

The "Soft" Mistake: Reclaiming Essential Skills in Medicine.

El Error de lo "Blando": Reivindicando las Habilidades Esenciales en la Medicina.

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Editorial

Abstract. The term “soft skills” is inadequate in the context of medical education, as it minimizes essential competencies such as communication, empathy, and teamwork. It argues that this label has contributed to a false hierarchy where technical knowledge is considered superior, even though interpersonal skills are crucial for quality of care and patient safety. It maintains that medical practice cannot be divided into the technical and the human, as both dimensions are inseparable. Through examples, it shows how a lack of these competencies can lead to diagnostic errors, poor communication with the patient, and failures in teamwork. Finally, the text proposes replacing the term with others that better reflect its importance and complexity, and concludes that integrating these competencies into medical training is not optional, but rather an ethical and professional imperative.

Keywords: Medical education, Professional competence, Doctor-patient relationships, Communication, Empathy, Patient safety.

Resumen. El término “habilidades blandas” es inadecuado en el contexto de la educación médica, ya que minimiza competencias esenciales como la comunicación, la empatía o el trabajo en equipo. Argumenta que esta etiqueta ha contribuido a una falsa jerarquía donde el conocimiento técnico se considera superior, pese a que las habilidades relacionales son determinantes en la calidad asistencial y la seguridad del paciente. Se sostiene que la práctica médica no puede dividirse entre lo técnico y lo humano, ya que ambas dimensiones son inseparables. A través de ejemplos, se muestra cómo la falta de estas competencias puede conducir a errores diagnósticos, mala comunicación con el paciente y fallos en el trabajo en equipo. Finalmente, el texto propone sustituir el término por otros que reflejen mejor su importancia y complejidad, y concluye que integrar estas competencias en la formación médica no es opcional, sino una exigencia ética y profesional.

Palabras clave: Educación médica, Competencia profesional, Relaciones médico-paciente, Comunicación, Empatía, Seguridad del paciente.

Terminology matters. By labeling certain crucial competencies as “soft skills,” medical education has made a semantic error that has had profound practical consequences (1). The adjective “soft” implicitly suggests that such skills are secondary, easy to acquire, or worse, dispensable compared to the supposed hardness of technical knowledge. It is time to correct this distortion and recognize that these competencies are, in fact, the most difficult to master and those that define the quality of medical practice (2-3).

Contemporary medicine faces a paradox. We have never had such advanced technical knowledge, yet the disconnect with the patient is frequently denounced. The root of this

problem lies in the false dichotomy between technical expertise and interpersonal skills. A surgeon may master the technique of laparoscopy perfectly, but if they are unable to communicate an adverse prognosis with empathy, their technical intervention appears, in the patient's eyes, to be a human failure.

Among the skills mistakenly labeled as "soft," effective clinical communication stands out. It is not simply about having "good handwriting" or being friendly; it is the diagnostic tool par excellence. A poorly conducted medical history, due to a lack of active listening or the inability to establish rapport, can obscure key symptoms, leading to misdiagnoses and unnecessary tests (4).

Equally critical are emotional intelligence and empathy (5). In a high-stress environment such as a hospital, the ability to manage one's own emotions and understand those of others is not a luxury, but a safety factor. A professional who does not manage their frustration or fatigue (burnout) is more likely to make medical errors and to suffer stress-related illnesses themselves (6).

Likewise, teamwork and distributed leadership are "soft" skills that save lives (7). In an intensive care unit or an operating room, a rigid hierarchy can be dangerous. The ability to communicate assertively, listen to the nursing staff, and coordinate complex actions under pressure is essential. Here, "soft" skills become the structure that supports the "hard" skills of the technique.

Therefore, it is imperative to change the language. Calling them "soft skills" devalues them. In this sense, it is necessary not only to question the term, but also to propose more precise alternatives:

- Human or Humanistic Skills: they focus on the center of medicine, the human being.
- Relational or Interpersonal Skills: emphasize that medicine is, in essence, a relationship between people.
- High Impact Competencies: recognize that they are key to clinical outcomes and patient satisfaction.
- Hard Behavioral Skills: a provocative oxymoron that reminds us that changing behaviors and attitudes is much more difficult than memorizing a pharmacological table.

In conclusion, medical education must abandon its complacency with an isolated technical curriculum. Integrating these competencies is not a curricular embellishment, but an ethical responsibility. Let us stop teaching our students that there is something essential (technique) and something secondary (humanity). In real clinical practice, technique without humanity is incomplete, and humanity without technique is useless. We need professionals competent in both dimensions, and the first step is to start calling things by their proper names: these are not accessory skills, but the very core of medical practice.

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