

Students' health matters

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Summary

This is the last year of the BHMA David Cobbold essay competition for medical students which has awarded £250 annually for the best student essay. Here we print an edited version of this year's winning entry. The runner up, Daniel Kelly, will be published in a future issue.

For a full version with references please visit www.bhma.org

Healthy medical students are likely to become healthy doctors who can then model and promote healthy lifestyles with their patients.

Dr Thomas M. Wolf

Harking back to the days of Hippocrates, medicine has long been regarded as a gratifying and honourable career. Healthcare students, as a whole, start their education with a sense of commitment, enthusiasm and the noblest of beneficent intentions.

Medical students enter the above process; the emergent doctor is expected to be humanistic, caring and dedicated to their patients. However, the pursuit of a medical career can exact a heavy toll on the student's health and well-being, since there is a great emphasis on technical excellence and amassing information with little regard for students' social and emotional development. Despite starting off filled with idealism and optimism, there is often a noticeable shift to a more cynical and hedonistic orientation during medical school.

Increasing attention has been devoted to the problems affecting the medical population with somewhat startling statistics that describe increased rates of drug and alcohol abuse, depression, deleterious effects of sleep deprivation, medical student abuse and suicide. These statistics are particularly worrisome because they represent those individuals entrusted with our collective well-being. Altogether, if a future physician's potential is reduced or destroyed by these factors, the results will inevitably be impaired healthcare delivery. Thus, it is imperative that those charged with directing medical students' education as well as students themselves assume responsibility for their physical, mental and spiritual wellbeing. This short

essay will provide an overview of the more pertinent issues in student well-being, elucidate sequelae of its dysfunction and in a nod to the oft-recanted, 'Prevention is better than cure', discuss possible solutions.

Manifestations of impacted student wellbeing

Stress

While stress is 'normal' and universal, medical students experience substantial levels from the beginning of the training process. Stress is a common motivator, however not all students find stress constructive.

Depression

Separate studies have shown that medical students share similar mental health to their non-medical peers. Taking into account medical education's aim to produce graduates capable of promoting health, one might reasonably surmise that an apprenticeship in such a profession would be a period of personal growth and improved health. Disappointingly, evidence points to the contrary.

When tested against the General Health Questionnaire, which measures anxiety and depression, one third of first year British medical students were designated as being of poor mental health. Subsequent investigation on the same study population reported a doubling of students by the end of the first year suffering from quantifiably poor mental health.

Burnout

Burnout is best described as a syndrome of emotional exhaustion, depersonalisation and low personal accomplishment culminating in decreased efficiency at work. Studies report high rates of burnout among junior doctors, prompting speculation that the origins of this process lie in medical school.

Consequences

Academic performance

Stress and performance are inextricably linked. Examinations can be sources of intense stress and anxiety. Although these states may reciprocally affect grades, the degree of this influence may be subtle and dependent upon personality. Pre-medical academic attainment is correlated with academic performance during medical school, however rather surprisingly, psychosocial characteristics (such as anxiety, depression, neuroticism) are equally efficient at predicting written examination scores.

Cynicism

Medical school interview panellists often joke of a ringing in their ears, 'I want to help people'. However, as alluded to earlier, these benevolent intentions often give way to cynicism during medical school. Despite medical education's drive to promote empathy and humanism, these two traits show a marked decline during the process. Cynicism and loss of compassion appear to affect specialty choices, and can translate into an unwillingness to care for the chronically or terminally ill and elderly populations.

Dishonesty

The perceived integrity of doctors is commonly cited as a prime facilitator of productive patient-doctor communication.³⁰ Set against such a backdrop, widely described dishonesty amongst students as well as practicing physicians is even greater cause for concern. Students often blame their conduct on illness, workload and the perceived 'waste' of committing medical minutiae to memory outside of exams.

Substance abuse

Although the overall pattern of alcohol consumption is similar in medical students and age-matched peers, problematic or binge-drinking is common among the medical student population. Students commonly attribute this reckless behaviour to anxiety, stress and examination pressures. Lending credence to the proposed deleterious effects of medical training, 29% of medical students noted an increase in alcohol intake during the course. These are not recent phenomena, however; medical historian Stuart Garner writes that the heavy drinking culture in British medical schools dates back at least as far as World War I.

Suicide

Work has shown an increased rate of suicide amongst a Birmingham cohort. Although the prevalence of suicidal ideation has not been studied, an estimated 8 to 25 attempted suicides occur for each death, reflecting the concern that suicide statistics reflect but a fraction of the extent of severe psychiatric morbidity in medical schools.

Proposed solutions

Understanding the aetiology and manifestations of poor student health is of undeniable worth. However, pursuit of well-rounded humanistic physicians requires a more dynamic approach. Well-being should be differentiated

from the mere absence of distress; it is more aptly characterised by verifiably high attainment in multiple domains – physical health, mental health, emotional and spiritual health. By producing medical school graduates of this ilk, we can be confident that they are equipped to recognise distress of self, laying the foundations for resilient, professional careers.

Learning environment

Creating a 'nurturing' learning environment is an admirable goal. Mentoring programs between teachers and students, when implemented correctly, can have a profoundly beneficial influence on student well-being. Perhaps owing to the greater intimacy shared between medical students, student-led mentoring programs are possibly even more effective.

Clinical education is administered largely at the bedside, by house officers, registrars and consultants. Burnout and cynicism is rife among graduates which can adversely affect professional modelling. Thus, in order to achieve this 'nurturing' program, we need to focus on the source of clinical education: the same house officers, registrars and consultants. Faculty development programmes need to simultaneously address staff satisfaction and confront problem behaviour, which is all too often ignored.

Struggling students

Poor academic performance during medical school as well as maladaptive coping strategies place the emergent graduate at increased risk. Pastoral care programs can provide an individualised approach to struggling students' problems.

Stress management

Formal instruction in stress management has been shown to reduce psychological morbidity. Peer discussion groups can help students process conflict, develop empathy and unmask the realisation that their plight is not unique.

Health promotion

British undergraduate education is punctuated by Wednesday afternoons allocated to sport. This is helpful, although greater emphasis must be placed on regular physical activity for medical students. Programs that promote this message as well as responsible sleeping patterns have noted benefits.

Summary

Medical school is a stressful period, culminating in the crescendo to finals. Many students experience significant levels of distress, which can impair academic performance, erode integrity and lead to substance abuse. Medical educators need to be able to recognise the manifestations, causes and consequences of student distress. Medical schools can then evaluate and develop informed strategies to promote well-being of the student body.

For as Dr Thomas Wolf recognised, healthy doctors benefit us all.