

## **THE IMPORTANCE OF MODELING ETHICAL PRACTICES IN MEDICINE**

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### **Introduction**

This issue of the Texas Tech University Ethics Journal introduces ethical issues encountered in the practice of medicine. We introduce the role of medical ethics with a focus on Sir William Osler and the continuing need for role models in medicine. Once described by a student as having “a vivid personality as well as the finest mind and character” (Bliss, 1999, p. 234), Osler could be described as the role model for all physicians (Berk, 1987). Medical students seek role models during their training first as medical students and continue this search as residents and practitioners. The Center for Ethics, Humanities & Spirituality at the School of Medicine was formed, in part, to encourage an appreciation of ethical conduct and the preservation of values that are the necessary foundation to earn the respect and admiration reserved for those we call role models.

This paper will explore the reasons why role models are important in this time when our nation’s healthcare system is both fragile and more necessary than ever. Healthcare has been at the epicenter of changes in society as we have seen social relationships change, economic conditions become more bifurcated, and opportunities expand for some, but not all of our population. It may seem that role models are a vestige of an idealized past, but to the those who look, it is clear that role models still inspire us from within our own communities. As ethical leaders of medicine emerge to meet today’s challenging conditions, this journal will provide a home for exploration of how best to meet our common interests thoughtfully and with compassion for those who depend on medicine at their most vulnerable point.

Role models are particularly important in the lives of physicians in training, and remain so throughout the early years of the physician’s career. The ethical aspirations of medicine are not tied to the political

winds of change. Although medicine is influenced by larger social and political values, it has its own norms and traditions (Gawande, 2016). For physicians, therefore, it is important to be aware of the unique place of medical ethics within our profession as well as our nation. We are stronger when we understand one another, listen, and learn from one another. Role models are powerful teachers precisely because they teach us who we are, and show us who we could become.

Role models differ from mentors because while a mentor has in mind the mentee's growth and development (Souba, 2000), a role model is not necessarily involved in an affected person's daily life. Role models may have a profound effect on the individual through example or influence (Wright, Kern, Kolodner, Howard, & Brancati, 1997). Medical students perceive individuals as role models because of their personal and professional behaviors and attributes (Benbassat, 2014). Students who witness unethical behavior readily recognize this. Because we teach the importance of ethical conduct, students who witness bad behavior may become confused (Feudtner, Christakis, & Christakis, 1994). This suggests the affirmation of institutional commitment to ethical norms is equal in importance to the teaching of ethics. There is clearly a need for open conversation about the values of compassion, dignity, and reason in the practice of patient care.

Early role models in medicine demonstrate the room for growth within the profession, and within the student. The ancient anatomist Galen (c. 130 – 200) was seen as nearly sacred, and students were told only to memorize his physiology, including the three chambered heart. Human knowledge was largely unchanged until Vessalius (1514 – 1564) and da Vinci (1452-1519) provided illustrations of the correct anatomy which resulted in a shift in thinking about both physiology and the place of students in forming their own impressions (Debus, 1978). The new way of looking at the human body brought with it a new respect for the power of reason and observation demonstrated by the new role models. Although the older ideas of human anatomy were replaced, the tradition that provided a foundation for a further advance of knowledge was newly esteemed (Kearney, 1971). The legacy of seeing for oneself did not diminish the need for role models, rather it inculcated a newfound appreciation for the value of reason as a humanistic appreciation of human capacity for transformation (Isaacson, 2017). From the

Renaissance onward, the meaning of a role model was not to constrain the student, but to liberate them to use their own talents to serve others.

## **Why do we need role models?**

Medical students need role models as a living example for what it means to be a healer. Recent studies demonstrate that medical students continue to look for specific, "ideal" qualities in physician role models (Koh et al., 2015). Skeptics in the world of business have noted that role models are increasingly difficult to identify (Sonnenberg, 2017) while pointing out a universal need for someone to lead us by example. In every practical walk of life, we have a longing for guides to point the way past the pot-holes that threaten to stall our careers and the dreams we had when we first embarked on this journey through educational training. For that reason alone, we need to be on the lookout for role models in our own lives who we can look to for guidance. Even if the role models we find around us are imperfect, they point the way to the person we hope to be and can become over years of commitment to integrity in our own walk.

