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Transforming the Medical Psyche

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As I walked to work early one morning during the summer of 2010, I knew it was going to be a memorable day. Earlier that week, I learned that I would be observing a group of surgeons perform an experimental procedure on a cadaver. I had just started a job as a research assistant at a city hospital and the thought of being up close and personal with a deceased human being for the first time stirred up my emotions and curiosities.

Before entering the cadaver lab, I engaged in some casual conversation with a couple surgical fellows. After learning that I was applying to medical school, one of them said, “you know it’s not too late to jump ship.” The other fellow chimed in, “Get out while you still can and go into investment banking.” They were mostly joking so I laughed it off, but their quips had reawakened some of the anxieties that had been recently circulating in my mind.

After all, this was not the first time a doctor had made an “avoid medicine” joke at my expense. During a summer of shadowing in between my junior and senior year of college, one surgeon saying goodbyes to everyone on the last day of his fellowship told me, “best of luck and don’t go into medicine!”

In addition, while gathering information off the web for medical school applications, I frequently came across blogs and message boards that made me cringe. On the website medschoolhell.com, a post entitled “101 Things You Wish You Knew Before Starting Medical School” read “1. If I had known what it was going to be like, I would never have done it” and “48. If there is anything at all that you’d rather do in life, do not go into medicine.”

Reflecting on my experiences in medicine thus far, I am beginning to question the necessity and appropriateness of the negativity that seems to be so pervasive in healthcare. Although there are many content physicians who are enthusiastic about their careers, I will argue that there is a general undercurrent of dissatisfaction and frustration in many hospitals and medical schools. While I recognize that negativity does in fact offer some utility, which I will explain shortly, I believe that we must become more mindful of it and more positive in the way we perceive our profession.

In his book Better, Dr. Atul Gawande, a general surgeon at Brigham and Women’s Hospital in Boston and a columnist for The New Yorker, writes, “Wherever doctors gather—in meeting rooms, in conference halls, in hospital cafeterias—the natural pull of conversation gravity is toward the litany of woes all around us. But resist it. It’s boring, it doesn’t solve anything, and it will get you down.” Gawande’s assertions remind us that while our instincts might lead us to complain and seek sympathy from each other, they have little constructive value and actually keep us feeling more sorry for ourselves in an almost downward spiral. In addition, the ‘litany of woes’ among doctors in hospi-
tals is just as prevalent for students in medical schools. Gaining a medical education is extremely costly (time and money included), challenging, and creates an abundance of items to complain about, but we must do our best to resist these negative feelings.

However, before I continue, I would like to point out that there are some instances in which negativity can be useful. When combined with humor, negativity can serve as a useful coping mechanism for the mental, physical and emotional stress that medical students and professionals experience. In laughing about one’s own situation, the sting of reality suddenly becomes less harsh and more manageable. In addition, eight months into medical school, I have realized that the decision to become a doctor is a serious one that should be carefully evaluated before making a firm commitment. In making my own decision, the infamy surrounding medical school and training really forced me to question my identity and motivations for entering the medical field. I had to make sure that my personal desire to provide care for patients, advance medical science, and truly make a difference would significantly outweigh any challenges that I would potentially face. Quite honestly, I think if I were any less committed or passionate, I would have probably opted to pursue a different career.

In light of these reasons, I am not arguing that we should completely eradicate any negative feelings we have. This would be undoubtedly counterproductive, robotic and impossible. I am merely advocating a moderate shift of focus. Envisioning the future, I can see two paths. The negative one would be to go through the whole process bitterly complaining about the multitude of problems that you experience as you advance through each new stage and always feeling sorry for yourself. In contrast, the positive one would be to put your energy into pursuing what you find most meaningful and enjoyable and to avoid worrying about the inevitable problems that will arise. As the current situation demonstrates, the negative mode of thought is dominating and we must make a conscious effort to inch towards a more positive one. This is essential not just for our own peace of mind, but also for our potential to provide better care for our patients.

We are currently in a critical period in modern healthcare with many complex issues to solve. By many estimations, the medical field will, for better or for worse, go through massive and unforeseeable transformations in our lifetimes. So it is up to us as individuals, regardless of what happens, to start changing the way we deal with our problems and perhaps transform the medical psyche. At the end of the day, a simple shift in attitude might have an impact more profound in caring for our future patients than any groundbreaking medical discovery.

REFERENCES
