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Do You Want Johnny to Inherit Your Black Bag?

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The numbers of young women and men seeking admission to medical school today are overwhelming. Behavioral scientists are mystified as to the reason. Some feel our society is still riding a reverse crest brought on by the brutalities of Vietnam, i.e., that the insanity of napalm and "body counts" unconsciously turned an entire generation of students toward the healing arts. Others with more cynical views of human nature see medically oriented youth as essentially security conscious. Job obsolescence will never apply to them for, like death and taxes, the sick will be with us forever. Still others explain the trend as a drive for status, indicating our society is unique in deifying its healers.

Whatever the reason, medical schools are overwhelmed with applicants. Private medical schools which charge \$15,000 per year for tuition are still inundated by thousands of applicants. Rejection no longer is indicative of unfitness for medicine. Admission committees, in rejecting almost three out of every four applicants, readily acknowledge they are turning away thousands who would make excellent

physicians. There are thousands of American students in foreign medical schools and HEW wants to deny federal monies to those schools which will not admit a certain percentage of them for their third and fourth years. Moreover, many foreign physicians, especially from Asia, come to our shores every year, driven by the bureaucracy, low status and salaries of medicine in socialized countries. We are the most "over-lawyered" society in the West; if present trends continue we may become the most "over-physicianed" country as well.

But beyond all this, are there sound reasons to resist the flood tide of medical careerism, especially for those of you who see the field from the "inside"? "Do you want Johnny to inherit your black bag?" As one who has a daughter and son-in-law in medical school and who teaches an undergraduate course in biomedical ethics, I would like to offer the following reflections on what the "making of a physician" might do to a young person.

I. Professionalism and the Humane: Medicine, along with law and theology, has always been one of the classical professions. To be a "professional" up until recently meant that one was well educated, served human need, had unambiguous standards, and was personally committed to duty and the right. Members were in a serving and open class rather than within a rigid caste. Now everyone claims the title of "professional"—football players, insurance agents, car dealers and politicians. Duty and lack of interest have been sullied by greed and opportunism. Now one does well by doing good.

If the sin of the 19th century professional was *noblesse oblige*, that of his 20th century counterpart is to make the rest of us sometimes feel like dirt. The relationship of the lay person to the professional is nicely symbolized by the naked patient waiting in the examining room for his white-coated doctor to appear. To the professional, the lay person is defined by what he doesn't know or can't do — by his inadequacies. Condescension comes easily to the professional. The license to practice sometimes seems to include a permit to be rude.

Medicine has masked or reduced humane sensitivities of its practitioners in the last few decades. Everyone, it seems, has a favorite "doctor story" of arrogance, insensitivity, incompetence or uncaring. Physicians occasionally need reminding that, like everyone else, they are amateurs at many things, especially ordinary decency. This being the case, one might seriously ask whether one would want a daughter or son to enter a profession that might endanger condescension and increase emotional isolation from the laity so as to reduce human sympathy.

II. Medicine and the Renaissance Ideal: The pre-World War II physician was more of a Renaissance Man than his counterpart today. A

limited medical armamentarium allowed for a more holistic approach in practice and in life. Before the 1940's, most physicians were analogous to the clergy who performed important rites of passage such as birth (baptism), adolescent inoculations (confirmations), athletic physicals (confession), sexual counseling (marriage) and were present at death (last rites), perhaps more for "presence" than for cure. These contacts with persons and families at crucial moments in the cycle of life ensured deep personal attachments and a personally gratifying and meaningful practice. A more limited science of medicine forced the honing of the practitioner's art. And because one existentially knew the personal history as well as the medical, one could soothe, support, encourage and even cry with patients. Words had healing power because one's credibility was personal as well as medical.

Today the education of a physician is of a radically different mode. In 1977 the medical admissions test (MCAT) was revised and eliminated a test section on general knowledge. Previous to this, one-sixth of the test included questions of a liberal arts nature which tested the breadth of the candidate as *person*, not as aspiring professional. Thus, there were questions on Plato, Aquinas, Picasso, the Hebrew prophets, Freud, Marx, the French Revolution, etc., to test universal concerns and issues. Medical schools were free to weigh the results as they wished. Nonetheless, the test subtly influenced aspiring physicians to pay attention to renaissance as well as specialized issues. Sadly enough, the revised MCAT now focuses solely on biology, chemistry, physics and problem solving and, in my view, screens out significant numbers of intellectually aware and competent students. Their interest as undergraduates in philosophy, English, history and other non-"hard" science, in spite of the fact that they fulfilled the pre-med science track, may hinder their admission. Yet, their inclusion would diversify and enrich the profession.

Dr. Robin Cook, the ophthalmologist-author of the best seller, *Coma*, had to spend two years remedying his deficiencies before he could write his novel. "I realized I had taken all the wrong courses in college," he said. "I was a product of the missile-gap mania and believed, along with many of my friends, that you weren't a man unless you took science."

