

# A Medical Humanities Literacy–Oriented Holistic Formation Model for Medical Students: A Theoretical Study

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## Abstract

The modernization of medicine under conditions of technological acceleration, organizational complexity, and heightened social expectations requires medical education to cultivate not only technical competence but also humanistic literacy that sustains ethical judgment, interpretive understanding, and professional identity. Yet discussions of “holistic education” in medicine often remain aspirational or are reduced to curricular additions without a coherent conceptual architecture. This paper proposes a theoretical model of holistic formation for medical students oriented toward medical humanities literacy (MHL). Building on contemporary scholarship on professional identity formation, competence as a multilayered construct, the hidden curriculum, and narrative approaches to medicine, the model conceptualizes MHL as a foundational capability that integrates moral reasoning, narrative understanding, social imagination, and reflexive agency. The study develops a four-layer architecture—normative orientation, epistemic integration, institutional ecology, and developmental evaluation—through which MHL can structure holistic formation without relying on specific pedagogical prescriptions. The paper further clarifies how the model addresses common institutional tensions in medical education, including metric-driven performance cultures, fragmentation of professionalism, and the marginalization of meaning-making capacities. By framing MHL as an organizing principle for whole-person formation, the paper contributes a coherent theoretical foundation for future research and system-level design in medical education.

**Keywords:** Medical Humanities Literacy; Holistic Formation; Whole-Person Education; Professional Identity Formation; Hidden Curriculum; Competency-Based Medical Education

## 1. Introduction

### 1.1. Why “Holistic Formation” Requires a Conceptual Core

The phrase “holistic education” (or “whole-person formation”) has become a prominent ideal in medical education, often invoked in response to concerns about depersonalization, moral distress, and the narrowing of competence to technical performance. Yet as a guiding concept, holism frequently suffers from theoretical under-specification: it is presented as a desirable ethos rather than a structured model of formation with definable components, internal logic, and evaluative implications. Consequently, “holistic” initiatives sometimes remain peripheral, additive, or symbolic—unable to shape the core orientation of medical training in the long term. At the same time, contemporary scholarship emphasizes that medical competence is a multilayered construct rather than a single measurable attribute (ten Cate, 2024). The implication is that forming physicians requires integrating multiple layers of capability: knowledge, judgment, identity, and moral orientation. Similarly, professional identity formation research highlights that “becoming” a physician involves socialization, value internalization, and meaning-making processes that cannot be reduced to behavioral checklists (Reissner, 2024; Varpio, 2025). Moreover, the hidden curriculum literature shows that institutional culture and informal norms shape learners’ moral development at least as powerfully as formal instruction (Parra Larrotta et al., 2025).

Taken together, these developments suggest that the modernization of medical education demands a more robust theory of holistic formation—one capable of specifying what is being formed, how formation coheres across institutional contexts, and how outcomes can be evaluated without collapsing into narrow metrics. This paper argues that medical humanities literacy (MHL) can serve as the conceptual core for such a model. The term “medical humanities” is often associated with curricular modules or enrichment content. This paper, by contrast, theorizes medical humanities literacy as a formative capability that organizes whole-person development. In this framing, MHL is not merely familiarity with humanities content; it is a capacity for ethically and interpretively competent participation in medicine as a human practice. It supports judgment under uncertainty, narrative understanding of illness experience, and reflexive engagement with professional identity.

Accordingly, this paper develops a theoretical “holistic formation model” for medical students oriented toward MHL. Importantly, the model does not prescribe specific classroom methods, course designs, or teaching techniques. Instead, it offers a conceptual architecture and governance logic that can guide system-level design and research across diverse educational settings.

### 1.2. Defining Medical Humanities Literacy as a Foundational Capability

“Literacy,” in this paper, is used in a strong sense: it refers to the ability to interpret, evaluate, and act within a domain of meaning and practice. Medical humanities literacy thus denotes more than exposure to humanities; it refers to the capacity to engage medicine as a moral, narrative, and social practice—capable of articulating values, interpreting human experience, and sustaining responsibility in complex clinical worlds.

