

Promises to change working culture of medicine still mostly lip service

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The new generation of doctors is demanding change in many aspects of the culture of medicine — from the hierarchical structure to problems related to work–life balance. Senior doctors have praised younger physicians for starting conversations on issues like parental leave, harassment and burnout. But some worry the culture isn’t changing fast enough to meet the expectations of millennial doctors.

Dr. Kaylynn Purdy, a neurology resident at the University of Alberta, says doctors of all ages now talk about the importance of work–life balance but not enough struc-

tural changes have been made to support it. “People in the profession do want to be more balanced, and we have residency contracts to support duty hours in training, but there’s still the pressure to stay late,” she says. “We don’t have enough coverage to not work extended hours.”

Similarly, Purdy says, the top–down nature of decision-making remains entrenched, despite many calls for more flattened leadership structures, which are more expected among millennials in all professions. “Those in medical leadership increasingly say, ‘We want to hear the opinions of residents,’ but at a lot of meet-

ings, there aren’t many young people in the room.”

Dr. Taryn Taylor is an obstetrician and gynecologist who studies fatigue in residency. Based on interviews with senior doctors for a forthcoming paper, she says older physicians acknowledge the hours they worked as trainees were unhealthy but nonetheless see them as necessary. “They would sometimes use the word ‘inhumane,’ but in the same breath they would acknowledge that experience as critical to the competent physicians they became.”

Even among residents there are differences of opinion on this topic, with some ascribing to the more traditional way of thinking (such as the notion that staying late is necessary for continuity of care) and others espousing more contemporary values (such as prioritizing rest as important for patient safety). Still, Taylor says, residents who conform to the existing culture “are going to be perceived as more committed and more dedicated, and opportunities will flow from there.”

In many ways, despite increasing lip service to the workplace desires of young doctors, the existing culture remains entrenched. But Dr. Heather Murray, an associate professor of emergency medicine at Queen’s University, is seeing major shifts in education that may foretell the influence doctors will have on the culture of medicine in years to come.

Today’s learners are more proactive about their education, Murray says. “In 1991, I couldn’t imagine saying to a professor, ‘I’m not learning anything on this rotation.’ But that kind of open feedback from students helped Queen’s restructure resident education. Last year, Queen’s rolled out its competency-based approach to better align learning needs with rotations.



Younger physicians are demanding better work–life balance in medicine.

“There is an appropriate empowerment of learners to speak out against educational structures that are not benefitting them.”

Murray says younger learners are more comfortable approaching their supervisors and also challenging them. A few years ago, Murray was speaking to residents about how to respond to racist or misogynistic patients, and afterward a student told her she didn’t have credibility, as a white woman, to talk about what visible minorities would experience. “He was totally correct,” Murray recalls, and the criticism led her to recruit doctors who are visible minorities to talk about their expe-

riences. “The next year when we did the session, it was so much better.”

Dr. Brian Wong, an internal medicine physician and associate professor in the Faculty of Medicine at the University of Toronto, is reluctant to point to cultural divides between younger and older doctors. “I think the culture would benefit from physicians of all ages looking out for one another and I’m starting to see this more and more,” he says.

Wong recognizes, however, that the expectations on young people are different than they were for past generations. Just 15 years ago, he could see a radiol-

ogy image only when physically at work. Now doctors can pull up images on their phones, compounding the “blurred lines” between work and personal lives.

As Murray sees it, doctors across the board are recognizing the “pressure cooker environment” of medicine, but young people are more willing to discuss it. “There’s a new generation of learners who have been saying: We’re worried about these issues; we’re anxious and stressed, and we want a workplace that makes us feel good.”

Wendy Glauser, Toronto, Ont.