

**December 2**

RECEIVED: 2025/02/28

ACCEPTED: 2025/04/18

PUBLISHED: 2025/03/22

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Evolution of the medical vocation in patient care in Cuba

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Content

Dear readers, this article aims to analyze humanism and the medical vocation, taking into account the globalization of the loss of values and its influence on medical conduct, to raise awareness that people who go to the doctor do so out of necessity, pain, illness, or seeking help, and that they are the reason for the existence of health care personnel.

This story begins 10 years after the triumph of the revolution, where I took various bibliographies but the most important was that of my university professor Dr. C. Ricardo González, who was the President of the Ethics and Bioethics Commission of Cuba until his death.

At that time, the sense of belonging was emphasized, along with belonging, gratitude, and the close emotional bonds established between patients, family members, and users in need of a service. This was also true of healthcare workers in their various roles when their interpersonal and work performance was adequate.

I was a participant observer in several institutions where human sensitivity, kindness, and the potential for all workers to become involved in facing, in solidarity, the tragic repercussions of the loss of health on patients and their families coincided.

A magnificent moral collective spontaneously integrated, decades before said movement emerged as one of the most relevant pillars to guarantee the satisfaction of the population with the health services received.

The way doctors and patients interact has changed more in half a century than in the previous four centuries, and healthcare services, far from showing progress, are experiencing significant decline.

User frustration is growing, as is the progressive decline of the most important factor influencing the medical profession: user satisfaction with the services they receive.

User dissatisfaction with interpersonal performance is the Achilles' heel of current global healthcare, and is due in part to the undervaluation of the significance of interpersonal performance with patients and the major crisis of humanism in health services, exacerbated by neoliberal environments.

One of the consequences will be the dissatisfaction of users and the Health Team, which can lead to Burnout syndrome. Out, which if it spreads and takes on an "epidemic" character and at the same time incorporates the conflict of professional identity, together with indifference towards comprehensive responsibilities, becomes Thomas's Disease, when a total lack of motivation appears.

Therefore, from very early on, the Cuban state and its political and mass organizations saw the need to avoid or reduce this, giving rise to the concept of the Moral Collective, born from the recommendations of the late Commander of the Revolution, Dr. José Ramón Balaguer Cabrera. This allowed for an evaluation of the main problems related to medical care or ethics, as well as the need to work on these aspects. Medical Ethics Commissions, Bioethics Committees, and a department to address questions and suggestions, along with the Population Assistance Office, emerged.

This progression in the development of people turns out to be the essence of kindness, compassion, heroism, solidarity, responsibility and the MEDICAL VOCATION, which makes us understand that it is evidently the spiritual that is simply and concretely closely related to Humanism, Ethics, Deontology and Axiology.

It is not Spirituality: Selfishness, Hedonism, Apathy, Cruelty, Irresponsibility, Disloyalty, Insensitivity, lack of Altruism and of that sublime virtue, which is Solidarity.

Our work, in human relations, is an intrinsic part of all actions within the National Health System: promotional-preventive, diagnostic, therapeutic-rehabilitative, expert, teaching, research, and management.

Let us not resist recognizing how much the treatment means to a patient and their family. friendly to: stretcher bearers, pantry workers, doormen, CVP, elevator operators...and much less the therapeutic effect of that treatment, therefore, it is not uncommon that we do very little to inform them and even less to train them, to instruct them, to educate them...

Our Granma University of Medical Sciences works continuously to prevent negative trends, some of which have already been exemplified or cited, including those of workers, students, and professionals with outreach to society. This is to ratify and maintain the humanism of our employees (all of them). If we fail to do so, to overcome global trends, we would be close to the brink of an abyss, and our future could be catastrophic. So, what can we do to avoid such a catastrophe or cataclysm? How can we prevent the humanism, spirituality, and ethics of our actions from becoming virtues to be displayed in a "museum?"

It's not difficult, but it requires resilience, in the minute-by-minute effort to be examples to develop the spirituality of our students, our professionals, and why not, for this influence to reach the homes and cradles of our future doctors, nurses, technicians... workers. We must be committed to being Living Gospels as true teachers and professors, worthy examples to follow.

Put a stop to what is wrong, and have conceptual clarity that while it is good to have a sense of belonging, and it is obviously very important, we wouldn't accomplish much if we weren't relevant to our knowledge and actions in our performance.

Increasingly strengthen the cascade of humanistic influences. From the principal, vice-principals , and the most experienced teachers to the most humble staff and students... A cascade that allows these attitudes to be instilled by example in all employees of our institutions.

To prevent the most humane, ethical, and spiritual of sciences from becoming the most frustrating of professions and losing its priesthood.

AUTHOR CONTRIBUTION

JJPC: conceptualization, formal analysis, research, project administration, original draft, supervision.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

FINANCING

The authors did not receive funding for the development of this article.

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