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*The importance of face-to-face encounters in medical education*

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William Osler, staunch advocate of bedside teaching, once wrote, “The natural method of teaching the [medical] student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end.”<sup>1</sup> Many physicians and medical educators know Osler to be right but might encounter difficulty saying why this is so. Practically speaking, there is little question that the patient is and must remain the center of medical education's orbit, but the theoretical case for it—putting the rationale into words—is not so straightforward. Fortunately, a renowned 20th century philosopher, Emmanuel Levinas, provides a theoretical argument for face-to-face encounters that can be adapted to put, and keep, patients front and center.

The COVID-19 pandemic has accelerated pre-existing trends in medical education away from face-to-face encounters. Thanks in part to online learning resources and pre-recorded lectures, medical students are spending less time in classrooms, where they learn together in the presence of their teachers. Patient care activities that were once the purview of medical students, such as drawing blood and placing intravenous lines, are now often performed by other health professionals. Hospitals and health systems concerned with patient satisfaction scores often shield patients from contact with students. Combined

with pandemic features such as mask wearing, these trends have tended to make full face-to-face encounters a less regular feature of medical education.

Levinas was not directly concerned with medical education, but his perspective on interpersonal relationships, especially the encounter with another person's face, offers many penetrating insights, particularly in the ethics of medical education. Many philosophers have tended to ground ethics in external laws, rules, and principles that apply to specific types of human interactions. The Ten Commandments, the common law tradition, Kant's categorical imperative,<sup>2</sup> and John Stuart Mill's utilitarian principle of the “greatest good for the greatest number”<sup>3</sup> all exist outside the encounter with any specific person and are meant to govern all human interactions. By contrast, Levinas argues that ethical responsibility originates in the face-to-face encounter with another person. In medicine, this means above all the encounter with the patient.

### Levinas and the face

Emmanuel Levinas was born in Lithuania in 1906. As a university student in Strasbourg, France, he encountered the works of such notable philosophers as Edmund Husserl and Martin Heidegger, even translating one of Husserl's major works. He received his doctorate in 1930 and became a naturalized French citizen in 1939. With the outbreak of World War II, he joined the French military, and his unit was captured by the Germans. He spent the rest of the conflict in a prisoner of war camp near Hanover, Germany. Many of his relatives perished during the war. Perhaps his greatest work, *Totality and Infinity*, was published in 1961, and serves as the source for many of Levinas' most important ideas about ethics, especially the centrality of the face for ethical responsibility. He died in Paris in 1995 at the age of 89.<sup>4</sup>

For Levinas, ethics begins in the encounter with the other. We become aware of our responsibility for another person by encountering that person face-to-face. The face

speaks to us as a living presence, inviting us into a relationship. It is totally different from other objects, which we can possess, use, and discard at will. The face is independent of us and refuses to be contained. It opens up a “primordial discourse,” the first word of which is obligation.<sup>5</sup> Encountering it places us in a position of responsibility. When we see another’s face, we experience a calling to recognize that this person transcends our purposes, and from Levinas’ point of view, we feel the presence of the divine.

In another work, *Ethics and Infinity*, Levinas summarizes the ethical significance of the encounter with another’s face:

The first word of the face is the “Thou shalt not kill.” It is an order. There is a commandment in the appearance of the face, as if a master spoke to me. However, at the same time, the face of the Other is destitute; it is the poor for whom I can do all and to whom I owe all.<sup>6</sup>

In the encounter with the face, we find the Hippocratic injunction, “First, do no harm.”<sup>7</sup> Yet the reason for avoiding harm is not any danger that the patient or someone else might retaliate. The reason lies instead in the defenselessness of the face. So long as we are manipulating data points or statistics, relationships tend to remain extra-ethical, but once we have encountered another person’s face, we assume responsibility to them and for them.