David Brooks has written about how we develop character through the emulation of those we admire. He states that he was at first “not sure I could follow the road to character, but I wanted at least to know what the road looks like and how other people have trodden it” (Brooks, 2015). Looking to role models is a future oriented process that asks us to imagine what kinds of persons we want to become. As such, when we look for a role model, we are looking for someone who can point out the signposts on the road to an anticipated future. Role models inspire us to push ourselves to do better in the future, even if we have failed to live up to our current aspirations. Role models do not have to be perfect, and they are sometimes even more compelling when we perceive the struggles they faced and dealt with in their own lives. We learn about role models not from emails or blogs or teaching in a classroom, but by lived experience and watching them set an example of caring and diligence in the midst of frustration or thwarted goals.

We learn from role models through stories. The men and women who teach us the ways of being in the world and what it means to be wise use experiences to teach us what is important on the road to our destination (Doukas et al., 2015). One could quote the Serenity Prayer – “God grant me the serenity to accept what I cannot change, the

courage to change what I can, and the wisdom to know the difference.” But it is not until one learns of Betty Ford’s struggle with alcoholism and ultimately her entrance to rehab to overcome her addiction, can one realize what this prayer means to the patients who live at the Betty Ford Center as they recite this prayer as a group every morning. Role models are not memorized words or slogans, they are ordinary people who teach us the real truths about who we are today, who we have been in the past, and who we might aspire to be in the future (Nussbaum, 2016). They teach through stories, because wisdom cannot be memorized, it can only be learned through experience.

For physicians in training, role models serve as a counter-balance to the many pressures and challenges of practicing medicine in the twenty-first century (Hafferty, 2006). Students enter the profession of medicine with a desire to help their fellow humans to recover health and promote human flourishing. Yet the practice of medicine takes place in a complex organizational structure with hierarchical relationships that must be navigated for the good of the patient, and the protection of one’s career (Doukas et al., 2015). Scientific and clinical information requires good judgment, and even the most celebrated role model in medicine, Sir William Osler recalled in his own role model in Sir Thomas Browne one whose “subtle influences give stability to character and help give a sane outlook on the complex problems of life... whose thoughts become his thoughts and whose ways become his ways” (Osler, 2001b). Although the pressures of today’s medicine are different than in Osler’s time, the need for role models is just as urgent so that we may keep ever in front of us the struggles and triumphs, the pain of human failing and the spirit of keeping calm in the midst of tribulations.

Role models in medicine provide a vision of possible future selves and ways to practice medicine true to the values we hold important. Sometimes it takes a senior colleague or professor to see the vision of what one could become in their professional career. One of the most endearing traits of Osler was his ability to see the potential in his colleagues and students. He took the time from his busy schedule to write personal letters of recommendation for younger physicians, like John Finney, who would later prove out Osler’s vision of success built on good judgment (Stone, 2016). Students today need the same type of vision to imagine the sort of positive role they may play in their

chosen work. Role models provide the vision both by example and, sometimes, by their willingness to support others in word and deed.

An ethical and socially responsible commitment to humanistic practice in the model of the men and women who have inspired us, is more important than it has ever been. The technology that we now have, including gene editing, artificial intelligence harbor the potential for both great advances and great disparities in the future of human life. We cannot afford to repeat the mistakes of hubris and the unreflective adulation of technology without remembering that the humanities and the sciences, “twin berries on one stem” (Osler, 2001a), are both needed in the practice of medicine. The humanities are a guide to how to be in the world. As Dr. John P. McGovern said “[i]t is important not to forget that the messages of Osler are truly messages of life with practical insight about daily living and human potential that reach beyond the healthcare professional to all whom venture to turn these pages” (McGovern, 2001). Role models are important because they give practical insight into how to be fully human and truly authentic.

## **Who are the role models for medicine?**

We have not lost our admiration for traditions and traditional role models in medicine. Some remarkable men and women stand out as enduring the test of time. We will look at three such historical figures in Hippocrates, Paracelsus, Elizabeth Blackwell, and then turn our focus to the way in which a fourth, Sir William Osler, helped to define what practice should be, and how practitioners can seek a balance in a life in medicine. Finally, I will bring the art of being a role model up to date with two contemporary role models in medicine: Dr. John P. McGovern, and Dr. Steven Berk.