Drawing from narrative medicine scholarship, MHL includes sensitivity to narrative dimensions of illness and care, enabling clinicians to recognize that illness is not only a biomedical event but also a disruption of life meaning and identity (Charon, 2006; Kleinman, 1988). Contemporary narrative medicine research continues to associate narrative approaches with improvements in reflective capacity and professional identity development, even when designs vary widely (Huang, 2024; Li, 2024). While the present paper does not endorse particular interventions, it uses this literature to justify narrative understanding as a central component of MHL. From a bioethical perspective, MHL also includes normative reasoning capacities: the ability to identify morally relevant features of situations, justify decisions with reasons, and manage competing values in a principled manner (Beauchamp & Childress, 2019). Importantly, MHL does not equate ethics with compliance; it emphasizes ethics as judgment in practice.

From a sociocultural perspective, MHL includes social imagination: the ability to situate medicine within social structures, inequalities, and cultural meanings, thereby resisting reductive understandings of health and illness as purely individual phenomena (Daniels, 2008). This dimension aligns with the governance-oriented view that professional competence includes responsiveness to social contexts. Finally, MHL includes reflexive agency: the capacity to examine one's own assumptions, emotional responses, and identity commitments, thereby supporting integrity and resilience in morally complex environments. Recent work on hidden curriculum effects underscores how identity and values are shaped by institutional environments, making reflexive capacity a critical counterbalance (Parra Larrotta et al., 2025). These dimensions allow MHL to function as a foundational capability—a conceptual anchor for holistic formation.

### **1.3. The Problem of Fragmentation: Why Holism Often Fails Institutionally**

Even when institutions endorse “holistic education,” they commonly face structural dynamics that fragment formation goals. Three dynamics are especially salient. First, performance cultures increasingly emphasize measurable outputs and competency checklists. While competency-based medical education has generated valuable clarity about learning outcomes, it also risks over-representing what can be easily measured and under-representing interpretive and moral dimensions of competence (ten Cate, 2024). In such environments, humanistic formation may be rhetorically valued yet structurally marginalized. Second, professionalism can become detached from identity. Professionalism education is frequently framed as behavior regulation—what learners should do—rather than as identity formation—who learners are becoming. Recent systematic reviews suggest that professionalism interventions are diverse and outcomes vary, with sustainability and assessment remaining challenges (Sadeq et al., 2025). This points to the need for a more integrated theoretical framing. Third, the hidden curriculum often contradicts formal ideals. Research synthesizing hidden curriculum effects indicates that informal norms can shape professional identity and ethical attitudes powerfully, sometimes producing adverse effects even when formal curricula promote humanism (Parra Larrotta et al., 2025). Holistic formation therefore cannot be achieved through formal content alone; it requires an integrated model attentive to institutional ecology. These dynamics motivate the need for a holistic formation model that is not merely aspirational, but structurally aware and conceptually coherent.

#### **1.4. A Four-Layer Architecture for Holistic Formation Oriented to MHL**

This paper proposes a four-layer architecture through which medical humanities literacy can guide holistic formation:

(1) Normative Orientation Layer: Defines the ends of formation: what kind of physician is being cultivated, and which values organize the meaning of competence. This layer frames medicine as a moral practice and anchors MHL as an orienting capability.

(2) Epistemic Integration Layer: Specifies how scientific reasoning, clinical judgment, narrative understanding, and ethical reasoning relate within professional competence. This layer addresses fragmentation by conceptualizing competence as multilayered (ten Cate, 2024).

(3) Institutional Ecology Layer: Accounts for the influence of organizational culture, hidden curriculum, and socialization processes on identity and values (Parra Larrotta et al., 2025). This layer treats formation as an ecological process rather than merely an individual achievement.

(4) Developmental Evaluation Layer: Clarifies how growth in MHL and holistic formation can be recognized and assessed without reducing formation to narrow metrics. This layer draws conceptually on contemporary critiques of simplistic measurement cultures while maintaining evaluative rigor.

## **2. Normative Orientation and Epistemic Integration in a Medical Humanities Literacy–Oriented Holistic Formation Model**

### **2.1. Holistic Formation as a Normatively Oriented Process**

A defining feature of holistic formation is that it is irreducibly normative. To speak of “forming” a medical professional is not merely to describe the accumulation of skills or competencies, but to imply a direction of development—a conception of what kind of person the learner is becoming. Without a clear normative orientation, holistic education risks devolving into a loose aggregation of desirable traits lacking internal coherence. In medical education, normative orientation has often been implicit rather than explicit. Professional values such as compassion, responsibility, and respect for persons are widely endorsed, yet they are frequently treated as background ideals rather than as organizing principles of formation. As a result, these values may remain rhetorically powerful but structurally weak, especially in environments dominated by performance metrics and technical benchmarks.

