

**EDITORIAL****Medical Education Online: opportunities, threats and reflections.***The smell of the Sistine Chapel**Educação Médica a Distância: oportunidades, ameaças e reflexões.**O cheiro da Capela Sistina*

**Pablo González Blasco<sup>1</sup>, Maria Auxiliadora C. De Benedetto<sup>2</sup>,  
Graziela Moreto<sup>3</sup>, Marcelo R. Levites<sup>4</sup>**

1.

In an editorial recently published in this same journal<sup>1</sup>, a professor who contributed a lot to my training and to many others - in fact, caused a flood of vocations for imaging diagnosis among my classmates- makes it clear that Digital Health is an incorporated reality. A path of no return, for the better, with a more equitable distribution of Health for all.

I open these reflections with a memory from more than 40 years ago because, although I agree with the professor, he should certainly also remember that it was not the technical resource - by the way, quite limited at the time, in the late 70s - which helped to train us, but rather his dedication, the lunchtime meetings, where the patients' stories, the varied X-rays, and the young students' willingness to learn were gathered. It was, always will be, the figure of the teacher in the face-to-face scenario, what makes the difference in terms of medical education. As someone already said, the essential in good education is to provide unforgettable experiences<sup>2</sup>. Today we can and we must incorporate digital health with all available technology, but before that we learned -with him- in the trench of care, surrounded by the challenge of diagnosis.

Medical Education Online has been addressed in publications and studies in recent years. The best equity achieved is pointed out: content delivery is uniformed, choosing the best; instructions and assignments for students are clear and capable of being monitored; possibilities are created for master classes with subject matter experts; The shyness of some students is somehow saved by facilitating their participation<sup>3</sup>.

With the arrival of the COVID-19 pandemic, Online Medical Education had a remarkable and necessary growth, which also yielded other publications to verify the results. Although the advantages are evident, the students claimed the lack of some peculiarities of the "in-person" environment, such as aspects related to socialization, but also the lack of on-time feedback, to better shape their communication skills and foster positive emotions and motivation<sup>4</sup>. Without a doubt, in a matter of continuing education, of equalizing knowledge - which advances by minutes - and of equal opportunities for everyone, online learning is an essential tool with great future potential<sup>5</sup>.

1. MD, PhD. Scientific Director at SOBRAMFA. ORCID: <https://orcid.org/0000-0001-8682-8770>. E-mail: [pablogb@sobramfa.com.br](mailto:pablogb@sobramfa.com.br).

2. MD, PhD. Publications Director at SOBRAMFA. ORCID: <https://orcid.org/0000-0003-3958-7438>.

3. MD, PhD. Educational Programs Director at SOBRAMFA. ORCID: <https://orcid.org/0000-0003-0651-2595>.

4. MD, PhD. General Secretary at SOBRAMFA. ORCID: <https://orcid.org/0000-0002-2816-4432>.

Our personal experience with this resource over 18 months of the Pandemic has shown some interesting surprises: the polite and orderly way in which students interact with the teacher, the variety of comments that the topics taught arouse, and the disinhibition in making all kinds of questions, and to expose unashamed their doubts regarding the topic presented.

Here is another memory of more than two decades ago, when we were preparing our research to test a new pedagogical resource that would help in the humanistic education of medical students<sup>6</sup>. Although there was notable interaction in the focus groups, a good number of students found it difficult to speak out openly in public. One faculty member commented at that time: “There is a bias in all of this. There are people with great ideas but are afraid to expose them out loud. Maybe if we gave them the opportunity to express themselves through the internet -we were in the early days of this resource - the results could be much richer”. Today, considering the behavior of students in online learning classes, we are sure that the observation proceeded perfectly.

However, as we appeal to personal experience, it is also necessary to point out that despite the advantages that Online Education brings with it, there are also risks and threats. This is the case that we have observed over the last two years, when we offer students<sup>7</sup> from various parts of the country the possibility of interacting directly with patients, listening to their life stories, examining them, participating in decision-making and at meetings with families.

The testimonies of the students<sup>8</sup> point to a learning experience different from that obtained by online classes, where knowledge is integrated with human practice. Difficult decisions in palliative patients, learning to listen empathically<sup>9</sup> - build an effective empathy, without toxic emotions -, observing attitudes in the preceptor that comfort the patient and family, the forms of communication that require creativity since protocols are insufficient<sup>10</sup>. Issues, all of them, that are not learned in books -nor in Online classes - but in life and, mainly, watching someone doing it. Accompanying the doctor-professor in his daily work is, classically, an indispensable resource for good medical learning<sup>11</sup>.

Medicine, in real life, is not an exact science: it requires creativity to respond to the challenges that arrive formatted by the peculiarities of each patient. And resilience to know how to face uncertainties<sup>12</sup>, which are normal and every day, and that the Online format can mislead, to a mistaken and ineffective simplism. This whole set of varieties, which are only presented in front of the patient -the disconcerting of the concrete case, as Eça de Queiroz used to say- is what allows us to build the profile of the patient-centered doctor, who knows how to incorporate technical advances, uses the online technology, but it knows how to apply it to each patient as necessary. In fact, to build efficiently the humanist doctor who practices the medical art<sup>13</sup>.

Perhaps the way to express this more clearly is precisely to appeal to the previously mentioned humanistic resource that we have been working on for more than two decades: medical education through cinema<sup>14</sup>. Two scenes, from different movies, come to mind shedding light on this important issue. The actor is the same, although in different roles: Robin Williams.