Reaching back in time, it is difficult to comprehend the ways that Hippocrates or Paracelsus have shaped medicine as we know it today. Hippocrates (460 – 377 B.C.) secularized the human body in a way that allowed us to study the nature of man as a corporeal body, comprised of matter, and susceptible to human understanding. The doctrine of the four humors expressed a comprehensive theory of medicine and disease that incorporated ethics, physics, and observation. Paracelsus (1493-1541), influenced by Renaissance humanism, re-enchanting the human body as imbued with divine nature. Influenced by Renaissance humanism, Paracelsus challenged the theory of four humors and the medical authorities who blindly

followed it (Paracelsus, 1949). His influence is felt in the search for evidence to support or refute theories handed down for a thousand years. Later physicians, most notably Vesalius and Harvey, would take the critical reasoning of humanism and begin to measure physical properties. Yet it was the master teacher Leonardo DaVinci who most fully embodied the spirit of science and the humanities through a willingness to see for himself, and to challenge the orthodox wisdom of the powerful rulers of his time. DaVinci is truly the role model for the next 450 years. The beginnings of scientific medicine, married to humanistic appreciation of the whole person was thus born and later re-born in the birth of bioethics (Jonsen, 1998). Although humanism lay dormant in medicine, it was not forgotten as we shall see in the stories of later role models.

Elizabeth Blackwell is a role model for generations of women in medicine as much for her writing and encouragement of others as for her place in history as the first woman to graduate from a medical school in the United States. Blackwell was refused a recommendation for medical education by the male physicians she asked for letters. She eventually paid for private instruction in anatomy and applied to several medical schools. She gained admission to the Geneva Medical School in New York state, where she obtained a medical degree in 1849. Upon graduation she was unable to find a job in any institution, so she started a dispensary of her own. In 1857 she opened the New York Infirmary for Women and Children, then moved to England in 1869 to further the cause of women physicians in London (Blackwell, 1890). Blackwell not only fought to have her own career, she helped her younger sister obtain a place in medicine and opened the door to innumerable women who followed. Like Osler, Blackwell has earned a place in the Medical Role Model Hall of Fame, if such a thing exists. Blackwell could have been content to engross herself in her hard-won career. Yet she reached out to other women in order to encourage them and to break down barriers of culture and prejudice. It is a very modern trait to want to reach one's own potential, but it is extraordinary for her to have not only overcome her own barriers, but to have helped other women to do the same. In many ways Elizabeth Blackwell set up a possible future where women and men could participate in the practice of medicine as full partners.

Sir William Osler's treatment of the women attending Johns Hopkins Medical School in the years from 1893 to 1905 could be both infuriating and appreciated, by turns. Osler had spoken out about the

right of women to enter medicine in 1891 but said he would not encourage a daughter to go into medicine. Osler could be funny, friendly, paternal, beguiling, and incomprehensible especially to the women in his classes. Gertrude Stein, who eventually chose to leave medical school for other callings, was given a low passing grade by Osler. She was failed by the faculty in the subjects of obstetrics, laryngology and rhinology, ophthalmology and otology, and dermatology. In truth, Osler could have failed her but chose the kindness of letting her make her own decision to leave. Osler was at once an excellent physician and a humanistic example of caring for his students. "It was Osler, you know, and his behavior cannot be predicted" said a colleague (Bliss, 1999, p. 235). Osler left a legacy of caring and honest appraisal of any situation. He lived his advice to students: "Be careful when you get into practice to cultivate equally well your hearts and your heads" (Osler, 1899). As for women in the profession, Osler had changed his mind by 1907, and talked about the future of women in medicine at London's Royal Free Hospital (Bliss, 1999, p. 354). He recognized the future of medicine would have to adapt to women, just as women would need to adapt to the realities of medical practice.

Osler is quoted throughout the halls of medicine, sometimes juxtaposed against corporate slogans for "better medicine through technology." Osler counseled the physician to look more deeply than the latest fads. Abraham Nussbaum has written about this incongruity, noting how "speakers come around to hospitals and medical schools when the preliminary results are promising, but we never hear from them after their hopes are dashed in follow-up trials." At talks about the newest technology it is not uncommon to find a poster extolling humanism in the background. Nussbaum writes, "One of them caught my eye. Attributed to Sir William Osler, it read, 'The value of experience is not in seeing much, but in seeing wisely'" (Nussbaum, 2016, p. 14). Today Osler could be, by comparison to the newest drugs, a boring subject of conversation. It is possible to brush off Osler's teachings by noting that contemporary ethical issues in medicine escape Osler's direct teachings. Yet the lessons he taught about cultivating inner wisdom as well as technical skills remains an inspiration to medical students one hundred years after his death. Few role models in history can say the same. To understand Osler's enduring relevance, one needs only to listen to his words quoting Goethe, "a talent forms itself in silence" (Osler, 2001c, p. 14), or Horace, "Happy the man – and happy he alone, he who can

call today his own" (Osler, 2001c, p. 15), and the Lord's Prayer – "you need no other" (Osler, 2001c, p. 16). Osler was widely read in the humanities and disciplined in his approach to work. He modeled his advice to apply your head as well as you heart to wisdom.