A medical humanities literacy–oriented model addresses this problem by placing normative orientation at the core of holistic formation. In this model, the fundamental aim of medical education is not simply to produce technically proficient practitioners, but to cultivate professionals capable of ethically and interpretively responsible participation in medicine as a human practice. This orientation frames medicine as an activity intrinsically concerned with human meaning, moral judgment, and social responsibility, rather than as a purely instrumental enterprise. Medical humanities literacy provides the conceptual vocabulary through which this normative orientation can be articulated. It foregrounds questions such as: What does it mean to

act responsibly under clinical uncertainty? How should competing values be weighed in situations of moral conflict? What obligations do physicians have toward patients as persons embedded in social and cultural contexts? By anchoring holistic formation in such questions, MHL supplies a normative compass that guides the integration of diverse educational aims.

## **2.2. Medical Humanities Literacy as an Integrative Capability Structure**

A central claim of this paper is that medical humanities literacy should be understood not as a discrete domain of knowledge, but as an integrative capability structure. Unlike narrowly defined competencies, which can often be specified in behavioral terms, MHL operates across multiple dimensions of professional practice and cognition. This integrative structure can be analytically described through four interrelated dimensions:

(1) **Moral Reasoning and Ethical Judgment.** MHL includes the capacity to recognize ethically salient features of clinical and public health situations, articulate moral reasons, and justify decisions in the face of competing values. Importantly, this dimension emphasizes judgment rather than rule-following. Ethical competence, in this sense, involves practical wisdom—the ability to deliberate responsibly under conditions of uncertainty (Beauchamp & Childress, 2019).

(2) **Narrative and Interpretive Understanding.** Medicine is practiced in narrative contexts: patients present stories, clinicians interpret trajectories, and institutions frame experiences through dominant narratives. MHL entails the ability to interpret these narratives critically and empathetically, recognizing how illness disrupts identity, meaning, and social roles (Charon, 2006; Kleinman, 1988). This interpretive dimension enables clinicians to respond to patients as whole persons rather than as collections of symptoms.

(3) **Social Imagination and Contextual Awareness.** Holistic formation requires sensitivity to the social determinants of health, structural inequality, and cultural diversity. MHL supports this sensitivity by cultivating social imagination—the ability to situate individual clinical encounters within broader social and institutional contexts. This dimension aligns medical practice with commitments to justice and equity without reducing ethics to abstract principles (Daniels, 2008).

(4) **Reflexive Agency and Identity Work.** MHL encompasses reflexive capacity: the ability to examine one's own assumptions, emotional responses, and evolving professional identity. This dimension is especially important in light of research on the hidden curriculum, which demonstrates how institutional norms shape identity in ways that may conflict with formal values (Parra Larrotta et al., 2025). Reflexive agency enables learners to engage critically with these influences rather than internalizing them unexamined.

Taken together, these dimensions illustrate how MHL functions as a connective tissue linking ethical reasoning, narrative understanding, social awareness, and identity formation. It is this integrative quality that makes MHL particularly suitable as a foundation for holistic formation.

## **2.3. Epistemic Integration: Bridging Scientific Knowledge and Humanistic Understanding**

One of the persistent challenges in medical education is epistemic fragmentation. Scientific knowledge, clinical skills, ethics, and communication are often treated as parallel domains, each assessed and developed separately. While such differentiation has organizational advantages, it

can obscure the ways in which these forms of knowledge interact in real-world practice. An MHL-oriented holistic formation model addresses this challenge by emphasizing epistemic integration. Rather than positioning humanistic understanding as an adjunct to biomedical science, the model conceptualizes scientific reasoning and humanistic interpretation as mutually informing dimensions of competent practice. Contemporary scholarship on competence increasingly recognizes that professional expertise involves layered forms of knowing, including propositional knowledge (“knowing that”), procedural skill (“knowing how”), and practical judgment (“knowing when and why”) (ten Cate, 2024). Medical humanities literacy primarily supports this third layer by enabling clinicians to interpret scientific information within ethically and socially meaningful contexts. For example, evidence-based guidelines provide population-level knowledge, but their application to individual patients requires interpretive judgment that takes into account values, preferences, and life circumstances. MHL supplies the epistemic resources for such interpretation, ensuring that scientific knowledge is neither uncritically applied nor ethically detached.