The first scene, from the movie *Patch Adams*<sup>15</sup> (Figure 1), is when the protagonist, still in the asylum, meets another patient who asks him: “*How many fingers do you see here*”. The apparent fingers, in a first approximation, are four, his own fingers. The colleague tells him: “*You are focused on the problem. So, you won't find the solution. Look at me, not at the problem*”. But looking better, when you add the fingers of the patient who are also in the scene, they totalize eight. “*You can see what others can't, out of fear, out of conformity, out of laziness. You will see the world in a different way*”, says the patient, pointing to Patch's future vocation, a medicine centered on the patient, not just the disease.



Figure 1 - Scene, from the movie *Patch Adams*

The second scene, from the movie *Good Will Hunting*<sup>16</sup> (Figure 2), is the dialogue between Matt Damon - the unconquerable genius - and the psychiatrist, Robin Williams. “*You are a genius, you know everything. If I ask you about the war, you’ll quote Shakespeare, but you’ve never been there, holding an agonizing friend’s head in your lap. If I ask you about Michelangelo, you can give me all the data, his biography, his political orientations, and trends. But you’ve never smelled the Sistine Chapel... because you’ve never been there. If I ask you about women, you’ll give me a list of your favorites, but you don’t know what it’s like to wake up every day next to a woman and feel vulnerable. You have no idea what it’s like to support someone who is dying of cancer for months. You’re pretentious, you know a lot, but you can’t imagine what to do with it*”.



**Figure 2** - Scene, from the movie *Good Will Hunting*

The scenes are impactful. Just seeing and reflecting. Reflections that are the necessary balance point to assimilate technical progress, incorporate all the magnificent opportunities that Online Medical Education brings us, but don’t forget that, in the end, it is necessary to perceive the smell, the aroma, of the Sistine Chapel!

## REFERENCES

1. Cerri GG. Saúde digital: quanto pode transformar a Medicina no Brasil. Rev Med (São Paulo). 2020 maio-jun; 100(3):i. doi: <http://dx.doi.org/10.11606/issn.1679-9836.v100i3pi>.
2. Finkel D. Teaching with Your Mouth Shut. Portsmouth (NY): Boynton/Cook Publishers; 2000.
3. Smith GG, Ferguson D, Caris M. Teaching on-line versus face-to face. J Educ Technol Syst. 2002;30(4):337-64. doi: 10.2190/FFWX-TJJE-5AFQ-GMFT.
4. Ruiz Moral R, Sierra Istúriz J, García-Miguel MJ, Cerro A, Leonardo CG, Sevilla MCT, et al. Opiniones de profesores y alumnos sobre un programa integral online en medicina durante el confinamiento por COVID-19. Educ Méd. 2021; 22(4): 206-14. <https://doi.org/10.1016/j.edumed.2021.01.011>.
5. Leite MTM, Carlini AL, Parente Ramos MP, Sigulem D. Educação médica continuada online: potencial e desafios no cenário brasileiro. Rev Bras Educ Med. 2010;34(1):141-9. <https://doi.org/10.1590/S0100-55022010000100017>
6. Blasco PG. Educação médica, medicina de família e humanismo: expectativas, dilemas e motivações do estudante de medicina analisadas a partir de discussões sobre produções cinematográficas [Tese]. São Paulo: Faculdade de Medicina, USP; 2002. Disponível em: <http://www.teses.usp.br/teses/disponiveis/5/5144/tde-31082009-085309/pt-br.php>
7. SOBRAMFA – Sociedade Brasileira de Medicina de Família. Estágio para estudantes de medicina. Disponível em: <https://sobramfa.com.br/estagio-para-estudantes-de-medicina/>
8. SOBRAMFA – Sociedade Brasileira de Medicina de Família. Depoimentos. Disponível em: <https://sobramfa.com.br/estagio-para-estudantes-de-medicina/depoimentos/>
9. Moreto G, Blasco PG. A Importância da Empatia na Relação Médico-paciente In: Pessini L, Bertachini L, Barchifontaine CP, organizadores. Bioética, cuidado e humanização. São Paulo: Centro Universitário São Camilo e Edições Loyola; 2014. v.3, p. 537-47.

10. Benedetto MAC, Moreto G. Narrativas e humanização em saúde: o aprendizado de estudantes de Medicina em cenários clínicos. Arch Med Familiar. 2019;21:111-23. Disponível em: <https://www.medigraphic.com/pdfs/medfam/amf-2019/amf193e.pdf>
11. Blasco PG, Roncoletta AFT, Moreto G, Levites MR, Janaudis MA. Accompanying physicians in their family practice: a primary care model for medical students' learning in Brazil. Fam Med. 2006;38(9):619-21. Available from: <https://fammedarchives.blob.core.windows.net/imagesandpdfs/fmhub/fm2006/October/Pablo619.pdf>.
12. Levites MR, De Benedetto MAC, Blasco PG. Como lidar com a incerteza do cisne negro chamado Covid-19? Ensinaamentos de Taleb e Churchill. Arch Med Familiar. 2020;22:123-33. Disponível em: <https://www.medigraphic.com/pdfs/medfam/amf-2020/amf203e.pdf>.
13. Blasco PG, Benedetto MAC, Reginato V. Humanismo em medicina. São Paulo: SOBRAMFA - Educação Médica e Humanismo; 2015.
14. Blasco PG. Humanizando a medicina: uma metodologia com o cinema. São Paulo: Centro Universitário São Camilo; 2011.
15. Path Adams, o amor é contagioso. Disponível em: <https://www.imdb.com/title/tt0129290/>
16. Gênio indomável. Disponível em: <https://www.imdb.com/title/tt0119217/>