic features of the historical development periods of humanization of medical education based on the analysis of the resources used.

Theoretical background. The issue of humanization in education is highly relevant, as humanity is regarded as an essential and inherent characteristic of any educational process. The historical development of the humanization of education has been explored by various scholars (Пуховська, 1999; Марченко, 2004), while the history of humanization in higher education has been specifically addressed by others (Задорожня, 2002). These studies highlight the evolving nature of educational practices and their alignment with humanistic values. Given the inseparable connection between the concepts of humanization and altruism – both of which are fundamental to the effective fulfillment of a medical professional's duties – it is important to analyze works that examine aspects of the historical development of humanization in medical education globally (Лавриш, 2009; Digby, 1999; Loudon, 1986). Nevertheless, the topic of humanization in medical education within the context of Great Britain has received relatively little scholarly attention, further emphasizing the importance of addressing this gap in the literature.

Results and discussion. The historical development of the humanization of medical education in Great Britain can be categorized into distinct periods: Ancient Times, the Celtic and Roman period, the 5th–6th centuries CE, the Dark Ages, the Renaissance, and the 18th–19th centuries CE. Each of these periods warrants a detailed analysis to understand their unique contributions and characteristics.

The history of medical education in Great Britain dates back to Celtic tribes which densely populated the territory of Greta Britain during the last centuries before the new era (Squire, 1910). Humanization of medical field and medical education in particular can be considered in the context of ancient mythology study and ideas (understanding) about medicine itself. Theological roots of medicine (healthcare) (worship for the deities of treatment such as Dian Cecht, Goddess of Britain, God Lugh) were passed from the healer-priest to his disciples orally, but then doctors knew well which God to worship or to give gifts for successful treatment. During a long period of time (which was preceded by thorough selection to a medical school) they studied the world's basic concepts, a human, medical herbs as well as divine basics of treatment and interaction with the underworld. Rituals of treatment sometimes bordered on theatrical performance but it should be mentioned that disciples learned shaman songs and playing special instruments such as Celtic flutes which charmed the surrounding world. Besides, they learned various meditative and hypnotic technics. We may assume that they mastered some psychological skills, the ability to apply hypnosis and developed

their intuition in the context of that studying. Celtic medical education system existed up to the beginning of the Middle Ages and then it disappeared, leaving behind only written mentioning. So, humanization of medical education in Great Britain during Celtic period was to study the divine essence of a human and the possible ways to interact with Gods in order to harmonize human condition.

The migration of Romans and their conquest of the territory of modern Great Britain had a profound impact on the overall higher education system, particularly in medicine. Humanistic aspects of medical education borrowed from Ancient Roman culture directly influenced British medical schools (Віннікова, 2016). This included the worship of Roman gods of medicine (Apollo, Asclepius, Hygieia, Panacea, Telesphorus, and others), and the practice of offering sacrifices as a means of healing the sick. Thus, the borrowed Roman philosophy of medicine displaced the native Celtic paradigm, although general trends were largely preserved.

Migration of the Romans and their conquest of the territory of modern Great Britain influenced the overall system of higher education, particularly medical education. The humanistic aspects of medical education borrowed from Ancient Roman culture directly penetrated British medical schools (Віннікова, 2016). They included the worship of Roman gods of medicine (Apollo, Asclepius, Hygieia, Panacea, Telesphorus, and others), as well as the practice of sacrifices as a means of treating the sick. Thus, the borrowed foreign Roman philosophy of medicine displaced the native Celtic paradigm, although overall general trends were preserved. Students of medical schools in Roman-controlled territories, just like in Celtic schools, studied ancient philosophy and medical religion, taking into account the peculiarities of the Roman worldview. In addition to the philosophical-theological aspect borrowed from ancient Roman philosophy, the expansion of the Romans into the territory of Britain brought fundamental knowledge from ancient medical practitioners such as Hippocrates, Galen, Aristotle, and others. As a result, students gained access to knowledge about the basics of human anatomy, the structure of the human body, the typology of diseases, methods of diagnosis and examination of patients, the use of physiotherapy procedures, and medicinal plants for treatment, among other things. It is also worth emphasizing the ethics of ancient Roman and Greek medicine, some features of which spread to British territory such as training doctors in an altruistic manner, understanding the high value of the patient's life whether it is an adult or a child, high respect for the medical profession, the basics of collegial ethics, and mutual respect among medical professionals.

