

# Bullies of the hospital vs. medical students

Chan Mei Yen, 09 Jan 2017



*Some senior doctors aggressively quiz students on difficult medical questions and then make jokes about the student's inability to answer correctly.*

[A recent study](#) published in the Journal of the American Medical Association brought to light the astounding number of [medical students battling depression](#), raising huge concerns about the welfare of those undergoing medical training.

When discussing depression among medical students, blame is often assigned to workload, long hours, and the generally depressing environment students work in. But a significant culprit that even medical students avoid discussing is when authority figures act in abusive, condescending ways toward students.

## Abuse hidden behind closed doors

Upon entering the clinical environment, medical students often find themselves unwillingly becoming part of an [unspoken hierarchy](#) that has been a part of hospital cultures for generations.

Medicine has long been taught by treating juniors rather harshly, and while such teaching methods are frowned upon in most education systems, it is considered a norm in hospitals. Naturally, this is because a single mistake could mean someone's life.

Senior physicians often reflect the culture from which they were trained back to their students. "People treat people like they were treated," said Michael Green, a physician and professor of internal medicine at Penn State. "'This is how I did it and I'm OK, so I'm going to do it to you and you'll be OK.'"

Such teaching sessions would often include physicians aggressively quizzing students on difficult medical questions before proceeding to make condescending jokes about the student's inability to answer correctly. Sometimes hurtful comments regarding a student's gender, race or intelligence are made, although they are easily passed off as 'jokes'.

According to Abraar Karan, a master of public health candidate at the Harvard T.H. Chan School of Public Health, these issues are only brought up when it is safe to speak – in "small, quiet conversations that happen between students in the cafeteria over a meal and during late night phone calls after long days on the wards".

Both Dr Green and Dr Daniel George teach a 'Comics in Medicine' class at Penn State College of Medicine, and have written an article raising the concern that nearly half their class of medical students depicted their supervisors as foul-mouthed monsters in their comics.

## **Futile efforts to stop inappropriate behaviour**

However, a culture of hierarchy only serves to protect those dishing out hurtful comments. Students prefer to internalise emotional abuse as they would likely face professional repercussions if they filed a complaint.

Despite the efforts of some medical schools to maintain anonymity of complaints, often the specifics of a report have to be given to the physician to point out what they did wrong. However, with such details the physician can easily figure out which student filed it.

One of the biggest deterrents for filing a complaint is the possibility that students

could receive negative evaluations from their supervisors, or bad-mouth them to colleagues, which would [affect their chances of getting into a medical residency](#).

"The profession purportedly recognises the importance of health and wellness, but the value system of the current training environment makes clear to residents the unacceptability of staying home when ill, and of expressing vulnerability in the face of overwhelming emotional and physical demands," said Thomas Schwenk, dean of the University of Nevada Medical School.

## **Crucial to hold authority figures accountable for their behaviour**

Depression in medical students has future repercussions, as depression in residents has been linked to poor-quality patient care and increased medical errors, as noted by George and Green in their study.

"Doctors who train other doctors also need to practice what they preach. We don't teach in ways that encourage wellness and good mental health and coping mechanisms," said Schwenk.

"There has to be a message that this is not OK and there will be consequences for treating people badly," concluded Green. **MIMS**