Family Practice Forum

The Physician as a Person

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Physicians, along with certain other professionals such as attorneys and the clergy, share the difficulty of remaining "real people." A "real person" is one who does not need the mask or role of his/her profession to relate to others. A physician is often thought of as being something other than human. It is difficult for many people to think of a physician as having a life apart from the role of his profession. Most of us feel that such total dependence on our profession is undesirable and that an effort should be made to emphasize becoming and remaining a "real person" in the fullest sense.

It is relevant to consider the personality types of those who enter the field of medicine. It is well known that medicine attracts competitive individuals. One author estimated that 50 percent of all medical students have an obsessive-compulsive component to their personalities.[1] In another report, 27 percent of the students in one medical school had consulted a psychiatrist. The psychiatric reports confirmed that most of the problems were brought to the school with the students and were not a direct result of the stress of medical school.[2] These are generalizations and their direct application to specific careers is questionable, but they do suggest that some emotional stress is common in medicine. This is often due to the personality types involved and their interactions with the field itself.

Presented here are five factors which may hinder our ability as physicians to relate to others in a true, human manner without hiding behind the mask of professionalism.[2]

First, we as physicians often develop the idea that special compensation is due us. After all, haven't we trained long years and don't we work long hours; shouldn't we receive special consideration? We even expect such favors from our spouses, families, and friends. How can our wives ask us to take the garbage out after a long day of stamping out disease? They must not realize the height of our calling! The implication is that the physician, being of higher quality than the bulk of humanity, deserves, but unfortunately does not often get, a certain amount of royal treatment. One trouble with such an attitude is that it leads to self-pity and, ultimately, to isolation.

The second factor is the development of a cold, clinical, strict, objective attitude. While this is, at times, appropriate in our practice, it may be disastrous in our personal relationships. When our

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best friend comes to us with a medical or nonmedical problem, expecting understanding, sympathy, and compassion, instead he may encounter a clinical, monotone response. Instead of a friend, he encounters a cold clinician. If we attempt to find the etiology of every problem the world may present, we may possibly impress our friend with our objective professionalism, but will fall short of showing him that another person has empathy and compassion for him. But empathy and compassion are absolutely necessary in our approach toward our friends, and even more so toward patients with whom we are establishing a new relationship. Since we have moved into a very sophisticated, highly skilled, and technical era of medicine, we have drifted away from the degree of patient-physician rapport needed. Our clinical, objective attitude should be well blended with our concern and compassion for the needs of each individual. We must all remember to leave the clinical, objective attitude to the role of the physician and not allow it to intrude upon the role of husband, father, or friend.

The third physician characteristic which will hinder our person-to-person approach is a result of the educational technique known as "debunking the myths." Many of us find we have been trained to doubt all things.[3] We often allow this technique to develop into a cynical attitude within us. This "debunking attitude" may even extend to doubting elements of a patient's complaint and the historical facts of his/her illness. We may finally doubt anything the patient says that we cannot prove. This breeds mistrust of the patient and a gulf grows in the patient-physician relationship. From the asking of healthy, intellectual questions, we may move toward pathological suspicion not only of medical hypotheses but also of other people and their relationships to us. Patients may seem less than human as we increasingly doubt their sincerity. Patients may then be perceived as "turkeys" and "gomers," not as people. It becomes, for example, easy to talk in a detached manner about patients with potentially terminal illnesses. Even though detaching the emotions from an issue may make it more comfortable to talk about, it should not lessen our involvement. Of course, this is a defense mechanism that all of us use to some extent, but overuse of our cynicism will lead to intellectual snobbery, another barrier to becoming a "real person."

The fourth factor concerns the subtle seduction that a physician may succumb to when others attribute to him special and often divine powers. Many patients may develop a love for their doctor and lavish much in the way of adoration on him.[4] Unfortunately, many physicians begin to believe that they are endowed with the special powers that patients would project. Such may deceive us into believing that we know all and can cure all. This may lead us, at the very least, into an area of defeat and depression when indeed we do fail, as at times we all do.

Finally, the fifth hinderance of the physician to being a "real person" is that the physician may fall into the trap of meeting all his/her needs for personal fulfillment through his role as a physician. The physician-patient relationship may take the place of spouse and family. The needs for love, communication, and friendship are met in an artificial situation rather than in real relationships with other individuals. This is not to say there is not an exchange of compassion in our professional relationships, but we should strive to form relationships that have their origin from our own individuality rather than from the professional role we play.

These five factors are supported by the fact that suicide among physicians is three times the national average, and divorce also is quite common.[5] These factors, if allowed to flourish, can separate us as physicians from the mainstream of humanity. This can lead to our hiding away in a comfortable catacomb of medical intellectualism, and can rob us of part of our fulfillment in life as a person with the same needs as any other human being. As physicians, we should strive for excellence in our professional lives and for equal excellence in becoming "real persons."

References

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