

The yellow brick road of medical education

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In Brief

FROM THE TIME THE MEDICAL SCHOOL'S ACCEPTANCE LETTER IS OPENED, students eagerly set off on the yellow brick road in pursuit of the attributes of the good physician: intelligence, compassion and courage. The students already possess these traits, just as the Scarecrow, Tin Man and Lion did before they set out for Oz, but they may dissolve in education systems that still decree that the initiation to medicine involve tonnes of tutored words and consuming call schedules.

En bref

DÈS L'OUVERTURE DE LA LETTRE D'ACCEPTATION DE LA FACULTÉ DE MÉDECINE, les étudiants se lancent avec impatience sur la route de briques jaunes, à la recherche des qualités du bon médecin : intelligence, compassion et courage. Les étudiants possèdent déjà ces qualités, tout comme l'Épouvantail, le Bûcheron-en-fer-blanc et le Lion les possédaient avant d'entreprendre le voyage vers Oz, mais elles peuvent s'estomper dans des systèmes d'éducation où l'on croit encore que l'initiation à la médecine passe par des tonnes de cours magistraux et des horaires de garde écrasants.

When a medical school's acceptance letter sends a student soaring from the grey dare-I-dream-of-being-a-doctor world of premedical qualifying studies to somewhere over the rainbow, a foot is eagerly placed on the yellow brick road in pursuit of the attributes of the good physician: intelligence, heart and courage. But just like the Scarecrow, Tin Man and Lion before they first took the yellow brick road to the Emerald City, each medical student already possesses these traits and needs not ask for the beneficence of Oz.

Yet medical students face danger along their yellow brick road — not from the Wicked Witch, but from exam-induced memorization and call-schedule hazing still demanded by many education programs. Rather than bestowing intelligence, heart and courage, they may actually eliminate them. Let's consider the attributes of the physician through the mirror of Oz.

The Scarecrow

The Scarecrow, Dorothy's first companion on the yellow brick road, pleaded to make the pilgrimage to Oz for a brain to replace his straw stuffing. Although he prefaced each solution with "I'm not bright about doing things, but . . .", the tribulations on the road to Oz repeatedly proved his remarkable problem-solving ability. Yet it took a "Doctor of Thinkology" (ThD) degree granted by the "great and powerful Oz" to convince the Scarecrow of the intelligence he always possessed.

It should be obvious that all medical students have "brains" because their scholastic accomplishments allowed them to win the competitive medical school admission contest, but they still see miles of medical ink and tonnes of tutored words as the yellow bricks that will lead to accreditation of their intelligence and consummate in a medical degree. In fact, their wonderful brains risk being replaced by the straw of scientific facts that may turn medical students into T.S. Eliot's "hollow men . . . stuffed men, leaning together, headpiece filled with straw."



Features

Chroniques

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Educators must immunize each student's innate intellect against exam-induced memorization mould and other etiologies of brain-cell degeneration with fresh pedagogical prescriptions that empower students to use their brains in an independent, analytical fashion.

The Tin Man

Percussion of the Tin Man's chest tympanied a hollow resonance, an echo of the emptiness he felt within. Although the Tin Man believed he had no heart, it always glowed in the rust-endangering tears flowing from silver-surrounded eyes, pouring compassion to his comrades. Oz refers to the Tin Man as "a good-deed doer," an appropriate term for Pellegrino's "virtuous" physician.¹ When Oz awards the Tin Man a ticking-heart medallion, he grants a gift the "galvanized friend" already possessed.

The medical profession must attract students like the Tin Man — caring, compassionate and devoted to others. After medical schools have admitted and sequestered these students, we must acknowledge our great responsibility to prevent them from "losing empathy in training,"² and never allow it to evaporate "beneath the wheel"³ of marathon call schedules and examination threats. We must applaud our students' devotion to patients, each other and society, just as we applaud through high grades devotion to a textbook's facts.

