

Teaching Gentle Medicine

Dear Editor,

Upon entering medical school, every student swears an oath: to dedicate their life to healing, to alleviate suffering, and to *first, do no harm*. Most are drawn into medicine's hallowed halls by the promise of healing. They look up in admiration at the Bantings and Bests, Flemings and Floreys, Salks and Sabins—the giants who battled disease and, against all odds, cured it.

Within this pantheon of cures, the student's oath to *do no harm* can ring hollow. Of course, in pursuit of healing, we should avoid harming. But what does it mean to uphold this principle? Against the backdrop of heroic healers, medicine's first principle risks being recited but rarely reckoned with.

This reckoning comes only later. It comes when the student steps from the classroom to the clinic, where they realize that healing is hard, cures are elusive, and medicine itself, despite the best intentions, often harms [1].

But medicine's reckoning remains incomplete. Embracing the profession's first principle requires more than individual humility. Interventions with marginal benefits or broken promises of cure are not merely the result of unchecked hubris confronting its limits in practice. They stem from systemic factors—the structures and incentives shaping modern medicine. Critics have long highlighted the harmful impacts of conflicts of interest, commercialization, and biases in medicine [2, 3].

Underlying these critiques, we argue, is a unifying philosophy: *Gentle Medicine*. Introduced by Stegenga [4], *Gentle Medicine* recognizes how biases and financial interests permeate modern medicine from drug development and trial design to the very definition of diseases. This creates a systemic bias toward interventionism, aligning medicine with profit-driven agendas rather than patient-centered care.

Gentle Medicine calls for prudence, restraint, and humility—not merely as individual virtues but as the foundation of a collective professional ethos.

Medicine is not omnipotent. Yet commercial pressures and marketing strategies create unrealistic promises, raising public expectations and fueling the expansion of defensive medicine. Although medicine has a moral mandate to care, this must not be mistaken for an obligation to pursue cures at any cost.

To counteract these tendencies, *Gentle Medicine* advocates a critical approach toward interventions whose benefits are often exaggerated and harms underestimated. Medical education should embrace this philosophy of restraint [5], celebrating not only examples of heroic cures but equally emphasizing professional virtues of humility, prudence, and cautious intervention. Responsible medical curricula should openly address medicine's limitations and actively engage students in identifying and addressing systemic challenges.

Gentle Medicine also calls for a more diverse, balanced research agenda. It counterbalances medicine's often disproportionate focus on pharmaceutical solutions by also encouraging research into lifestyle interventions and primary prevention. This broader focus can promote better resource stewardship and a more comprehensive knowledge base, supporting a wider array of health-promoting strategies.

Ultimately, *Gentle Medicine* invites us to return to medicine's Hippocratic roots. When future physicians swear their oath to *first, do no harm*, they should understand it not only as a commitment to individual action but also as an obligation to acknowledge and actively address systemic sources of harm within medicine itself.

Conflict of interest statement

The authors declare no conflicts of interest.

Data availability statement

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

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