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INTEGRATING HUMANISTIC VALUES INTO MEDICAL TRAINING: A CASE STUDY OF UK MEDICAL SCHOOLS

The integration of humanistic values into medical education has become increasingly relevant in the context of contemporary healthcare. As medical schools seek to prepare future healthcare professionals for the complex emotional and ethical dimensions of clinical practice, there is a growing emphasis on cultivating empathy, effective communication, and ethical reasoning. This article explores how UK medical schools are responding to these demands by incorporating humanistic education into their curricula. Despite existing efforts, inconsistencies in implementation, structural barriers, and a lack of national coordination continue to challenge the development of a fully human-centered approach to medical training.

The aim of the article: *The aim of this article is to examine the integration of humanistic values into medical training in the UK, with a particular focus on how empathy, communication, and ethical reasoning are embedded in medical curricula.*

Methodology: *A mixed-methods approach was employed, combining a review of relevant literature, curriculum analysis, and survey data. The theoretical foundation was established through critical engagement with scholarly sources on medical humanities and humanistic pedagogy. A comparative review of UK medical curricula was conducted to assess the inclusion and emphasis of humanistic content.*

Scientific novelty: *This article explores the uneven integration of humanistic values in UK medical training, using a mixed-methods approach to highlight structural barriers and advocate for a standardized framework to equip future doctors with essential interpersonal and ethical competencies.*

Conclusions: *Humanizing medicine: The Importance of Humanistic Education in Training for the Healing Professions. While humanism is recognized as necessary at many, if not all, medical schools in the UK, its application appears to be sporadic at best and largely limited to optional modules. This creates sporadic exposure and leads to the underdevelopment of critical interpersonal skills of medical students. Making humanism an explicit core competency of general graduate medical education and supporting that effort with clear national standards and improved multidisciplinary education will help ensure that all medical graduates have the humanistic competencies needed to ensure holistic care for all patients. Emphasizing humanism in medical education lays the groundwork for improving healthcare delivery while maintaining professional well-being and resiliency to the changing needs of patients across various clinical settings.*

Keywords: *humanistic education, medical training, UK medical schools, curriculum analysis, values-based education.*

Statement of the problem in a general form and its connection with important scientific or practical tasks. Medical education humanization incorporates humanistic values such as compassion, empathy, and ethics into the education of healthcare professionals. This approach emphasizes understanding each patient's unique story and needs, rather than viewing them as interchangeable cases. It promotes a model where physicians address both the biological aspects of disease and the broader social, emotional, and psychological contexts of patients' lives. The medical humanities – including literature, philosophy, arts, health policy, and ethics – play a central role in this paradigm by offering tools and frameworks that deepen students' understanding of the human condition. Incorporating these disciplines into medical curricula can enhance students' communication skills, listening abilities, and emotional awareness, fostering a more holistic approach to patient care [6].

Despite the growing acknowledgment of its importance, many medical programs struggle with the effective implementation of humanistic education. Frequently, these elements are added superficially or treated as optional, resulting in limited exposure to key interpersonal skills and a disconnect between scientific rigor and

humanistic practice [6]. Students often experience an education dominated by technical and scientific training, which can suppress the development of empathy and ethical reasoning, competencies that are vital for patient-centered care. Moreover, the pressures of an intensive medical curriculum can sideline these humanistic aspects, leaving graduates less prepared to manage the nuanced emotional and ethical complexities of clinical work [1].

To address these challenges, reforms increasingly advocate for experiential learning activities such as patient storytelling, role-playing, and reflective exercises, which have shown effectiveness in developing students' empathy and communication competencies. Interdisciplinary collaboration – with contributions from psychology, literature, sociology, and philosophy – broadens students' perspectives, helping them grasp the emotional and social dimensions of healthcare [12]. This integration not only enriches medical training but also bridges the gap between scientific precision and compassionate practice, ensuring that future doctors are equipped to engage meaningfully with their patients.

Cultural competence is also a growing focus within humanistic medical education. By preparing students to navigate language barriers, cultural differences, and diverse socio-economic contexts, medical programs can foster more equitable patient care. Training that emphasizes cultural sensitivity and the appropriate use of interpreters allows physicians to meet the needs of increasingly diverse populations, reducing health disparities and improving outcomes. Understanding patients holistically – including their cultural background – empowers healthcare providers to deliver care that is not only clinically sound but also empathetically responsive to individual realities.