Paradoxically, Levinas asserts, we do not become ourselves until we are before the face of another. Hurtful and insensitive words and conduct into which we may all too easily lapse when we are dealing with others impersonally—via electronic media or behind the wheel of a car—become unnatural and even unthinkable when we encounter someone face-to-face. The face makes us demand more of ourselves. It is no longer possible to move people around like pieces on a chessboard. Instead of condemnation we are called to mercy; instead of apathy we are called to sympathy; instead of manipulation we are called to generosity. It is the face that moves us to give the best of ourselves, and in so doing to become our better selves.

At first glance, many might find Levinas’ account of the face imposing. Once we see another person, we are no longer free to harm them, exploit them, or dismiss them. But Levinas finds in the face-to-face encounter not bondage but liberation. It is precisely in encountering another’s face that we are set free—free to do, and be, good. We are liberated to respond spontaneously and creatively to the needs of the other. We are not, however, free to pretend that this responsibility does not pertain to us:

The will is free to assume this responsibility in whatever sense it likes; it is not free to refuse this responsibility itself; it is not free to ignore the meaningful world into which the face of the Other has introduced it.<sup>5</sup>

### Face-to-face medical education

Levinas points contemporary medical learners, educators, and physicians to the realization that we discover our responsibility—both professional and human—in the face-to-face encounter. Medical educators can offer first-rate readings and lectures on ethical principles. They may cultivate a host of helpful habits, such as addressing patients by name and pausing to ask if they have any questions. Yet unless medical students encounter patients face to face, they will not truly understand who they are responding to, and why. From Levinas’ point of view, no principle, practice, policy, procedure, or rule is as real as the patient we are caring for at this moment, and we find our best chance to care well in keeping every relationship as face-to-face as possible.

The centrality of the patient’s face implies a hierarchy of the patient-physician encounter. Corresponding with a patient by e-mail or text message is not as good as talking in real-time by telephone, particularly if the audio can be augmented with an image. Likewise, a phone conversation is not as effective as a video conference. And video is not as good as an in-person, face-to-face encounter, which permits the fullest degree of interpersonal engagement. This applies to medical education, as well. An in-person lecture or small group session is better than video conference, and video conference is better than audio only. Worse than any of these would be a recorded voice-over-slide presentation.

New technology has often tended to increase the gap between medical students and faces. Students may forego lecture attendance to review recordings, study third-party presentations, or pore over question banks and digital flashcards. As a result, they spend less time in the presence of teachers, fellow students, and patients, with fewer face-to-face encounters. Their ethical faculties are less engaged, depriving them of opportunities to deepen and enrich their sense of professional and human responsibility. As both Levinas and Osler would agree, these educational trends are antithetical to medicine’s core ethical imperatives. There is more to becoming a doctor than assimilating information, and more to teaching medicine than transmitting content. Physicians are most deeply and fully formed not by selecting the one best response to a multiple-choice question, but through

face-to-face encounters with fellow health professionals and patients.

Even when in the patient's presence, many learners and educators are distracted. A widely circulated child's drawing entitled "My Doctor visit," depicts a little girl seated on an examination table, while across the room her physician sits at a keyboard, back to the patient, entering information into the electronic medical record. To the extent that technological intermediaries such as workstations on wheels and tablet computers interfere with face-to-face encounters with patients and family members, they threaten not only to undermine the patient-physician relationship but also to instill bad habits that erode care and foment burnout.

Osler recognized as much. He called teaching away from the bedside, by which he meant the face-to-face encounter with the patient, a "bastard substitute."<sup>8</sup> He wanted his epitaph to be, "I taught medical students in the wards."<sup>8</sup> He argued over and over that physicians and other health professionals should care more about the person than the disease. He moved medical students out of the lecture hall and onto the wards, where his clerkship system provided them with direct roles in patient care. He held that the medical sciences, history taking and physical examination, laboratory medicine, and therapeutics should never be understood as ends but as means or tools in the care of the patient.

Anticipating Levinas' rich account of human ethical responsibility, Osler argued passionately that the face-to-face encounter with the patient must always remain the center of medical education's orbit.

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