A call for community values in medical institutions*

A medical student poses some searching questions

Recently I've been thinking a lot about the issue of supporting junior medical officers in distress, and I can't help coming back to the thought that the lack of a sense of "community" in the workplace is an important contributor to the problem. In some ways, this is a vague and idealistic observation to make — let alone act upon — but it is strength of community that so strongly springs to mind when I consider the difference between institutions in which people are seen to flourish and those in which they are not.

Perhaps this problem is especially acute for the professional. It strikes me that a key value of community — interdependence — grates against some doctors' perceptions of themselves as exceptional, independent and self-determined. I think the competitive spirit of traditional medical education (both undergraduate and postgraduate) tends to engender a cautious, if not fearful, attitude towards one's behaviour in the medical system. In particular, I think many doctors fear being identified for their human weaknesses, their academic shortcomings, and their occasional (but inevitable) clinical failures. Our clinical teachers are often better at pointing these things out than giving advice on how to cope with them, and we have all, at some time, felt small beside the consultant who takes perfection in his stride. Clinical uncertainty and human fallibility are facts of life and, at any level, it takes a special effort to deny that this has a personal impact. Yet this is clearly happening when so many doctors fail to seek help despite experiencing deep personal distress. A renewed emphasis on the values of community and the institutions that enact them may prove protective against such maladaptive behaviour.

While this is probably a broader issue than the Council for Early Postgraduate Training in South Australia (CEPTSA) is likely to address, and although the huge scale of the healthcare system may work against our efforts, it still seems to me that we should encourage positive cultural changes in our hospital work environments. Big institutions can lack a sense of connectedness between the individuals that comprise them; this is unfortunate, as connectedness can produce a network of support that works between the lines of formal (often vertical) avenues of redress. The redress models we discussed recently were steps towards a better system for identifying and managing junior doctors in distress, but I wonder if it struck anyone else that one disadvantage of a system that attempts to maintain anonymity as its first priority is to reinforce the perception that to be *seen* to have a problem is the worst of all outcomes. Will it not, in other words, reinforce the underlying fear that perpetuates these problems?

As in medicine more generally, treatment has its place, but prevention is preferred. A broad intervention aimed at changing the culture in which problems arise ought to be implemented alongside more direct strategies for supporting our doctors.

Although they require further specification, I consider the proposition that we work on parallel cultural solutions practical and tenable. I was impressed, for instance, by the degree to which community spirit was fostered by administrators during my preclinical years at medical school. While recognising, once again, that the more widespread engineering of such initiatives may fall beyond the scope of CEPTSA, it may be something CEPTSA can contribute to in concert with other agencies such as the Australian Medical Students Association, the Australian Medical Association, other interest groups and hospital management.

These thoughts seemed rather too abstract to raise during the last meeting of our group, but I was prompted to write to you after a cynical friend (also a cynical psychiatrist) suggested I enjoy the last of my youthful idealism before it is eroded during my own years as a junior medical officer. I prefer to imagine that anyone who cares to stop and consider the environments in which they too have felt supported to work creatively and effectively will find themselves imagining an instance of something similar to what I've tried to outline above.

Brad Hayhow
Medical Student, Northern Territory Clinical School
Flinders University, Casuarina, NT
hayh0003@flinders.edu.au

* Adapted with permission from a letter written to Professor Geoffrey Dahlenburg, Chair of the Medical Board of South Australia's Working Party on Student and JMO Health and Well Being. ❑