Humanistic education benefits not only patients but also healthcare systems and providers themselves. Fostering empathy, communication, and ethical reflection contributes to positive organizational culture, reduces burnout, and increases job satisfaction [12]. When healthcare professionals are supported in developing these competencies, they are more likely to form meaningful connections with patients and remain resilient in the face of professional challenges. Thus, integrating humanistic values into medical training is essential not just for improving patient outcomes but also for sustaining a compassionate, effective, and adaptable healthcare workforce.

Analysis of the main researches and publications on the raised problem. Integrating Humanistic Values in Medical Training. The call for a more humanistic approach in medical education is echoed in various international contexts, highlighting its global relevance [3]. With the rapidly changing landscape of medicine, there is an increased appreciation of the importance of balancing scientific training with the development of humanistic traits necessary to produce healthcare professionals competent to deliver high-quality, patient-focused care in an increasingly complex and diverse healthcare system. Such a balance enables a response to the evolving landscape of medicine while ensuring a continued emphasis on the patient as the center of care [15]. Medical education must allow for this growth if we want to return to practice with our hands confident in their abilities, and our hearts full of care. By prioritizing these attributes, we can better align our healthcare systems with the values of a compassionate and communicative approach to patient care, essential skills within the ever-evolving landscape of contemporary medicine.

Training on humanistic values in medical education is crucial to create compassionate, empathetic, and competent healers. Even the small stuff – prioritizing humanism in medicine improves healthcare quality and reduces health disparities for the patients we serve; it creates a (more) positive and rewarding workplace for the healthcare workforce. With the evolution of medicine, a new era of striving for humanistic values is greatly needed to meet the diverse needs of patients and the future of the healthcare system [17]. An approach to medical education grounded in humanity not only enhances patient care but also underpins a strong healthcare system, fostering an environment of compassion, respect, and moral accountability critical for the betterment of all.

Formulation of the purpose of the article. The aim of this article is to explore how humanistic values are integrated into medical training, with a particular focus on their incorporation into the curricula of UK medical schools. It examines key approaches, practices, and challenges in embedding empathy, communication, and ethical reasoning within medical education.

Research Methodology. This study uses a mixed-methods approach, combining literature review, curriculum analysis, and survey data to assess the integration of humanistic education in UK medical schools. It examines current trends, gaps in training, and barriers to implementation, identifying key factors that influence the effectiveness of embedding empathy, communication, and ethical reasoning into medical curricula.

Scientific novelty. This article investigates the fragmented inclusion of humanistic values – such as empathy, ethical reasoning, and communication – within UK medical curricula through a mixed-methods analysis, offering new insights into how institutional priorities, curricular design, and pedagogical practices shape humanistic training, and proposing a unified framework to ensure consistent development of interpersonal competencies essential for ethical, patient-centered medical practice.

Results and Discussion. Humanistic Education in UK Medical Schools. Data derived from UK medical schools up to October 2023 suggests PC to be an integral part of the teaching curriculum. Historically, medical education has placed emphasis on science & clinical skills, and little attention has been given to the softer side of caring for patients. However, there has been some change – a greater emphasis on empathy, communication, and ethical judgment in medical school students [16]. This shift is driven by the understanding that effective healthcare requires not only technical proficiency but also the ability to connect with patients on a personal level. As a result, many medical schools are beginning to incorporate elements of the medical humanities into their curricula, aiming to foster a more holistic approach to medical education [2].

Despite these positive developments, the integration of humanistic education remains inconsistent across UK medical schools. A national survey indicated that while many institutions offer courses related to medical humanities, these are often elective rather than mandatory, leading to variability in student exposure to humanistic training [16; 5]. Moreover, the focus on clinical knowledge and skills may detract from the significance of humanistic values. Many students feel that communication skills and professional etiquette are not focused on enough in their education. This demonstrates the necessity to systematize humanistic education in medical school curricula to prepare students better for their roles as caregivers, as their education should not solely focus on technical skills.

The COVID-19 pandemic has further complicated the landscape of medical education, prompting a reevaluation of teaching methods and curricular content (Choi et al., 2020). As clinical placements have been disrupted, many medical schools have needed to rethink the way they incorporate humanistic values, which are a key part of medical education. Moreover, the pandemic has highlighted the need for resilience and adaptability in medical training, as students bravely transition to clinical practice amidst uncertainty. Thus, this challenge could also be a chance to pursue innovative approaches to teaching and learning empathy, compassion, and communication skills in medical schools in the context of this pandemic.