#### **2.4. Normative Coherence and the Avoidance of Instrumentalization**

A further advantage of grounding holistic formation in MHL lies in its resistance to instrumentalization. In some educational frameworks, humanistic qualities are justified primarily in terms of their instrumental benefits—such as improved patient satisfaction or reduced burnout. While these outcomes are valuable, an exclusively instrumental rationale risks undermining the intrinsic ethical significance of humanistic formation. By contrast, an MHL-oriented model emphasizes normative coherence. Humanistic capacities are valued not only because they produce desirable outcomes, but because they are constitutive of good medical practice. This distinction is critical for sustaining the moral integrity of holistic formation, particularly in institutional contexts dominated by efficiency and performance metrics. Normative coherence also supports professional identity formation. When learners perceive that humanistic values are integral to what it means to be a good physician—rather than optional enhancements—they are more likely to integrate these values into their self-conception. Recent research on professional identity formation underscores the importance of such coherence between institutional values and learner experience (Reissner, 2024; Varpio, 2025).

#### **2.5 Holistic Formation as a Developmental, Not Additive, Process**

The MHL-oriented model conceptualizes holistic formation as a developmental process rather than an additive one. Humanistic literacy is not “added on” to technical competence at discrete moments; it evolves through continuous interaction with clinical experience, institutional culture, and personal reflection. This developmental view aligns with contemporary critiques of checklist-driven education, which caution against equating competence with the accumulation of discrete behaviors (ten Cate, 2024). Instead, holistic formation involves the gradual integration of knowledge, values, and identity over time. MHL provides a unifying framework for understanding this integration, allowing diverse learning experiences to contribute to a coherent developmental trajectory.



### **3. Institutional Ecology and Developmental Evaluation in MHL-Oriented Holistic Formation**

#### **3.1. Holistic Formation within an Institutional Ecology**

A central insight of contemporary medical education research is that professional formation does not occur in a pedagogical vacuum. Learners are shaped not only by formal curricula, but by a complex institutional ecology composed of organizational norms, evaluation regimes, professional hierarchies, and informal cultural expectations. Any holistic formation model that neglects this ecology risks remaining aspirational rather than effective.

An MHL-oriented holistic formation model explicitly situates formation within this institutional ecology. Rather than assuming that values, identity, and judgment can be transmitted through isolated educational experiences, the model recognizes that medical humanities literacy develops through sustained interaction with institutional environments. These environments communicate powerful messages—often implicitly—about what is valued, rewarded, and expected in medical practice.

Research on the hidden curriculum has consistently shown that learners internalize norms related to efficiency, emotional distance, and performance prioritization, sometimes in tension with formally articulated humanistic ideals (Hafferty, 1998; Parra Larrotta et al., 2025). An institutional ecology perspective therefore treats holistic formation as an emergent property of the system rather than a discrete educational outcome.

In this framework, medical humanities literacy functions as a critical interpretive resource. It enables learners to recognize, interpret, and critically engage with institutional norms rather than absorbing them unreflectively. Holistic formation is thus not only about internalizing values, but about developing the capacity to navigate and, where appropriate, resist institutional pressures that undermine ethical and humanistic commitments.

#### **3.2. The Hidden Curriculum as a Site of Moral and Identity Formation**

The hidden curriculum represents one of the most influential dimensions of institutional ecology. It encompasses the informal rules, tacit expectations, and cultural signals that shape professional identity and moral orientation. Empirical syntheses in recent years have emphasized that the hidden curriculum exerts cumulative effects on learners' sense of self, ethical sensitivity, and emotional stance toward patients (Parra Larrotta et al., 2025). Within an MHL-oriented model, the hidden curriculum is not treated merely as a problem to be eliminated. Instead, it is recognized as an inevitable feature of complex institutions. The key theoretical question becomes how learners are equipped to interpret and respond to it.

