

**Canadian Medical Education Journal**  
**Revue canadienne de l'éducation médicale**



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

JD Dagnone, S Glover-Takahashi, S Spadafora and C Whitehead

Volume 14, Number 1, 2023

CanMEDS 2025 Special Issue  
Numéro spécial CanMEDS 2025

URI: <https://id.erudit.org/iderudit/1099054ar>

DOI: <https://doi.org/10.36834/cmej.75106>

[See table of contents](#)

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

[Explore this journal](#)

Cite this document

Dagnone, J., Glover-Takahashi, S., Spadafora, S. & Whitehead, C. (2023). Time's up for prioritizing Physician Humanism into CanMEDS. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 14(1), 123–124. <https://doi.org/10.36834/cmej.75106>

© JD Dagnone, S Glover-Takahashi, S Spadafora and C Whitehead, 2023



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

**érudit**

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>



## 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)

Published ahead of issue: Feb 28, 2023; published: Mar 21, 2023. CMEJ 2023, 14(1) Available at <https://doi.org/10.36834/cmej.75106>

© 2023 Dagnone, Glover Takahashi, Whitehead, Spadafora; licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

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?

## References

1. Frank JR, Snell L, Sherbino J, editors. *CanMEDS 2015 Physician Competency Framework*. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015 Physician Competency Framework [Internet]. 2015. Available from: <http://www.royalcollege.ca/portal/page/portal/rc/canmeds/references/publications>
2. Thoma B, Karwowska A, Samson L, et al. Emerging concepts in the CanMEDS physician competency framework. *Can Med Ed J* 2023. <https://doi.org/10.36834/cmej.75591>
3. Waters HM, Oswald A, Constantin E, Thoma B, Dagnone JD. Physician humanism in CanMEDS 2025. *Can Med Ed J*. 2023. <https://doi.org/10.36834/cmej.75536>
4. Kuhn CM, Flanagan EM. Self-care as a professional imperative: physician burnout, depression, and suicide. *Can J Anaesth*. 2017 Feb;64(2):158-168. <https://doi.org/10.1007/s12630-016-0781-0>
5. Rothenberger DA. Physician burnout and well-being: a systematic review and framework for action. *Dis Colon Rectum*. 2017 Jun;60(6):567-576. <https://doi.org/10.1097/DCR.0000000000000844>
6. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med*. 2018 Jun;283(6):516-529. <https://doi.org/10.1111/joim.12752>
7. Fessell D, Cherniss C. Coronavirus disease 2019 (COVID-19) and beyond: micropractices for burnout prevention and emotional wellness. *J Am Coll Radiol*. 2020 Jun;17(6):746-748. <https://doi.org/10.1016/j.jacr.2020.03.013>
8. Lim R, Aarsen KV, Gray S, Rang L, Fitzpatrick J, Fischer L. Emergency medicine physician burnout and wellness in Canada before COVID 19: a national survey. *CJEM*. 2020 Sep;22(5):603-607. <https://doi.org/10.1017/cem.2020.431>
9. Horton J. *The quiet despair of health-care workers in the pandemic*. Globe & Mail Feb 2021. <https://www.theglobeandmail.com/opinion/article-on-call-and-unmoored-what-it-feels-like-to-be-a-health-care-worker-in/>. [Accessed Mar 18, 2022].
10. Whitehead CR, Selinger V, Vandekreeke JS, Hodges BD. The "missing person" in roles-based competency models: a historical, cross-national, contrastive case study. *Med Ed*. 2014 Aug; 48(8):785-95 <https://doi.org/10.1111/medu.12482>
11. Maslow AH. Maslow's hierarchy a theory of human motivation. 1943. *Psychol Rev*. 50, 370-396. <https://doi.org/10.1037/h0054346>
12. Liao L. The physician as machine or person: the missing foundation in the CanMEDS roles. *Can Med Ed J*. 2020:11. <https://doi.org/10.36834/cmej.70280>
13. Dagnone JD, Takahashi SG, Whitehead CR, Spadafora SM. Reclaiming physician identity: It's time to integrate 'Doctor as Person' into the CanMEDS framework. *Can Med Educ J*. 2020 Aug 6;11(4):e97-e99 <https://doi.org/10.36834/cmej.69182>