Important ethical issues were raised in the medical schools of that time, such as the impossibility of providing a patient with an abortive agent or giving a patient suicidal drugs, the doctor's endeavor to save the patient's life at all costs, and collegiality that is assisting a colleague's children when needed. Alongside the mass killings and cruelty that accompanied the military actions of ancient Romans, it is essential to note the high ethical standards of their worldview and medical education. Only a worthy man could become a doctor, so not everyone could immediately become a medical student. Therefore, the humanization of higher medical education in Great Britain during the Roman period involved the creation of an ethical code for future doctors, mastering the norms of professional morality and ethics, and perceiving the human being as the highest value.

Subsequently, from the early 6th century AD to the beginning of the Middle Ages, there were no significant changes recorded in medical education. Notably, at the end of the 6th century AD, the Anglo-Saxons converted to Christianity, with Augustine becoming the first Archbishop of Canterbury (Нудьга, 2017). This led to numerous changes in all areas of society, including medical education. The theological aspect of medical training took on a new dimension: from then on, the worship of Christ and the Virgin Mary, as well as several saints and Apostles, determined the outcome of treating the sick (as opposed to the worship of ancient Celtic deities and Roman gods). Medical science and its study experienced a certain decline, as all phenomena in the world were explained by divine nature and the spiritual development of the individual, thus neglecting the physical aspect. The medical science of that time perceived illness as a reflection of problems in a person's spiritual development, so treatment involved correcting moral qualities. The lack of development in theoretical medicine led to its terrible decline at the beginning of the Middle Ages and subsequent epidemics. Science in general, and medical science in particular, almost did not develop during the so-called "Dark Ages" of the Middle Ages. The medical profession did not have the appropriate authority, as the church had assumed all major functions. The study of the theoretical foundations of medicine, such as anatomy or pathology, was semi-legal, and the dissection of corpses was prohibited by the church. Moreover, the church restricted any research or experiments. The study of the human body through dissection of corpses was prohibited until the 17th century. While in Italy during the 12th-13th centuries, some medical

schools were allowed to dissect the bodies of executed criminals for research once every 3–5 years, but such a practice did not exist in Great Britain. Scholars dissected animal bodies (such as pigs) to infer human anatomy instead. Often, the role of a physician was carried out by priests who treated illnesses through "cleansing of the soul" and confession of sins. The prevailing idea was that if a person had not sinned, they should not fall ill; therefore, if they did, they needed to repent and ask the Lord for healing. One positive aspect was that treatment in churches was free, and hospitals were called "hospitals," derived from the Latin "hospitalis" meaning hospitable, and they welcomed all in need, albeit without providing qualified medical care. Historians estimate there were around 400 hospitals on the territory of Great Britain by the year 1200 AD. One positive aspect of priests serving as physicians was that these individuals were educated, capable of written communication and analysis, and thus could pass on their knowledge to students in written form. However, due to the overall stagnation in the development of medicine, it did not contribute significantly to its advancement.