Medical humanities literacy supports this capacity through reflexive agency. By cultivating narrative understanding, ethical reasoning, and social imagination, MHL enables learners to identify tensions between formal ideals and lived institutional practices. This reflexivity allows learners to maintain normative orientation even when institutional signals are ambiguous or conflicting. From a theoretical standpoint, this reframes holistic formation as a dialogical process: learners are not passive recipients of institutional culture, but active interpreters who negotiate

meaning and identity over time. Such a conception aligns with contemporary views of professional identity formation as dynamic, contested, and socially situated (Reissner, 2024; Varpio, 2025).

### **3.3. Institutional Coherence and Value Alignment**

For holistic formation to be sustainable, there must be a degree of coherence between institutional values and formation goals. Fragmentation occurs when humanistic ideals are affirmed rhetorically but contradicted by evaluation systems, promotion criteria, or organizational incentives. An MHL-oriented model highlights the importance of value alignment across institutional layers. While this paper does not prescribe specific governance reforms, it emphasizes that holistic formation depends on whether institutional practices signal that humanistic literacy is integral to professional excellence rather than an optional supplement.

This emphasis reflects broader critiques of metric-driven cultures in higher education and healthcare, which caution that excessive reliance on quantifiable indicators can crowd out interpretive and moral dimensions of practice (Muller, 2018). In such environments, holistic formation risks being subordinated to performance optimization. By conceptualizing MHL as foundational rather than peripheral, the model provides a normative framework for evaluating institutional coherence. It enables scholars and policymakers to ask whether institutional ecologies support or undermine the development of ethically grounded, reflexive professionals.

### **3.4. Developmental Evaluation: Moving beyond Reductionist Metrics**

Evaluation poses one of the most challenging theoretical issues for holistic formation. Traditional assessment systems favor observable behaviors and standardized outcomes, which are poorly suited to capturing growth in moral reasoning, narrative competence, or reflexive agency. An MHL-oriented model therefore adopts a developmental conception of evaluation. Rather than seeking to measure humanistic literacy as a static attribute, it conceptualizes evaluation as the recognition of trajectories of growth over time. This approach aligns with recent critiques of reductionist assessment in competency-based medical education (ten Cate, 2024).

From a theoretical perspective, developmental evaluation focuses on patterns of reasoning, interpretive capacity, and identity coherence rather than isolated performances. It acknowledges that humanistic formation is non-linear, context-dependent, and deeply intertwined with experience. Importantly, developmental evaluation does not imply the absence of rigor. Instead, it requires conceptual clarity about what counts as evidence of growth. Such evidence may include consistency of ethical reasoning across contexts, increasing sophistication in narrative interpretation, or demonstrated capacity for reflexive self-assessment. These are theoretically articulable indicators, even if they resist simple quantification.

### **3.5. Research Implications: Studying Holistic Formation without Instrumental Reduction**

The MHL-oriented holistic formation model also carries implications for educational research. Studying holistic formation requires methodologies that respect complexity and avoid instrumental reduction. Overreliance on short-term outcome measures risks misrepresenting the nature of humanistic development. Recent methodological discussions emphasize the value of



longitudinal, mixed-method, and interpretive approaches for studying professional identity formation and moral development (Varpio, 2025). While this paper does not prescribe specific research designs, it underscores the importance of aligning research epistemology with the conceptual nature of holistic formation.

Medical humanities literacy provides a theoretical lens through which such research can be coherently organized. It offers a stable conceptual reference point that allows diverse forms of evidence—qualitative narratives, reflective accounts, and longitudinal patterns—to be interpreted within a unified framework.

### **3.6. Holistic Formation as Institutional Responsibility**

A final implication of the institutional ecology perspective is that holistic formation cannot be treated solely as an individual responsibility. While learners play an active role in their own development, institutions bear responsibility for creating environments that support or hinder such development. An MHL-oriented model reframes holistic formation as a shared institutional project. It emphasizes that cultivating ethically grounded, reflective physicians requires sustained attention to organizational culture, governance priorities, and evaluative logics. Medical humanities literacy thus functions not only as a learner attribute, but as a criterion for institutional self-assessment.

