

Virtual Mentor

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MEDICAL NARRATIVE

Reconnecting to the Moral Core of the Profession

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While leading a recent ethics discussion with pediatric resident physicians, one participant made the comment, “I don’t feel like I do anything for my patients. I am just a person who writes admission orders and notes. Where is the doctoring?” My heart sank. Do residents really feel this way? Do they not recognize their value? Who else is seeing that patient in the middle of the night, obtaining a history, doing a physical and inputting the orders to begin the medical care that is necessary to improve the patient’s health and well being? At teaching hospitals all over the United States, it is the residents who care for patients in the wee hours of the morning.

We discussed this as a group and I tried to impart an awareness of their value to their patients and society. Afterwards, I reflected on how I had felt as a resident. Do I feel this way as an attending physician? Do other physicians? And if so, why—what causes us to devalue our work? Is it the changes in the medical system, in culture, in society? Is it our patients’ impression of our role in their lives? Or is it our perception of our role? Could physicians’ low valuation of their role in patients’ well-being be the reason why we have low job satisfaction, a high burnout rate, and an increased risk of suicide?

Physician job satisfaction has come to the attention of the media as well as being documented in the medical literature. In the past, physicians were well-respected professionals with high levels of job satisfaction. Their jobs were challenging and stressful, but also intellectually stimulating and socially useful. Physicians have become progressively more dissatisfied with their careers; a recent poll of young physicians found that 40 percent would not choose medicine as a career if they could make that choice over again [1]. And an internet survey of 865 physicians found that 70 percent of those responding would not encourage their children to become doctors [2].

Why are physicians so dissatisfied with their careers? Many blame the ever-changing medical system. Today it is electronic medical records and the “Big Brother” feel of the federal government pushing accountable care organizations (ACOs). In the past, it was technological advancements that distanced us from the patient, managed-care organizations, and insurance companies, all of which seemed to limit independent and unbiased medical decision making. And let us not forget the pervasive fear of malpractice lawsuits in a culture that seems to promote the idea that physicians should be able to cure all disease and magically reverse death—at least that is what happens on popular TV medical shows.

What I think we fail to realize as a profession is that change is not only limited to the last 70 years. The practice of medicine is a dynamic one. In the distant past—and, in some societies, today—demons and witchcraft are blamed for illness. Shamans and herbalists are sought after to cure illness. Today, most graduating medical students recite a version of the Hippocratic Oath, which originally stated, “I will not cut for stone,” meaning they wouldn’t do surgery to remove stones in the body, a practice in the time of Hippocrates that led to much suffering. In modern medicine, we frequently do surgical interventions for gallstones or kidney stones—so this prohibition isn’t relevant anymore. If medicine is always changing, maybe it is not the changes themselves that cause physicians to become dissatisfied and disheartened; perhaps it is, rather, that physicians allow these changes to obscure their reasons for practicing medicine.

The purpose of medicine as defined by Aristotle is the healing of the patient [3]. Albeit simplistic, this has not changed. This does not mean only restoring a patient to his or her previous level of health, but also helping those who will not return to a healthy state maintain the best quality of life possible, with the least amount of pain, discomfort, and disability. No matter how the medical system changes, this purpose—the physician caring for the patient—does not.

Today, it seems that neither society nor physicians recognize this value. Some physicians think society and the medical system have failed them by not “support[ing] their inner sense of dedication” [4]. Others have failed to hold true to their purpose. The physician does not value the privilege of caring for the sick, and in response society does not make physicians feel valued. Only physicians can break this cycle; we must focus on the purpose of medicine.

Like many other physicians, I too have contemplated quitting medicine. After finishing my pediatric emergency medicine fellowship. I wanted to quit because of the stress and risk of malpractice. For about 7 years I struggled with this decision. I went back and forth working part-time to full-time, trying to balance my family life with my work life. I went back to school to obtain different degrees, trying to figure out a way to find happiness in my career. What was lacking was an appreciation of the purpose of medicine. Although I could not save the life of every patient, I did provide something of value for almost every patient. While emergency care is critical for patients with life-threatening emergencies, the provision of nonurgent care—the colicky infant, for example, that first-time parents could not calm at home—is just as valuable not only to them, but to me as a physician. In providing care and comfort in both the urgent and nonurgent cases, I have reconnected with the value of practicing medicine.

No matter how medicine changes, physicians who want to find satisfaction in their work must keep the purpose of their profession—to heal and comfort—alive in their minds and spirits.

References

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