

## Time's up for prioritizing Physician Humanism into CanMEDS Il est temps de prioriser l'humanisme des médecins dans CanMEDS

JD Dagnone,<sup>1</sup> S Glover-Takahashi,<sup>2</sup> S Spadafora,<sup>2</sup> C Whitehead<sup>2</sup>

<sup>1</sup>Department of Emergency Medicine, Queen's University, Ontario, Canada; <sup>2</sup>University of Toronto, Ontario, Canada  
Correspondence to: JD Dagnone, email: [damon.dagnone@queensu.ca](mailto:damon.dagnone@queensu.ca)

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CanMEDS is a widely adopted physician competency framework that guides training within our medical education system.<sup>1</sup> We believe that it can and should better support physician wellness by embracing physician humanism within each of the CanMEDs roles.<sup>2,3</sup> The 2025 revision of CanMEDS is an opportunity to emphasize the importance of physician humanism and, in doing so, support the provision of humanistic care to patients.<sup>4</sup>

The descriptions of physician burnout within the medical literature illustrate how the current educational and health care systems are failing physicians.<sup>4,5,6</sup> Anecdotally, these descriptions have become increasingly prevalent as the COVID pandemic and current national healthcare crisis have resulted in a health human resource crisis as physicians and other healthcare providers work in environments that are failing both clinicians and patients.<sup>7,8</sup> Every health care professional who leaves the system due to these challenges perpetuates and worsens the crisis for those that stay behind. Our collective efforts to sustain our healthcare system in the face of these challenges have depleted our reserves and resilience, eroded our individual humanity, and reduced our capacity to fulfill our obligations to our patients.

Unfortunately, the 2015 iteration of CanMEDS does not contain the competencies needed to combat these challenges and may be exacerbating them. For example, physician wellness is addressed almost exclusively in the CanMEDS Professional Role which requires that a physician demonstrates a commitment to physician health and well-being not for its own sake, but to foster optimal patient care.<sup>1,7,8</sup> This prioritization of the health care system over the people who provide the care, their families, and their

own lives outside of work creates an expectation of “commitment to excellence in clinical practice and mastery of the discipline” and “commitment to patients” without reinforcing the personal (i.e. physical, psychological, social), professional (i.e. knowledge, skills, abilities) and contextual (i.e. team, structural, organizational) components of physician wellness and humanism.<sup>1</sup> Given this context, it is not surprising to see physicians push themselves beyond societal and professional norms, sacrificing their personal well-being to meet these standards.

Physicians view their profession as a privilege—to care, to cure, to share moments of vulnerability with their patients, to work as team members, and to seek new treatments through research and innovation. The 2025 revision of the CanMEDS competency framework should acknowledge necessary limits to the selflessness of physicians.<sup>10</sup> Incorporating competencies related to the setting of boundaries will allow our trainees and current practitioners to ensure that their fundamental needs are met.<sup>11</sup> This is essential as physicians are people first: we are humans with families, homes, social connections, and other basic human needs. As Lester Liao wrote: It's not about wellness or burnout, it's about a healthcare system that has continued to treat us as robots.<sup>12</sup> After years of upheaval, and with a healthcare system that may remain fractured for years to come, it's time for our competency framework to evolve and prioritize physician humanity and, in doing so, enable the provision of humanistic care to patients.<sup>4</sup>

By developing humanistic-based competencies within all roles (medical expert, communicator, collaborator, leader, advocate, professional, and scholar) we can create

contexts and relationships that value self-care and its connection to how we treat others.<sup>2</sup> Perhaps it is even time to consider creating room for a new role, “physician as person,” that will become the roots and stem that grounds, nurtures, and supports the CanMEDS flower.<sup>13</sup> In a time of renewal, let’s harness the adaptive ability of CanMEDS to evolve with the current context of a struggling healthcare system, and make change that better reflects the human needs of our profession. Can we risk not doing so?

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