In response to these challenges, some medical schools are exploring innovative approaches to humanistic education. Incorporating narrative medicine, role-playing, and patient-centered communication training has enhanced students' empathy and understanding of patients' experiences [11]. These methods allow students to engage with real-life scenarios and develop their interpersonal skills in a supportive, interactive environment. Additionally, collaborations between medical educators and professionals from the arts and humanities can enrich the educational experience and promote a more integrated approach to teaching [11]. Such interdisciplinary approaches encourage students to develop a more well-rounded understanding of medicine, one that acknowledges the emotional and human aspects of patient care.

Despite these promising developments, there are still significant barriers to the widespread implementation of humanistic education in UK medical schools. Many educators express concerns about the lack of time and resources allocated to teaching the humanities, which can lead to the perception that these subjects are secondary to the core medical curriculum [5]. The competitive nature of medical training often prioritizes exam performance and clinical competencies over the development of humanistic qualities, such as empathy and compassion, which can hinder students' growth in these areas. Addressing these barriers will require a concerted effort from medical schools and educators to recognize the value of humanistic education and prioritize it as an essential component of medical training.

Moreover, the current emphasis on assessment and accountability in medical education can also impact the integration of humanistic values. Standardized testing and performance metrics often focus primarily on clinical skills and knowledge retention, leaving little room for evaluating students' interpersonal skills and ethical reasoning [10]. As a result, there is a growing call for the development of assessment tools that can effectively measure students' humanistic competencies and encourage their application in clinical practice. By creating a more balanced assessment framework, medical schools can better support the development of compassionate and empathetic healthcare professionals who are not only clinically proficient but also attuned to the emotional and ethical needs of their patients.

While there has been progress in integrating humanistic education into UK medical schools, significant challenges remain. The need for a more cohesive and structured approach to teaching humanistic values is evident, as is the importance of addressing the barriers that hinder their implementation. By prioritizing humanistic education and fostering a culture of empathy and compassion, medical schools can better prepare students for the complexities of modern healthcare and ultimately improve patient care outcomes [4]. The ongoing evolution of medical education in the UK presents a unique opportunity to create a more holistic and human-centered approach to training future healthcare professionals.

Analysis of Humanistic Education in UK Medical School Curricula. Curricula across UK medical schools show a growing emphasis on humanistic education, though the extent of integration varies widely. Many institutions acknowledge the importance of embedding empathy, communication, and ethical reasoning into training, influenced by the General Medical Council (GMC) guidelines advocating a holistic approach that balances clinical skills with the human side of care [13; 9]. Despite this, implementation remains inconsistent, with significant disparities in how comprehensively different schools address these competencies.

A scoping review indicates that while elements of medical humanities are present in many programs, they are often limited to elective courses rather than core requirements [13]. This optional status results in unequal student exposure to essential interpersonal skills. Surveys show that junior doctors frequently feel unprepared for the emotional and ethical challenges of patient care, pointing to gaps in undergraduate training and underscoring the need for a more standardized and compulsory inclusion of humanistic education.

Time constraints and the heavy focus on scientific knowledge further restrict the integration of humanistic content. Medical educators often cite the demanding nature of the curriculum as a barrier to prioritizing subjects seen as secondary to clinical instruction. This issue is compounded by a culture of exam-focused learning, where relational and ethical training can be sidelined. To address this, experts advocate reassessing curricula to allocate dedicated time for humanistic education, ensuring it complements rather than competes with scientific instruction.

In response, some medical schools have introduced innovative methods such as narrative medicine, role-playing, and patient-centered communication training to enhance students' empathy and interpersonal skills [14].

Collaborations with professionals from the arts and humanities enrich the learning experience, promoting a culture of compassion within medical education. However, to overcome fragmented adoption, national-level guidelines are needed to standardize humanistic education across institutions, ensuring future clinicians are consistently equipped to provide both technically proficient and empathetic care.

Conclusions. Such integration into medical training will result in professionals who are not just good in their field but also ones who engage with compassion in a culturally sensitive and empathetic manner. The increasing focus on the development of empathy, communication skills, and ethical reasoning in the way we educate future doctors is absolutely essential in preparing our future doctors to work through complex patient situations. These values enhance the doctor-patient relationship, foster emotional intelligence, and highlight the significant challenges of health disparities, and cultural competence. Additionally, a strong focus on humanistic education can promote the well-being of healthcare providers, decreasing burnout and enhancing job satisfaction, both of which are beneficial to the healthcare system.