Contemporary role models can seem elusive, yet they are all around us. It is often difficult to identify them. This difficulty stems from two sources. First, the most admirable are often the most humble and least self-promoting in a world that rewards self-promotion. And second, in a media rich world of ad campaigns and a 24-hour news cycle, our attention is constantly being diverted to the splashy ad or the hottest scandal. The important thing may be as Osler counseled, to see wisely past the noise and to focus on the importance and deep meaning of a life well lived. I want to introduce the reader to two such contemporary role models in medicine.

Dr. Steven Berk, the Dean of the Texas Tech University School of Medicine has been a role model to countless of our medical students. Each year Dr. Berk invites every member of the incoming class of medical students to engage in a conversation about humanism in medicine during the first week of medical school. Dr. Berk has written extensively about Osler, citing his influence on medical education and training of young physicians. Through Dr. Berk we can see the influence of role models and how Osler has inspired physicians who themselves became role models to a new generation. Such was the hope of his first biographer, Harvey Cushing who hoped "something of Osler's spirit may be conveyed to those of a generation that has not known him" (Cushing, 1982). Dr. Berk has written extensively about the remarks and advice Osler provided his students (Berk, 1987, 1989). A new generation of students has written about Dr. Berk (Foreman, 2015) and his beneficent influence upon his development as a compassionate physician. That the legacy of humanistic medicine passes from Osler, to Berk, and on to Dr. Foreman is a testament to the staying power of role models in medicine.

Dr. John P. McGovern is one of the most influential medical role models in the twentieth century. Dr. John P. McGovern founded the American Osler Society and provided a great deal of funding to assure the vision of humanistic medicine would live on to a new generation. Dr. McGovern attended medical school at Duke University School of Medicine under then Dean Wilburt Davison. Dr. Davison trained with Osler at Oxford. "To understand John P.



McGovern is to know Davison and Osler” (Boutwell, 2014, p. 42). So strong was the bond in the Osler/Davison/McGovern friendship that the names are forever linked through a common vision of medicine as a fully humanistic and patient-centered venture. Dr. McGovern was an excellent physician who balanced his devotion to medicine with an appreciation of the pressures faced by physicians to bend away from Paracelsus’ admonition that “Where there is no love there is no art” (McGovern, 1988, p. 7). McGovern followed Osler in his practice of incorporating the humanities into the art of medicine as a way to nurture that love of fellow human beings, pointing out that Osler genuinely cared for his patients. The same has been said of Dr. McGovern many times over (Leake et al., 1981). But McGovern also had extraordinary business acumen, eventually building a foundation that has benefited thousands of medical students, and many times more patients who have received care from compassionate physicians trained in the lessons of medical humanities and ethics. In many ways Dr. McGovern, more than any single person save his wife Katherine G. McGovern, kept alive the Oslerian traditions through his generosity and deep understanding of the ways in which medicine is a human endeavor, and not merely technical. The McGovern Foundation today funds the Medical Humanities Certificate Program at Texas Tech University Health Sciences Center School of Medicine. The values of humanistic medicine live on in our medical graduates.

Medical schools around the country incorporate the Medical Humanities into the curriculum as recognition of the need to develop the doctor’s heart as well as mind. Students learn to read literature alongside biochemistry, and practice listening with their hearts as well as their minds (Erwin, 2013). During their first summer of medical school our students encounter physician role models like Paul Kalanithi who wrote about the meaning of career achievement and simultaneously searching for ultimate meaning in life and death at the age of 38. Kalanithi wrote *When Breath Becomes Air* as he was dying from inoperable cancer. His lessons are those of a contemporary role model: after winning the highest awards in medicine, his last words were to his daughter, his wife. “Money, status, all the vanities the preacher of Ecclesiastes described hold so little interest: a chasing after wind, indeed” (Kalanithi, 2016, p. 198). Achievement in the world of career means nothing without the human connection to our fellow travelers on this journey of life.

