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## Guest Editorial

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# MD—No Substitute for Selfhood

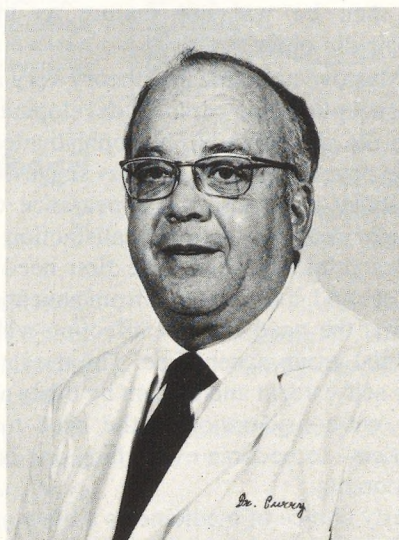
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Being a family physician can and should be a source of great personal happiness and satisfaction and professional usefulness to society. The personal price for being a family physician can be too great; the professional result can be poorer than it need be. I believe that changes in educational preparation and changes in attitude, including the ranking of personal and professional responsibilities, can improve personal satisfaction as well as professional performance.

As we look at the responsibilities of the physician to himself, to his family, to his community, and to his profession, I raise the question: Are his/her responsibilities fundamentally different from those of any other professional or the average citizen? If his responsibilities are different, then why?

I believe the responsibilities of the physician are similar to those of other persons in every walk in life. As physicians, we have a special responsibility in health affairs relating to our patients and to our community. The nature of the work we do, the role in which we cast ourselves, the role in which we encourage our patients and society to see us, creates a facade that is at once a joy and a curse. It is a joy because we hold a prestigious position and we are accorded respect automatically. Many privileges come to us because we are physicians. It is a curse because there is danger in really believing that we do often hold the lives of our patients in the palms of our hands.

No one else can meet the physician's responsibilities to himself. His wife has no other husband; his children have no other father. His community does have other highly educated and capable citizens, and for this reason his responsibilities there are not as heavy as those to self and family. Lastly, there are many other physicians. If one has omnipotent feelings he should reflect upon the rapidity with which patients find other medical services when a physician leaves the community or dies.



*Hiram B. Curry, M.D.*

I believe few physicians pause to ponder the life they live unless a personal, family, or professional crisis develops. In short, many of us live the unexamined life.

Each person, physician or plumber, must be responsible for his actions, his decisions, and his life. Whether the physician lives a life consistent with his beliefs is his choice. Whether he always places the patients' needs and wishes before his own is again his choice. He may not have pondered his options and made a choice. His life may be simply an extension of a pattern that was unconsciously adopted in his training and early practice years.

Simply stated, I believe a family physician's first responsibility is to himself. This statement is not intended to encourage egocentricity. Rather, if other responsibilities are to be met optimally, then responsibility to self must be met first.

The development of self is central to my thesis.

It is the self which relates to spouse, children, community, and patients. The more one can enrich his personal life, the more he is, then the more he is able to give to others, to meet the needs of his patients. If a physician is to mature, he must make time and take time to develop his potential and enrich his personal life. If the self is limited in its development, so will be all the relationships with it. If one does not invest time and effort in himself, then he will not mature as he gets chronologically older.

I find Maslow's scheme and theory very attractive for conceptualizing personal development and growth in the physician.<sup>1,2</sup> His sophisticated concept of the development of maturity suggests there is a hierarchy of needs, the appearance of one need usually rests on the prior satisfaction of another more primitive need. The first need is for food; the second is for freedom from pain and fear. The third is the need for love/affection which includes social group acceptance. The next need to emerge is self-esteem and esteem by other people. Last for our consideration is the need for self-actualization—to become everything one is capable of becoming.

The early choice of medicine as a lifework may put the physician at risk for less healthy personality development than others in society. To achieve a performance standard that allows him to compete successfully for admission to medical school may require curtailment of interest and participation in many outside and nonacademic interests.

Attempting to meet one or more personal needs through medicine may after many years dull and cancel out higher needs and further development in the person. One who remains hungry for years is likely to forget about the higher, less basic needs and may not seek these even when his hunger is at last satisfied. Might this have a corollary in medicine? Might one become unable to grow, unable to feel the need for love and for other higher needs when he has worked too hard too long in medicine, letting medicine meet his esteem and love needs?

The young physician, who surveys his education and past experiences and concludes that his medical development is ahead of his personal development, can do something about it. It is my opinion that he owes it to himself, his family, and his community to address the deficit. He can make an effort to become acquainted with himself, to

know and understand his yearnings, to own and accept his feelings. In the process of becoming self-actualized, he can experience a deeper meaning for his own life, more joy in living, and a deeper and richer relationship with his family and community. In turn, these experiences will enable him to relate to his patients better and thereby to become a more effective physician. This suggestion is not an easy one to carry out. One does not know that he has missed anything unless he makes a sincere effort to find out.

There is no end to personal growth and development. The very task of life is to negotiate, as successfully as possible, all of life's phases—to work at growth and development as expectantly and creatively as possible. At each stage of our lives there are new problems which require new insights, new knowledge, and deeper understanding, as depicted so movingly in Shakespeare's *Seven Ages of Man*.<sup>3</sup> A part of responsibility to self is continuation of our personality growth and development throughout our adulthood, even until the end of our lives. We are responsible for our own maturation. If we do not attend it, then aging will occur undirected. Without direction we will grow chronologically older—but not significantly wiser.

A high incidence of marital breakups, alcoholism, mental illness, and suicide among members of the medical profession suggests that physicians put too much effort into doctoring and too little into personal development. Many physicians suffer from "Success Depression" in their 40s. Typically, this syndrome is characterized by marital problems and depression related to a general inability to enjoy the fruits of years of intense hard work.

Herbert L. Klemme reminds us that "happiness in the later years depends in large measure upon the ability to see ourselves working toward something rather than deteriorating from something. To be happy we must persist in thinking of ourselves as being an unceasing process of *becoming*" (Klemme HL: *Crisis of the later years*, unpublished material, 1972).

#### References

1. Maslow AH: *Motivation and Personality*. New York, Harper and Row, 1954
2. Goble F: *The Third Force*. New York, Pocket Books, 1971
3. Shakespeare W: *As You Like It*, Act II, scene 7, lines 109-139