Despite these developments, substantial challenges still exist to the delivery of a coherent and consistent approach to new education at all UK medical schools. Many humanities courses continue to be elective, and the relentless emphasis on training in technical skills leads to uneven exposure to the fundamental skills of the humanities. In response, humanistic education must be accepted as a structured, mandatory element of medical school curricula. This could be augmented with interactive teaching and cross-disciplinary collaborations to ensure that students learn the competencies required to deliver compassionate, patient-centered care. With the ongoing evolution of medicine, a balanced curriculum incorporating both scientific knowledge and humanistic principles will be essential in adequately preparing healthcare providers to address the diverse and changing needs of patients, improving care and patient outcomes in the end.

Further research could also compare the integration of humanistic education in UK medical schools with that in Ukraine, examining differences in curricular approaches, implementation strategies, and the impact on student competencies. Such a comparison may offer valuable insights into how cultural and educational contexts influence the effectiveness of humanistic training in medical education.

References

1. Bifulco M., Pisanti S. Integrating medical humanities into medical school training. *EMBO Reports*. 2019. Vol. 20. №12. P. e48330. DOI: 10.15252/embr.201948830.
Bifulco, M. and Pisanti, S. (2019). Integrating medical humanities into medical school training. *Embo Reports*, 20 (12). <https://doi.org/10.15252/embr.201948830>. [in English].
2. Choi B. et al. The impact of the COVID-19 pandemic on final year medical students in the United Kingdom: a national survey. *Preprint, Research Square*. 2020. P. 1–12. DOI: 10.21203/rs.3.rs-24792/v1.
Choi, B., Jegatheeswaran, L., Minocha, A., Alhilani, M., & Mutengesa, E. (2020). The impact of the covid-19 pandemic on final year medical students in the United Kingdom: a national survey. <https://doi.org/10.21203/rs.3.rs-24792/v1>. [in English].
3. Competence-oriented humanistic quality training measures for resident training physicians. *International Journal of Frontiers in Medicine*. 2021. Vol. 3, No. 2. P. 1–6. DOI: 10.25236/ijfm.2021.030201.
Competence-oriented humanistic quality training measures for resident training physicians. (2021). *International Journal of Frontiers in Medicine*, 3(2). <https://doi.org/10.25236/ijfm.2021.030201>. [in English].
4. East L., Stokes R., Walker M. Universities, the public good and professional education in the UK // *Studies in Higher Education*. 2013. Vol. 39, No. 9. P. 1617–1633. DOI: 10.1080/03075079.2013.801421.
East, L., Stokes, R., & Walker, M. (2013). Universities, the public good and professional education in the UK. *Studies in Higher Education*, 39(9), 1617-1633. <https://doi.org/10.1080/03075079.2013.801421>. [in English].
5. Howick J. et al. Do medical schools teach medical humanities? Review of curricula in the United States, Canada and the United Kingdom // *Journal of Evaluation in Clinical Practice*. 2021. Vol. 28, No. 1. P. 86–92. DOI: 10.1111/jep.13589.
Howick, J., Zhao, L., McKaig, B., Rosa, A., Campaner, R., Oke, J., & Ho, D. (2021). Do medical schools teach medical humanities? Review of curricula in the United States, Canada and the United Kingdom. *Journal of Evaluation in Clinical Practice*, 28(1), 86-92. <https://doi.org/10.1111/jep.13589>. [in English].
6. Hvidt E. et al. Weak inclusion of the medical humanities in medical education: a qualitative study among Danish medical students // *BMC Medical Education*. 2022. Vol. 22, Article No. 102. P. 1–9. DOI: 10.1186/s12909-022-03723-x.
Hvidt, E., Ulsø, A., Thorngreen, C., Søndergaard, J., & Andersen, C. (2022). Weak inclusion of the medical humanities in medical education: a qualitative study among Danish medical students. *BMC Medical Education*, 22(1). <https://doi.org/10.1186/s12909-022-03723-x>. [in English].
7. Jones T., Lachman N., Pawlina W. Honoring our donors: a survey of memorial ceremonies in United States anatomy programs. *Anatomical Sciences Education*. 2013. Vol. 7, No. 3. P. 219–223. DOI: 10.1002/ase.1413.
Jones, T., Lachman, N., & Pawlina, W. (2013). Honoring our donors: a survey of memorial ceremonies in United States anatomy programs. *Anatomical Sciences Education*, 7(3), 219-223. <https://doi.org/10.1002/ase.1413>. [in English].