Barbers also took on the role of physicians during this time, not only shaving beards and cutting hair, but also performing basic surgical operations such as lancing abscesses, draining pus, and amputating limbs (without anesthesia). Most of these practitioners were self-taught, relying on trial and error. There was no organized body of knowledge or formal medical education system at that time. Physicians of the era had no concept of pain relief or sterility. Furthermore, education in general was a luxury that could be paid for with one's life during the period of the Inquisition. The absence of a structured medical knowledge system and medical education led to widespread mortality and numerous epidemics, including the bubonic plague, which killed approximately two-thirds of the British population between 1340 and 1348. This underscored the necessity for the establishment of medical educational institutions. Medicine began to be taught in Great Britain only at Oxford in the 13th century. Medical education at Oxford primarily focused on theoretical aspects, covering general anatomy, types of diseases and their treatments, and basic remedies such as herbal infusions and opiate medicines. Student assessments were minimal, and teaching often consisted of professors reading textbooks aloud. Humanistic aspect of medical education included studying the divine nature of humans and teaching prayers by leading Christian saints and healers. Towards the end of the 15th century, medical department was established at the University of St Andrews (Нудьга, 2017). Therefore, it can be concluded that during the Middle Ages, or the so-called "Dark Ages," the humanization of medical education was hindered primarily due to the lack of scientific progress, poor quality of education in general and the suppression of medical education development in competition with religion.

Starting from the end of the Middle Ages, including the Renaissance and the Reformation, there was a rapid development of the higher education system overall, particularly in medical education, and the development of humanistic medical education.

By the late 16th century, not only in Italy, where medical schools began as early as the 8th century AD, but also in Great Britain, there were already many medical schools or faculties within general higher educational institutions. For instance, in Great Britain, the medical school of the University of Aberdeen in Scotland was established in 1495, which later in 1858 merged with Marischal College. Unfortunately, medical education in the 15th century could only be obtained under patronage that means that children of physicians and high-ranking officials had exclusive rights of admission to such institutions, which reflected on their motivations. It is not possible to speak about a humanistic character in the early years of education, which was essentially reduced to purely theoretical study of the fundamentals of medicine (Нудьга, 2017). It began to change in 1518 when a licensing body the Royal College of Physicians of London was established which, assessing certain theoretical and practical skills of physicians, issued them licenses to practice. Unfortunately, obtaining a license as a physician did not require being humane at all, but it was necessary to master certain medical knowledge and skills. In 1540, the medical department of the University of Cambridge was opened.

In 1726, a medical school was founded in Edinburgh, and in 1751, another in Glasgow. Around the same time, physician training began at St. George's School within the University of London. The curriculum, particularly at the University of Edinburgh, included the study of medical theory, medical literature, and the art of medicine. It is worth noting that the institution's commitment to equality of access and high ethical standards, as students from diverse races, nationalities, and religions were educated there, principles that were enshrined in its statutes.

Humanism in medicine as a science and the humanization of medical education began to take shape in medical schools from the 16th century onwards. By the late 16th century, practical medical professions such as surgery and pharmacology started to gain prominence, leading to the establishment

of the Royal College of Physicians. Surgeons were organized under the Company of Barber-Surgeons, while apothecaries were grouped under the Company of Grocers, marking the development of these specialties from a scientific perspective. The opening of anatomy theatres from the 17th century onwards also contributed to the improvement of both theoretical and practical knowledge among medical practitioners. Gradually, a culture of respect for the human body and humanity as a whole began to form among physicians. Regarding accreditation and licensing of graduates, they demonstrated their knowledge primarily through examinations and debates. Debates involved public discussions on specific medical topics, sometimes within a single medical school and at other times involving multiple schools, requiring students not only to possess theoretical knowledge but also skills in oration and philosophy. In the 17th century, students at medical schools and faculties in Great Britain were taught disciplines such as basic anatomy, surgery, botany, pharmacology, pathology of diseases, Latin, philosophy of treatment, and medical ethics.

Beginning with the 18th century, new disciplines such as chemistry, which is connected with the discoveries of J. Black, obstetrics, and therapy were incorporated into the curriculum of medical schools (Loudon, 1986). The method of "bedside teaching," initiated by Alexander Monro in Glasgow, gradually spread throughout the country. Alongside practical skills, students were also instructed on certain moral obligations of the medical profession. The medical profession began to gain authority.

