

Medicine – a dysfunctional culture?

I trained as a doctor in New Zealand in the 1980s and practised medicine for 15 years. Four years ago, I hung up my stethoscope, and moved into an unrelated profession. I finished medicine, burnt out and disillusioned, and vowed never to return. Four years later, I am over the bitterness, and can reflect on some of my experiences.

Early in our training we learned that doctors had a higher instance of alcoholism, drug abuse, suicide, marriage break up and a lower life expectancy than the general population. In sharp contrast to other at risk groups, we were not offered any strategies to deal with these risks – it seemed that it was up to me. This was my first exposure to the damaging culture of medicine.

On ward rounds we were abused for errors, but seldom praised. Juniors hesitated to ask questions for fear of humiliation. There was a culture of cover-up. Once, as a trainee intern, I didn't know the WBC. Afterwards, the house surgeon told me *'You always say the WBC is 7.9. Usually, it will be normal, and you'll get away with it.'* I couldn't bring myself to lie, but totally understood why others did. In my Trainee Intern year, I believed that I was the biggest incompetent in the class. I was actually an A- student, doing reasonably well.

We were frequently given responsibilities beyond our capabilities. As TIs we were told we had the option to decline acting house surgeon roles. In practice, this was difficult if not impossible. As house surgeons, demarcation of the limits of responsibilities was vague, and brought into stark clarity only when things went wrong.

Learning clinical procedures was a hit and miss experience. We learned from harassed junior staff, with a 'see one, do one, teach one' philosophy. The quality of what was learned reflected this.

As a medical registrar, I suffered a year of severe anxiety depression. This went undiagnosed. I continued to practice in what I now recognise as an unsafe state. There was too much stigma attached to 'mental illness' for me to seek help. The resultant damage to my self-confidence coloured the remaining years of my medical practice.

The pervading culture taught us we could be infallible. I believed it was possible to avoid mistakes if I knew enough. I was wrong. I once failed to send a baby with an increasing renal mass to hospital. Why? I was too exhausted, to see past the easiest way to the end of the clinic. Fortunately, someone else picked up and nothing untoward happened

Some of these issues may have improved; I believe many still exist. Doctors shape much of medical culture and need to take responsibility for it.

We needed formal sessions to teach procedures. We needed to be able to ask questions without being humiliated. There is no advantage to a competent doctor believing that they are incompetent. Trial by exhaustion and humiliation is not the best way to learn.

It must be acknowledged that errors will occur, and systems need to be put in place to address this.

There is a problem of isolation among doctors. I believe all doctors need mentors. Systems are needed to deal with the stresses doctors are exposed to. Doctors need to feel safe seeking medical care.

Many bad things happened to me in my medical career. In fairness, there were also many positives. I left because it was not my passion in life, not because of the negative experiences. I believe that there are still some fundamental flaws in medicine that severely damage some very good, committed doctors who DO want to be part of the profession, and whom the profession can ill afford to abandon.

Name withheld by request

Dissatisfaction with medical practice

The profession of medicine has taken its members on a wild ride during the past century: a slow, glorious climb in well-being followed by a steep, stomach-churning fall. In the decades after World War II, sociologists portrayed American doctors as the lucky heirs to a golden age of medicine. They were surrounded by admiring assistants, loyal patients, and respectful colleagues and had full autonomy in their work, job security, and a luxurious income. This era was short-lived. By the 1980s, newspaper headlines proclaimed that many of the nation's "dispirited doctors" were considering bailing out of medicine, and subsequent observers have continued to describe a profession in retreat, plagued by bureaucracy, loss of autonomy, diminished prestige, and deep personal dissatisfaction.

The commentary from within the medical profession has been equally bleak. Anecdotes and an expanding body of empirical data suggest a widespread professional malaise. One disturbing metaphor has likened the prevailing emotional climate in medicine to the atmosphere surrounding a deathbed, arguing that doctors are mourning the passing of a beloved professional identity with the full cascade of denial, anger, bargaining, depression, and acceptance.'

Zuger A. Dissatisfaction with Medical Practice. *N Engl J Med* 2004; 350:69–75.