8. O'Neill D. et al. Mainstreaming medical humanities in continuing professional development and postgraduate training. *Clinical Medicine*. 2020. Vol. 20, №2. P. 208–211. DOI: 10.7861/clinmed.2019-0332.
O'Neill, D., Kelly, B., O'Keeffe, S., & Moss, H. (2020). Mainstreaming medical humanities in continuing professional development and postgraduate training. *Clinical Medicine*, 20(2), 208–211. <https://doi.org/10.7861/clinmed.2019-0332>. [in English].
9. Pearson G. et al. Updating the British Geriatrics Society recommended undergraduate curriculum in geriatric medicine: a curriculum mapping and nominal group technique study // *Age and Ageing*. 2023. Vol. 52, №2. Article afac325. P. 1–8. DOI: 10.1093/ageing/afac325.
Pearson, G., Winter, R., Blundell, A., Masud, T., Gough, J., Gordon, A., & Henderson, E. (2023). Updating the British geriatrics society recommended undergraduate curriculum in geriatric medicine: a curriculum mapping and nominal group technique study. *Age and Ageing*, 52(2). <https://doi.org/10.1093/ageing/afac325>. [in English].
10. Player E. et al. Humanising medicine: teaching on tri-morbidity using expert patient narratives in medical education. *Education for Primary Care*. 2019. Vol. 30, №6. P. 368–374. DOI: 10.1080/14739879.2019.1670097.
Player, E., Gure-Klinke, H., North, S., Hanson, S., Lane, D., Culyer, G., & Rodrigues, V. (2019). Humanising medicine: teaching on tri-morbidity using expert patient narratives in medical education. *Education for Primary Care*, 30(6), 368–374. <https://doi.org/10.1080/14739879.2019.1670097>. [in English].
11. Rennison C. et al. Abortion education in UK medical schools: a survey of medical educators. *BMJ Sexual & Reproductive Health*. 2022. Vol. 48, No. 3. P. 210–216. DOI: 10.1136/bmjshr-2021-201387.
Rennison, C., Woodhead, E., Horan, C., Lohr, P., & Kavanagh, J. (2022). Abortion education in UK medical schools: a survey of medical educators. *BMJ Sexual & Reproductive Health*, 48(3), 210–216. <https://doi.org/10.1136/bmjshr-2021-201387>.
12. Shang R., Qin Y. Research on humanistic quality higher medical education based on internet of things and intelligent computing. *Computational Intelligence and Neuroscience*. 2022. Article ID 8633190. P. 1–11. DOI: 10.1155/2022/8633190.
Shang, R. and Qin, Y. (2022). Research on humanistic quality higher medical education based on internet of things and intelligent computing. *Computational Intelligence and Neuroscience*, 2022, 1–11. <https://doi.org/10.1155/2022/8633190>. [in English].
13. Sharma M., Murphy R., Doody G. Do we need a core curriculum for medical students? A scoping review // *BMJ Open*. 2019. Vol. 9, №8. Article e027369. P. 1–8. DOI: 10.1136/bmjopen-2018-027369.
Sharma, M., Murphy, R., & Doody, G. (2019). Do we need a core curriculum for medical students? A scoping review. *BMJ Open*, 9(8), e027369. <https://doi.org/10.1136/bmjopen-2018-027369>. [in English].
14. Sharma M., Murphy R., Doody G. Barriers and facilitators for implementation of a national recommended specialty core-curriculum across UK medical schools: a cross-sectional study using an online questionnaire. *BMJ Open*. 2022. Vol. 12, No. 3. Article e053565. P. 1–7. DOI: 10.1136/bmjopen-2021-053565.
Sharma, M., Murphy, R., & Doody, G. (2022). Barriers and facilitators for implementation of a national recommended specialty core-curriculum across UK medical schools: a cross-sectional study using an online questionnaire. *BMJ Open*, 12(3), e053565. <https://doi.org/10.1136/bmjopen-2021-053565>. [in English].
15. Tseligka T., Koik K. The becoming of a medical professional: integrating humanities-based resources in a medical English course. *ESP Today*. 2021. Vol. 9, No. 1. P. 50–62. DOI: 10.18485/esptoday.2021.9.1.3.
Tseligka, T. and Koik, K. (2021). The becoming of a medical professional: integrating humanities-based resources in a medical English course. *ESP Today*, 9(1), 50–62. <https://doi.org/10.18485/esptoday.2021.9.1.3>. [in English].
16. Walsh S. et al. What kind of doctor would you like me to be? // *The Clinical Teacher*. 2015. Vol. 13, No. 2. P. 98–101. DOI: 10.1111/tct.12389.
Walsh, S., Arnold, B., Pickwell-Smith, B., & Summers, B. (2015). What kind of doctor would you like me to be? *The Clinical Teacher*, 13(2), 98–101. <https://doi.org/10.1111/tct.12389>. [in English].
17. Yang M. Cultivate innovative and entrepreneurial qualities among medical students through curriculum ideology and politics. *Open Journal of Applied Sciences*. 2023. Vol. 13, №12. P. 2282–2290. DOI: 10.4236/ojapps.2023.1312178.
Yang, M. (2023). Cultivate innovative and entrepreneurial qualities among medical students through curriculum ideology and politics. *Open Journal of Applied Sciences*, 13(12), 2282–2290. <https://doi.org/10.4236/ojapps.2023.1312178>. [in English].