However, until the second half of the 19th century, authors still emphasized the insufficient development of official medicine at that time, and the presence of a significant number of medical and paramedical science professors as well as a large number of amateur teachers (Die Schule von Salerno, 1978). All of this characterized the uncertainty of the medical system in general and the ambiguity of medical education itself. Gradual organization began with the two leading medical educational institutions of that time - the Royal College of Surgeons and the Society of Apothecaries, which evolved from purely educational institutions to licensing bodies. This process occurred simultaneously with the opening of numerous medical schools in Belfast (1821), Sheffield (1828), Birmingham (1828), Bristol (1833), Liverpool (1834), Manchester (1874), Cardiff (1893), and other cities in the UK (Die Schule von Salerno, 1978). The curriculum of universities at that time included both theoretical and practical medical subjects such as anatomy, physiology, chemistry, therapy, pharmacology, obstetrics and surgery. Most authors note that until the 19th century, the medical departments of Oxford and Cambridge were more nominal, although renowned scientists such as William Harvey and Thomas Sydenham received their medical education there. It was only after the second half of the 19th century that the medical departments of Oxford and Cambridge standardized their educational programs, which now included a cycle of theoretical and practical subjects, emphasizing the high role of a patient. Many scholars consider the year 1828 a turning point with the establishment of the University of London and its medical department (8, 9).

In the 19th century, medical education was closely intertwined with new discoveries and a practical orientation. The number of theoretical subjects significantly decreased as students mostly learned bedside care. Concurrently, there was a reduced emphasis on disciplines of a humanistic nature. Medical education reform of 1858 and the establishment of the General Medical Council, which issued licenses for medical practice and created a unified register of medical professionals, finally organized the system of practitioners offering medical services and the system of medical schools. This greatly restricted the practice of numerous bone-setters, herbalists, fortune-tellers, and other practitioners in fields adjacent to medicine. On the other hand, it contributed to enhancing the authority of medical schools because the only way to practice medicine legally was by obtaining an official diploma, thereby elevating the overall authority of the medical profession and emphasizing a set of ethical responsibilities with a humanistic focus that doctors were expected to uphold at that time.

To complete their education and obtain a license, in addition to theoretical and practical knowledge and skills, a physician in the 18th and 19th centuries had to adhere to numerous ethical requirements. For instance, individuals with certain moral virtues could be denied a license due to marital infidelity or inappropriate relations with colleagues. Upon graduation from medical school, future doctors also took the Hippocratic Oath, whose moral and ethical standards establish a humanistic-altruistic direction for the physician's activities. Therefore, the humanization of medicine as a field and medical education in particular during the 18th and 19th centuries was reflected in the organization of the medical education system and the licensing of medical professionals. It was closely linked to the rapid development of medical science, the development of a physician's ethical code, the growing authority of doctors in society and the recognition of the need for the development of altruistic attitudes among physicians.

The humanistic-ethical aspect was predominantly studied as a part of students' practice. All these issues were further reflected in the curricula of medical schools in the 20th century, which marked a rapid development in science and technology, medicine and medical education, new standards of medical education and a particular humanistic focus in such education.

Conclusions. The issue of humanization of medical education is extremely relevant today, although the analysis of its historical development shows that it has not always been the case. Taking into account the fact that medical system of Great Britain is considered to be one of the best, we decided to analyze the historical development of the humanization of medical education in this country. Overall, we identified the following periods in the history of humanizing education in Britain: Ancient Times (Celtic and Roman periods), Early Middle Ages (6th-8th centuries AD), Dark Ages, Renaissance and the flourishing of humanistic tendencies and medical education in general (18th–19th centuries AD). It is worth noting that humanistic ideas were cyclically implemented, such as during the dominance of humanistic medical education in Ancient Times, when both Celtic and Roman systems contributed to humanization, followed by the Dark Ages, when not only humanization but the entire educational system was in decline. The Renaissance of humanistic educational tendencies is considered to be the period from the 18th to the 19th century, when numerous medical schools were founded in Great Britain, a system for licensing physicians was established, and ethical codes of conduct were defined.

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