## **Role models are a connection to others**

We celebrate empathy as a value in our physicians because when we are ill, we want to be understood in our most vulnerable time as still fully human – a patient, not a customer (Mol, 2008). Empathy is positively correlated to pro-social behavior relating to the struggles of others, volunteer work, and donation to charity (Wilhelm & Bekkers, 2010). It may not come as a surprise that empathy in the larger society has been in decline since 1970, perhaps as a response to the larger social changes that have occurred (Brooks, 2015, pp. 240-260). Sara Konrath has documented that from 1970 to 2009 college students are 40 percent less likely to understand what another person is feeling (Konrath, O'Brien, & Hsing, 2011). Unsurprisingly, social isolation has been identified as a major risk factor for illness and even death (Cacioppo, Capitanio, & Cacioppo, 2014). Role models remind us that connection to others is the foundation of a life well lived, both in our professional achievements and in our personal lives. More importantly, role models connect us to the past and to the future through the lived experience of friendship.

When Dr. Berk speaks with the incoming medical students, he does more than preach about the virtues of caring for patients. He opens his life experiences to sharing and conversation. Students question him, and his answers are both humorous and honest when he discusses what it is like to be held at gunpoint by an ex-convict for eight hours. He relates his lived experience as a doctor caring for others as he describes how he was able to make a human connection with his assailant. And he relates these experiences to his knowledge of Osler and the value of Oslerian equanimity on the most challenging day in his life. Students are invited to share a part of Dr. Berk's life, and he connects with them on a human level as well as a professional one.

## **Role models are a connection to ourselves**

The role models who inspire us teach us something important about ourselves and our role in the world. David Brooks calls this the duality of the world of achievement and the world of internal self knowledge. Leo Tolstoy captured this idea in his novel *The Death of Ivan Illych*. The main character is a lawyer and judge who is suddenly facing his death at age 45 when he realizes that his loveless marriage and desolate inner life are in stark contrast to his successful career in which he performed his duty admirably. That duty was to do what those with the power to grant him career advancement and financial

reward deemed it proper for him to do. Yet as he lay dying he felt as though he were falling downward with no family, not even his wife, to care about his demise. Illych takes the compassion of a servant boy as the last morsel of kindness available to him and realizes the rich inner life that he failed to develop during the rapid ascent in his career (Tolstoy, 2004).

Dr. John P. McGovern knew better than anyone that taking care of ourselves is critical to taking care of patients. Dr. McGovern understood that a rich inner life nourishes the meaning of the day's work in caring for others. Although he was a successful businessman, he was first a doctor, and a husband, and someone who understood that giving to others enriched his own life. Today it is impossible to drive through the Houston Medical Center without noticing his name on multiple buildings. His gifts to the Texas Tech University Health Sciences Center might be unnamed, but they are not forgotten by our students who know by his example the value of knowing yourself, and understanding what is truly important in the practice of medicine.

## **Conclusion**

Role models remind us of who we are and who we can be. They give us an aspirational goal in a time when our language has become demoralized and talk of common good has become replaced with a focus on individual achievement. In suffering, we talk about a desire for "closure" and moving on in the world of achievement, while the past teaches us to find meaning in our shared experiences and connection to others. From Hippocrates to Paracelsus we learned the balance of secular medicine must be balanced with spiritual purpose. From Elizabeth Blackwell we learn the balancing influence of women in medicine. Role models like Osler teach us that service to the world of science and medicine must be balanced with the humanities, like twin berries on a single stem. Role models connect our inner and outer lives and remind us that we stop serving other people at the peril of losing our own personal balance and connections that sustain our spirit.

The medical humanities offer insights into the ways that role models can provide a way for doctors in training to define who they want to be as professional healers. A full examination of medical ethics includes reflection on those who came before us, and the lessons they pass along on the journey. As Dr. John P. McGovern noted, the

lessons are really about more than our professional life, they are about our whole life and how to flourish in our careers as well as in our personal lives. Without these lessons from history and the moral imagination, we become unable to distinguish the better path towards those things that give meaning to the events in our life.

In this paper, we have argued that Sir William Osler and other role models are still relevant to today's world because of the timeless grounding in the classic humanities and the openness to change that they foster. In this year's incoming class of medical students at Texas Tech, women are equally represented with men. The inclusion of women as role models is thus a necessary complement to inspire our students. Elizabeth Blackwell was our first female medical school graduate, but many women have followed and made their own mark on medicine. Dean Berk has been a supporter of women in medicine, and has elevated women to positions of leadership within the school. These role models inspire and lead by example, incorporating ethical leadership with excellence in scientific knowledge to serve our patients. Our students and our patients deserve no less.

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