The Cowardly Lion

The Cowardly Lion already possessed the courage that he journeyed to Oz to find. He bravely led the Tin Man and Scarecrow to rescue Dorothy from the Witch's castle, instinctively clambering up cliffs without regard for personal safety. When Oz awarded him a medal for valour, the Lion responded: "Ain't it the truth," announcing newfound confidence in the courage he always possessed.

Medical students lack self-confidence, yet it takes great courage to compel their reach within to conquer our curriculum and their fortitude in facing the failure of denied entrance, allowing them to whisper: "I want to be a doctor." They must maintain this courage if they are to practise good, not just safe medicine, and prescribe life-and-death therapeutic options. Yet for many, the

courage of independent thought falls victim to all-night study sessions, overwork on clinical rotations and external and internal criticism.

The yellow brick road

The price of medicine's initiation rite was told to me by a surgical intern who, after dreaming her whole life of becoming a physician, suffered the realization that 4 years of medical school had robbed her of the compassion she once possessed. In her 14th straight hour of work, while assisting in the incision on a woman with a malignant abdominal tumour, she was told that if the malignancy was widespread they would close immediately, but if the tumour was confined to the abdomen a 4-to-5 hour curative procedure would be attempted. As the scalpel scored the skin, the intern, once a compassionate first-year medical student, was horrified to find herself hoping the malignancy was widespread so she could go home to bed.

When told this story I felt a sickening sense of *déjà vu*. I probably had whispered the same damning hope more than once during my own training. The fact that the intern perceived the horror is encouraging: her compassion still exists, although it is temporarily buried beneath the burden of her medical education. My concern is greater for physicians who lack this insight, and whose compassion has been drained from their graduate world.

The current emphasis on cost-contained medicine also impels our medical students to compromise on their compassion. In one of my narrative bioethics seminars, a student retorted that given current time and fiscal restraints, the only way compassionate health care could be delivered is if nonphysicians (nurses, social workers and psychologists) do the counselling and establish the patient-provider relationship, while the physician confines "care" to physical examination, diagnosis and prescribing therapy. I responded that in a health care system where the registered nurse is the compassionate caregiver and the physician the technician, I would go to nursing school.

If we do not understand patients as well as we understand disease, we cannot deliver optimal therapy. We must encourage students to afford their patients the sensitive understanding required of a virtuous² and caring⁴ physician. We should support the efforts of our medical organi-

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zations to prevent governments and third-party insurers from condemning us to life sentences as suboptimal physicians.

I truly believe compassion and care, altruism and self-sacrifice exist in our students from day one of medical school. Trainees are made of soft clay that may harden until they are time-efficient slaves rather than physicians whose caring and compassion make helping others their only consideration. Medical trainees should not have to wonder whether it is “possible to be a doctor and a good person.”⁵

The challenge for Oz

Oz’s job was easy because the attributes he was asked to bestow were already inherent in his supplicants. The job of the medical school should be just as easy since the qualities of the good physician — intelligence, compassion and courage — should already exist in new students and need only our applause. If these qualities are not inherent, neither texts nor tutors nor the institution that is medical education will be able to bestow them. If our students don’t have these qualities, there is something wrong with the force that motivated them to pursue rigorous undergraduate and medical studies, and something wrong with our admissions process.

The danger the medical student faces comes not from the Wicked Witch but from exam-impelled memorization orientation and call-schedule hazing that, rather than bestowing brains, compassion and courage may declare their dissolve. We must respect the intelligence of medical students in expressing opinion rather than regurgitating facts. We must acknowledge that examinable facts will always exist in texts but compassionate spirit never will, and once lost it may never be recovered.

We must embrace the courage of each student who makes it to medical school. They should not need to wear ruby slippers or clutch Toto to their chest for security, for they have what it takes to be great physicians.

We must never let them lose their brains, their heart and their courage to pass medical school or specialty exams. We must always encourage them to use these gifts to be good physicians.

References

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