

THE *UN*-HEALTHY CULTURE IN MEDICINE

“When doctors become patients, they can become patients without a doctor.”

Culture may be defined as a common set of shared attitudes, values, goals and practices which characterise a group. Our profession certainly has its own set of behaviours and beliefs which have origins within the historical ‘guilds’ and oaths or may be more contemporarily defined within our professional codes of conduct.

The medical profession has a commitment to adhere to an extended apprenticeship and life-long learning, whilst displaying high standards of behaviour over years of self-sacrifice and public service. This gives us a strong professional identity and permission to act independently and decisively in urgent and difficult situations in the best interests of our patients.

Strong cultural ‘norms’ may also grant permission for doctors and students to behave in unprofessional ways, because “it is what we do around here”. There are a number of shared attitudes and beliefs which are particularly *unhelpful* to the health of our profession. They have a mythical basis as they reflect tales of heroic individualism. Consider the following list.

Myth no 1. “*The right stuff*”

The culture of medicine encourages collegiality *and* competitiveness. Medical school years are a hybrid of social inclusiveness and academic competition but which can sit uncomfortably when friends compete with each other for limited training places.

The American astronaut programme fostered a highly competitive selection process in which pilots competed for the top few places and only those who succeeded were acknowledged as having the mythical “right stuff”. Evidence of one small mistake in a highly ranked applicant was sufficient to exclude them from selection and acceptance by their ‘elite’ peer group.

We can regard struggling colleagues in a similar way. It may be uncomfortable associating with someone who just “doesn’t have what it takes” or appears to be performing sub-optimally. Whilst it evokes empathy, taking responsibility to act on the warning signs in a troubled colleague is not easy. It requires personal time, a referral pathway and possibly mandatory reporting. It is easy to see why we can be dismissive and even ego-defensive. I am sure you have attended funerals where the words “I didn’t see that coming” are often heard.

Myth no 2. “*Illness is weakness*”

The public and our regulators hold a common view of doctors that we are well-resourced, knowledgeable, well-connected and quite capable of looking after our own health. Research informs us that the reality is quite different. Doctors identify suboptimal treatment as patients in the health system, multiple barriers to seeing another doctor and the inclusion of excessive social content within consultations at the expense of professionalism as barriers to achieving satisfactory health care.

The finger can quickly point to the unwell doctor to suggest that weakness of resolve or lack of insight may have contributed to their present condition. It is more likely that the doctor has initially

managed the problem alone and then found it too embarrassing or difficult to access an independent doctor prior to the point of illness. When an appointment is finally made, doctors frequently describe the mutual discomfort within the doctor-doctor consultation.

Myth no 3. *“The harder I work, the more I will be loved and respected”*

We know that a proportion of doctors who enter the profession have a low self-esteem and a self-sacrificing attitude and quickly adopt a hard work ethic. Medicine can quickly take priority of place and upset the balanced mix of medical and non-medical pursuits.

When medicine becomes all consuming, it can displace time for non-medical friendships, relaxation, exercise and our families who gradually learn to live without us. The arrival home of the dedicated (but estranged) doctor can be met with weary indifference or even criticism. Working harder offers a way to show the extent of dedicated service to others and regain the respect and appreciation of family. It usually fails. The doctor spends more time where (s) he feels valued –the consulting room.

Myth no 4 . *“I can treat myself”*

There are widespread and disparate views regarding the entitlement to and wisdom of treating oneself (and one’s family). Justification includes how intimately doctors know themselves; how a lack of trust in the skill and professionalism of other doctors is an issue; how convenient and safe it can be to treat one’s own acute and chronic illness and the lack of time to attend other doctors and practitioners, only to endure ‘the waiting room experience’.

Self-treatment is endemic and culturally ‘permissible’, despite advice to the contrary from our professional colleges and medical Boards. The availability of knowledge and medications in the workplace poses an important OH&S issue for the profession to acknowledge and address.

Consider the current reality - a proportion of doctors self-treating for depression and whether or not this is risk-ridden and an acceptable cultural norm.

The appropriateness of treating our families, with all the risks of family fragmentation over a poor clinical outcome, is another example with the culture of medicine giving us permission to do so.

Self-treatment denies doctors the benefits of an accurate medical record, access to another doctor’s more appropriate referral networks and independent advocacy in the health system, which are not acknowledged frequently enough as some of the real benefits of having a good GP.

Myth no 5. *“Doctors don’t get sick”*

I will conclude with this interesting exercise. Write down your complete medical history on a sheet of paper. Include everything, in particular your age, sex, past history and complete family history. Now add risk assessments for cardiovascular disease and cancer and list your lifestyle and exercise habits and diet, hobbies and interests. List all of your age- appropriate screening tests and whether you are up to date. Doctors love a case-study to analyse..... if you don’t identify at least one important risk when you look at your own history, you probably need an independent doctor to give you an unbiased opinion! We are clever people who practise medicine, but people first.

The next article will examine the health behaviour of doctors.