## **4. Conclusion and Theoretical Contributions**

### **4.1. Reframing Holistic Formation through Medical Humanities Literacy**

This paper has argued that calls for “holistic” or “whole-person” education in medicine require a clearer conceptual core if they are to move beyond aspirational rhetoric. In response, it has proposed medical humanities literacy (MHL) as a foundational capability around which a coherent model of holistic formation for medical students can be organized. Rather than treating medical humanities as an auxiliary domain or curricular supplement, the paper reconceptualizes MHL as an integrative orientation that structures moral reasoning, narrative understanding, social imagination, and reflexive agency. By framing holistic formation as a normatively oriented and developmentally integrated process, the model addresses a central weakness in existing discourse: the tendency to describe desirable outcomes without specifying the internal logic that binds them together. MHL provides such logic by grounding whole-person formation in the capacities required for ethically and interpretively responsible participation in medicine as a human practice.

### **4.2. Theoretical Contributions to Medical Education Scholarship**

This study contributes to medical education theory in several important ways.

First, it advances a capability-based rather than content-based understanding of medical humanities. By emphasizing literacy rather than exposure, the model shifts attention from what is taught to what kind of professional agency is being formed. This move aligns with contemporary critiques of checklist-driven competence frameworks and responds to calls for deeper integration of identity, judgment, and values in medical education theory (ten Cate, 2024).

Second, the paper offers a four-layer theoretical architecture—normative orientation, epistemic integration, institutional ecology, and developmental evaluation—that clarifies how holistic formation can be conceptualized without prescribing specific pedagogical methods. This architecture enables scholars to analyze formation at multiple levels simultaneously, avoiding reduction either to individual traits or to isolated institutional factors.

Third, by foregrounding institutional ecology and the hidden curriculum, the model integrates insights from professional identity formation research into a broader theory of holistic education. Rather than treating institutional culture as an external constraint, the paper positions it as a constitutive environment in which MHL develops through interpretation and reflexivity. This perspective contributes to ongoing debates about how values and identities are shaped in medical training environments (Varpio, 2025).

Fourth, the study provides a theoretically defensible account of evaluation that resists instrumental reduction. By conceptualizing evaluation as developmental recognition rather than metric extraction, it offers a framework for discussing assessment rigor without collapsing humanistic formation into narrow performance indicators. This contribution is particularly relevant in the context of ongoing tensions surrounding competency-based medical education and assessment cultures.

### **4.3. Relationship to Existing Frameworks**

The MHL-oriented holistic formation model does not reject existing educational paradigms such as competency-based medical education, professionalism frameworks, or virtues-based approaches. Instead, it seeks to reframe and integrate them within a broader normative architecture. Competency frameworks are retained as important tools for structuring learning expectations, but are situated within an epistemic hierarchy that recognizes judgment and interpretation as higher-order integrative capacities. Professionalism is reconceptualized not primarily as behavioral compliance, but as identity work sustained through moral reasoning and reflexive engagement. Virtue ethics contributes to the moral vocabulary of the model, but is complemented by narrative and sociocultural perspectives that account for institutional and contextual complexity. In this sense, the proposed model functions as a theoretical meta-framework rather than a competing doctrine. Its value lies in its capacity to organize diverse strands of medical education theory around a coherent conception of humanistic literacy.

### **4.4. Implications for Future Research**

As a theoretical study, this paper does not propose specific educational interventions or institutional reforms. However, it generates several important directions for future research.

First, empirical studies of medical education may benefit from using MHL as an analytic lens for examining professional formation across time and contexts. Longitudinal and mixed-method research designs are particularly well suited to exploring how narrative competence, moral reasoning, and reflexive agency co-develop within institutional ecologies.

Second, further theoretical work is needed to refine the conceptual boundaries and indicators of medical humanities literacy. While this paper has articulated core dimensions, ongoing

scholarship can deepen understanding of how these dimensions interact and evolve in different cultural and institutional settings.

Third, comparative research across national and institutional contexts may explore how different governance and evaluation regimes shape the conditions under which holistic formation is supported or constrained. Such work would contribute to a more globally informed theory of medical education modernization.

#### **4.5. Final Reflections**

The pressures facing contemporary medicine—technological acceleration, moral complexity, and social expectation—make whole-person formation not a luxury, but a necessity. Yet holistic education can only fulfill this role if it is grounded in a robust conceptual framework that clarifies what is being formed and why. By proposing medical humanities literacy as an organizing principle for holistic formation, this paper offers a theoretical foundation for rethinking medical education in humanistic terms without abandoning rigor, structure, or evaluative responsibility. In doing so, it affirms that the cultivation of ethically grounded, interpretively capable physicians remains central to the future of medicine as a human practice.

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