Cause of Psychological Wreckage

For many years as an undergraduate professor, I have observed the psychological wreckage wrought upon many engaged in pre-medical studies. It is not hard to discover the cause. From early high school years, those planning on medicine are high achievers who usually develop obsessive-compulsive tendencies. Some have a Puritan-hard conscience which leeches out enjoyment and spontaneity. And while

"time is not money," they believe Benjamin Franklin would agree with their update of his proverb: "Time is the stuff from which A's are made." Many do obeisance before the shrine of the holies, the almighty G.P.A., and feel guilty about time spent in sports, dating, dancing, reading a novel or having a walk in the woods. Nothing should take precedence before an A in chemistry, an extra-credit report in physics, or membership in science club. They have deferred pleasure for future well-being. They have had few failure experiences. They have been "hard" on themselves. Ten years later many will be "hard" on their patients and may wonder why their orders are not followed.

Many sensitive students change vocational goals not because of inability but because they do not like what they see happening to themselves. "I can make it," said a sophomore woman with a near A average who was pointing toward a chemistry major. "But the price is too high. Life is more than residence in a laboratory." It was not a case of sour grapes. Medicine lost a brilliant and deep person by being academically restrictive and emotionally exhausting.

All studies of the medical school experience reveal a serious drop in idealism. Whereas law students graduate as cynical as when they entered, research indicates that medical students enter with high and humanistic ideals, only to leave four years later more egocentric, materialistic, and provincial.

III. Medicine as a Priestly Calling: Much has been written about the close analogy between priest and physician and how, especially in the last few decades, the medical profession has taken on the trappings of the priesthood. As the priest lived "above" ordinary mortals through the cultivation of the virtues of poverty, chastity and obedience, so too has the modern physician endured a long, painful, and payless novitiate of study, selflessness, and the denial of leisure, the end of which was to "profess" before the shrine of Hippocrates. The abode of the priest, whether sanctuary or cloister, was forbidden the laity with no more rigidity than medical gown and mask, hospital and sterile places keep out all that is profane and unclean. Priestly Latin used to mystify and benumb religious supplicants with the same effectiveness that some practitioners of "medicalese" now render verbally impotent those foreign to their linguistic fraternity. The medical center may be as stupifying to 20th century man as was Chartres Cathedral to the 15th century French peasant. But instead of stained glass and incense, angels and devils in oak and marble, threats of purgatory and Palestrina melodies that "quickened the flesh," awed and benumbed, today's sanctified cathedrals of glass and steel produce a *mysterium tremendum* through order, efficiency, technology, drugs and CAT scanners.

Today our priests wear white or green rather than black. Confessional booths are empty yet millions still hunger for the sacrament of wholeness, forgiveness, understanding and support. Time was when all the professions shared in alleviating the psychic and physical ills of mankind. No more! Never has a society loaded a profession with such superhuman expectations, as ours has placed on medicine. With the loss of credibility of teachers, lawyers and clerics, our new priests in white are second in prestige only to our Supreme Court justices, if public opinion polls are to be believed.

My point is this: is it good for any person or profession, to either claim or accept an exalted view of itself? Perhaps your son or daughter would be happier in a vocation where public expectation is not so at odds with performance.

IV. Medicine as a Tragic Profession: I have many friends who are physicians. Life has been good to them for it seems that they have all — status, education, respect, affluence, security — for which so many others hunger. But upon closer examination it is apparent that many lack a fundamental ingredient of life — joy. They are making more money but enjoying life less. Is it because medicine is, at base, a tragic profession? If so, can your son or daughter who so aspires, cope with this fact?

With the birth of science, Western man had hoped to overcome the tragic in life. The Newtonian revolution and premise that nature was good, beautiful and orderly raised the question of why there was evil in the world. God receded into the background as science arose to present itself as the remedy. Who needed God when medicine held out the prospect of the eradication of pain, suffering, and perhaps, even death? As you well know, your patients have petitioned you for answers to life's problems for which medicine is of little or no help. Indeed, many human problems are only made worse (iatrogenesis is growing) by medical intervention. Unhappiness, alienation, anomie, meaninglessness, discontent, ill will, pride and loss of nerve are endemic to the human condition. We have mistakenly turned from our spouse and kith and kin, from sanctuary and nature, from neighbor and fraternity to find health and support in life. Creating happiness is beyond the ability of the physician. That is the duty of the self alone as it always has been since time began.

The denial of the tragic has produced many unhappy physicians in our society. The shamans and witch doctors had more support structures in their society than do our healers. We have sacralized an applied science, asking of its art and practitioners far more than it or they can deliver. Our naive optimism, with its heroic "can do" ethos has caused us to overlook limits, conflicting claims, disasters, errors and helplessness. Yet, medicine touches the tragic in being involved in

the most crucial rites of passage — birth, puberty, sex, disease, aging and death. Perhaps because it makes us conscious of the tragic, we have tried to use it as a means to deny the tragic. Medical “humor” is offensive and bizarre to those outside the fraternity, but to those daily surrounded by disease and death, it is a necessary means of keeping terror at bay and a semblance of emotional serenity.

