A taste of our own medicine

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“First we shall look at the ways in which medical students are chosen and see how this has certain consequences, some of them malevolent. Then we shall follow the emergent doctor through his several metamorphoses until he spreads his rather crumpled wings into the bright light of professional life, after which we shall watch the various predators, external and internal, pick him off,” wrote Dr J. Ellard, a psychiatrist, fifty years ago in the *Medical Journal of Australia*. He continued, “We shall be concerned not merely with the manner of his exitus, but also with his defences, the principal one of which is camouflage” (Ellard, 1974). Fifty years later, medical students and junior doctors still face many insults to their health and wellbeing. That would be unsurprising, given the increasingly demanding nature of our work, long hours, subjective lack of control, and, our often obsessive and committed personalities (Markwell and Wainer, 2009, Riley, 2004). Additionally, with the post-pandemic inflationary environment we find ourselves in, financial pressures are a significant cause of ongoing stress for medical students and junior doctors of the current era (Pisaniello et al., 2019).

In a profession as ancient and recognisable as medicine, one may ironically wonder how we could allow the deterioration of the health and wellbeing of the very people tasked with improving those of others. An Australian study led by the Black Dog Institute examined data from more than 12,250 doctors and found that more than 25% of junior doctors were working unsafe hours, and that this doubled their risk of developing mental health problems and suicidal ideation (Petrie et al., 2020). Undoubtably, working long hours is not a new phenomenon in the medical profession, as Professor Samuel Harvey, Chief Psychiatrist at the Black Dog Institute, states “long working hours have been par for the course in the culture of medical training for decades, and we’re now starting to understand the human cost behind these excessive workloads.” Despite this, it would be fair to assume that all doctors inherently want to be healthy, however, majority neglect this desire in the pursuit of ‘earning their stripes,’ just as their teachers and mentors did before them. So, is the real question whether we can create healthier doctors, or, whether we can create a

better system which abandons centuries-long norms to produce a healthier workplace?

“There is general agreement in the medical literature that some degree of obsessionality of personality is extremely common in doctors,” wrote Dr G.J. Riley, a psychiatrist, in the *Medical Journal of Australia*. He continued “this quality combined with high intelligence, generally results in conscientiousness and commitment. However, in doctors, it is also a source of vulnerability. An excessive obsessional trait results in dysfunctional perfectionism, inflexibility, overcommitment … and an inability to relax” (Riley, 2004). The temperament and drive of a doctor is somewhat universal, however, is this a natural phenomenon, a formed one throughout medical school, or a selected one through medical school admission processes (Campbell et al., 1974)? The decades-long observed obsessionality of medical students and junior doctors may contribute to poor health outcomes by fostering a culture of being overly career-focused in an industry with often unpredictable, high-stake situations (Hamilton and Schweitzer, 2000, Lawrence, 1996, Rucinski and Cybulska, 1985). Undoubtably, being a caring and compassionate clinician is critical in building a trusting patient rapport, however, too much may tip the scale towards self-damage. So therefore, is it possible to screen for less obsessive individuals to become doctors, and, is a degree of disconnectedness a useful defence mechanism as a doctor? When considering overly self-preserving doctors, a counterpoise is that these individuals may lack compassion and empathy, which in turn, may lead to poorer clinical outcomes and unhealthier patients.

Despite the long-standing challenges, there have been glimpses of hope in Australia’s recent history to improve the lives of medical students and junior doctors. One such example occurred in 1974, when Whitlam’s Labor government introduced a bold, radical policy to abolish university fees and make tertiary education free (Firth and Clark, 2022, Rainford, 2014, Ryan, 1999). The financial implications of five to eight years of tertiary education make becoming a doctor narrowly achievable for many individuals, especially those from lower socioeconomic backgrounds (Pisaniello et al., 2019). Financial barriers add significant stress during medical school and early postgraduate years, all the while trying to juggle other important life milestones like marriage, family planning and buying a home. The introduction of Whitlam’s free

tertiary education policy swiftly eradicated a significant cause of stress for all university students, but was abolished fifteen years later in 1989 under Hawke's Labor government with the introduction of the Higher Education Contribution Scheme (Chapman, 1988, Jackson, 2002, Marks, 2009). The re-introduction of university fees has, unfortunately, added an avoidable layer of financial stress to medical students and junior doctors today. One strategy to improve these circumstances is to financially assist them during these years, perhaps by sponsoring their tuition fees or providing a Commonwealth stipend, similar to that received by PhD students.

As a profession, there have been several strategies implemented to improve the health and wellbeing of medical students and doctors, with varying degrees of success. Australian medical schools have incorporate self-care and stress management learning into their curricula, and these have also been adopted by continuing professional development programs (Kemp et al., 2019). The concept of all doctors having their own GP has been strongly endorsed in recent years and shorter working hours, better conditions and leave entitlements have, in general, been introduced into awards (Degen et al., 2014, Lennon et al., 2019, Milner et al., 2017, Mitchell and Coatsworth, 2021). These mechanisms have all been aimed at prevention of physical and mental health problems, however, less inroads have been made for the treatment of these conditions when they arise (Lele et al., 2023).

To effectively treat these issues, there needs to be a systematic approach which recognises and predicts issues before they occur, identifies the early signs of distress and has various mechanisms for self-reporting at early stages. Early-recognition will aid in treatment and remediation, and allow for a faster recovery. Many medical students and junior doctors avoid discussion of their health problems for fear of repercussions on their careers. Subsequently, doctors should be connected with a network of colleagues and allocated time to discuss their own health in confidence. One major inroad in improving the health of doctors was the creation of the Doctors' Health Advisory Service in 1982, which is an independent, confidential service for doctors and medical students to discuss any issues that they are encountering (Reid, 2005). While this service does not replace the need for in-person treatment options and systemic changes to improve working conditions, it is a step in the right direction in improving access for those seeking help and advice. Other suggestions include

assigning an external health professional to each medical student/training doctor to provide confidential assistance and guidance, allocating rostered time for self-care, monitoring work hours to prevent excessive overtime, structured self-care programs at hospitals like meditation, and keeping a logbook which is periodically monitored to detect early signs of distress.

Medical students and doctors continue to report unacceptable study and work conditions. While there have been substantial inroads made in the prevention of work-related mental and physical health issues, there is significant room for improvement in the development of programs and guidelines to treat these conditions once they are already established. A career in medicine should be a rewarding and fulfilling endeavour at any stage, and with the proposed changes, we can reverse the damaging outcomes of our profession.

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