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ІНТЕГРАЦІЯ ГУМАНІСТИЧНИХ ЦІННОСТЕЙ У МЕДИЧНУ ОСВІТУ: ДОСЛІДЖЕННЯ МЕДИЧНИХ ШКІЛ ВЕЛИКОЇ БРИТАНІЇ

Інтеграція гуманістичних цінностей у медичну освіту набуває дедалі більшої актуальності в умовах сучасної системи охорони здоров'я. Медичні школи прагнуть підготувати майбутніх фахівців до складних емоційних та етичних вимірів клінічної практики, що зумовлює зростаючу увагу до розвитку емпатії, ефективної комунікації та етичного мислення. У цій статті розглядається, як медичні школи Великої Британії відповідають на ці виклики шляхом включення гуманістичної освіти до своїх навчальних програм. Попри наявні зусилля, непослідовність у впровадженні, структурні бар'єри та відсутність національної координації ускладнюють формування цілісного підходу до гуманістично орієнтованої медичної підготовки.

Мета статті: Метою цієї статті є дослідити інтеграцію гуманістичних цінностей у медичну підготовку у Великій Британії з особливою увагою до того, як емпатія, комунікація та етичне міркування впроваджуються в навчальні програми медичних вишів.

Методологія: У дослідженні використано змішаний підхід, що поєднує аналіз наукової літератури, вивчення навчальних програм та опитування. Теоретичну базу було сформовано на основі критичного аналізу праць із медичних гуманітарних наук і гуманістичної педагогіки. Проведено порівняльний аналіз навчальних планів медичних вишів Великої Британії для оцінки ступеня інтеграції гуманістичного змісту та пріоритетів у навчанні.

Наукова новизна: Ця стаття досліджує нерівномірне впровадження гуманістичних цінностей у медичну освіту Великої Британії, використовуючи змішаний метод дослідження для виявлення структурних бар'єрів і обґрунтування потреби у створенні уніфікованої національної системи, що дозволить забезпечити формування ключових міжособистісних та етичних компетентностей у майбутніх лікарів.

Висновки: Гуманізація медицини: важливість гуманістичної освіти у підготовці фахівців лікувальних професій. Попри визнання важливості гуманістичних цінностей більшістю медичних шкіл Великої Британії, їх практичне застосування залишається несистематичним і часто обмежується факультативними модулями. Це призводить до фрагментарного ознайомлення студентів із гуманістичними підходами та недостатнього розвитку критично важливих міжособистісних навичок. Визнання гуманізму як ключової компетентності загальної медичної освіти та підтримка цього напрямку через національні стандарти й міждисциплінарну підготовку дозволить сформувати випускників, здатних забезпечити цілісний підхід до лікування пацієнтів. Акцент на гуманістичних засадах у медичній освіті закладає підґрунтя для підвищення якості медичної допомоги, збереження професійного добробуту лікарів і здатності системи охорони здоров'я адаптуватися до змінних потреб пацієнтів у різних клінічних умовах.

Ключові слова: гуманістична освіта, медичне навчання, медичні школи Великої Британії, аналіз навчальних програм, освіта на основі цінностей.

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