Last year I listened to a medical student who was almost emotionally unhinged as he recounted his first contact with a dying patient. “She was screaming at me, ‘Doctor! Doctor! Doctor! Can’t you help me? . . . Save me, save me. Oh, please, I don’t want to die!’ ” He continued, “I was paralyzed with fear; I stammered and stuttered. I didn’t know what to do or say. At that moment I wished I was God and could have given her some magic potion to save her!”

I find well people are hard enough to deal with! Perhaps your son or daughter should detour around habitual contact with the tragic in life.

V. Medicine and Family Stability: The personal and social wreckage on medicine’s pathways is rather awesome. To be sure I know many physicians who are happily married and who are excellent spouses and parents. Nonetheless, statistics indicate high levels of suicide, drug addiction, alcoholism and family discord. Our society has traditionally felt sorry for the self-effacing life style under which a pastor’s spouse and children must live. Perhaps our concern is misplaced; it may be that the physician’s spouse is even more emotionally alone. And what must be the pressures that reverberate in the soul of the “doctor’s kid” who can only pull C+’s or B-’s, however hard he tries? The success and status story of a parent are sometimes poison to an adolescent seeking identity, understanding and support.

What doth it profit a surgeon if he can repair the hearts of his patients albeit he cannot repair the relationships of those most near and dear to him? It is especially ironic and poignantly sad that professional expertise is seldom transferable to the family arena to engender respect, truth, discipline, love and mutuality. To be a star in the clinic and yet to “strike out” at home increases depression and contributes to a poor self-image.

Physician Stereotypes

One of the causes of physician depression and family disintegration is the perpetuation of physician stereotypes. In our culture, doctors are supposed to be the “best and the brightest,” have all the answers, live lives of sacrificial devotion and not admit any weakness, doubt or lack of confidence. The Marlboro country cowboy and the medical center doctor have been our romantic heroes. To perpetuate the

myths of the former does no harm, for his era has gone but the physician is crushed in the gap between human finitude and super-human expectations.

A midwestern group of 32 physicians recently had five of their members on call over the Memorial Day weekend. Yet, all but one of the 27 who should have been renewing and deepening the relationship with spouses and children saw "their patients" at the clinic or hospital that weekend! Why? Lack of trust in one's colleagues? Compulsive behavior? An inability to accept "being" as well as "doing"? A vaunted sense of indispensability? Medical workaholism? All religions teach the necessity of a proper love of self, kith and kin, and, if one turns from the proper care and support to those nearest and dear to us out of a misguided sense of sacrificial heroism, one ultimately will become less sensitive and compassionate toward one's patients. Hippocrates wrote that "wherever the art of medicine is loved, there also is the love of humanity." Medical schools should do more to teach the creative balance in service to self, family, patients and the common good.

Growing public control of medicine and the erosion of the status of the physician may gradually increase family stability. Less professional autonomy will mean reduced opportunity to be falsely heroic. If state-mandated fee schedules, patient quotas, 40-hour weeks and more H.M.O.'s are the wave of the future, it will be increasingly difficult to avoid family obligation.

VI. Medicine and Restricted Social Vision: The length and intensity of medical training tends to produce individuals who are less expansive in their human concerns than law, ministry or education. The latter do not subject their trainees to a regimen of 70 to 110-hour weeks during a three to six year residency, nor are they self-enclosed in sterile cathedrals where ill supplicants must make pilgrimage to them. Human need draws priests to prisons, bars, homes, the streets, schools and hospitals and thus, they know the existential needs of persons and have less restricted social vision. When physicians made house calls, willy nilly, they came to know patient as person and discovered his life-style, economic, political and social philosophy. To be sure, the post World War II dogma, "The doctor can only see you at the office or hospital" has allowed for more expansive therapy, but at the cost of a more parochial practitioner.

Medicine draws those with strong egos. Its training reinforces "the buck stops here" mentality and leeches out feelings of insecurity, lack of decision and command. I suspect that this is the reason why one finds few physicians at workshops and symposia on drug abuse, alcoholism, community betterment, school development, etc., where they

are not on the program. For those who have been shaped by a West Point "trained for command" mode, collegiality, group process, the giving and sharing with those who are not one's peers comes hard. I have a feeling, without any data whatever, that physicians serve the common good outside of their vocation less than other professions. Time constraints, to be sure, make this understandable but social myopia and unreflected political conservatism are often the result.

All of the above has been written in a mood of a "lover's quarrel" with the profession. In spite of economic ease and professional competence, the numbers of insecure and cynical physicians are growing. When I asked a clinical professor of medicine what he would think about having a daughter in medicine, he replied with a sad smile: "It's a hell of a life for a woman." If for a woman, then also for a man? I wish the best for my daughter and son-in-law. Their choice and abilities may have resolved future economic worry. Have they increased the chances of other forms of unhappiness and alienation spoken of above? If they, like your children now in or considering medicine, can resist societal adulation, continue to deepen non-medical friendships, and resist the pressures to be consumed by all things medical, they can serve an honored profession and be happy. Certainly, to be aware of the problems outlined in this essay is the first step toward their resolution.

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