Success, professionalism, and the medical student

Richard B. Gunderman, MD, PhD

The author (ΑΩΑ, University of Chicago, 1992) is Professor of Radiology, Pediatrics, Medical Education, Philosophy, Liberal Arts, Philanthropy and In the Honors College at Indiana University. He is a councilor director on the Board of Directors of Alpha Omega Alpha and councilor of the chapter at Indiana University School of Medicine.

The second-year students were gathering in one of the medical school's amphitheater-style classrooms. Soon after the hour turned and the final student had taken a seat, a middle-aged father and his adolescent son entered through the front door. The boy sat in a wheelchair, and it was immediately apparent to everyone present that he was neurologically devastated. His posture was contorted, his head was tilted back and to one side, and his eyes stared blankly up toward the heavens, evidently registering nothing.

The father began to tell of a conversation with his wife the evening before. The boy's mother argued that they should not bring their son to the medical school again. He had been poked and prodded by each new crop of residents, interns, and medical students for more than a decade. The family had contributed far more than their share to the education of future physicians, and it was time to give their son a rest. He had been used as a pincushion long enough, she said, and it was time to let some other family shoulder the load.

The father disagreed. He argued that it was important for each year's group of young doctors to meet their son for themselves. The encounter would help them learn the signs of his disease. More importantly, they would hear firsthand what it had been like for his parents to know that something was wrong with him, yet to be told by the doctors that they could not make a specific diagnosis. These future physicians needed to hear what it is like to learn that your son has a relentlessly progressive, irreversible, and lethal neurologic disorder.

As the father related this story, it was clear that the conversation had proved a very emotional one. From time to time, he looked out at the students, hands outstretched, as though pleading with them to understand how trying it had been. He added more than once that he wanted the students to understand how seriously he and his wife took their education. As he spoke, particularly about their son's deterioration over recent years, he choked with emotion. The students seated in the front rows could see tears welling up in his eyes.

Throughout the father's story, one student in the second row sat rapt in attention, never averting his eyes. When the father winced, a hint of a grimace swept across his face. When the father sighed, you could see the student's shoulders fall ever so slightly. And when the father's voice faltered, the student's eyes welled up with tears. He was deeply immersed in the story, as though he were reliving their decade-long struggle right along with them.

In the first row sat another student. No more than five minutes into the class session, he opened up his lecture notes, pulled out his audio device, and donned his ear phones. Throughout the following minutes, he never once looked up at the father or paid any attention to what was being said.

What are we to make of the conduct of these two students? Which one will be a better physician? Which of the two would their fellow students regard with a greater admiration? And perhaps most importantly of all, which of these two future physicians would we most likely turn to if our own parent, spouse, or child needed medical care?

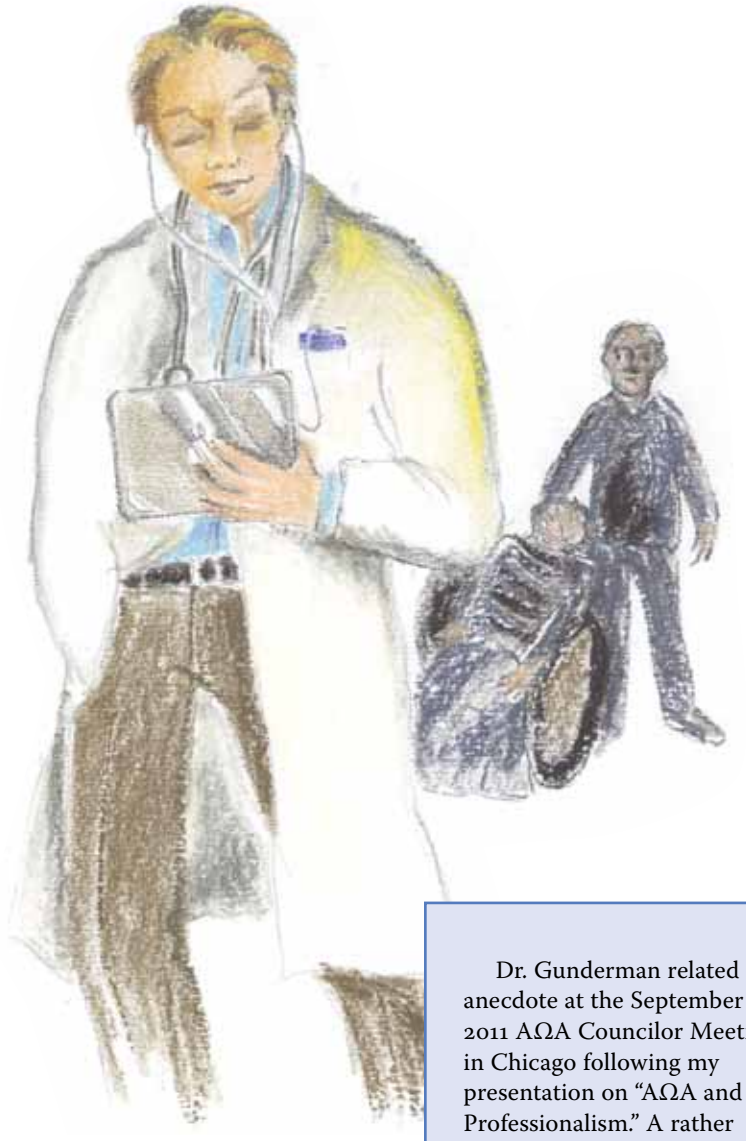
Excellence in medicine is not strictly a matter of what we know. You can be the most knowledgeable, technically skilled, widely published, extensively funded, and most successful physician in the room, but still leave a great deal to be desired as a doctor. Medicine is not simply a matter of what we know and what we can do. Medicine is also a matter of who we are. And who we are shines forth through every interaction with a patient. Patients need more from us than mere expertise.

What else do patients need? They need us to be genuinely curious about them and to take a sincere interest in their lives, not just with a view to arriving at a diagnosis or prescribing a therapy, but simply to share their experience. Everyone will get sick. Everyone will die, even the doctor. Medicine may turn the tide for a time, offering a reprieve of months, years, or even decades of life. But the end is always the same, and every human being, even a doctor, needs someone with whom to share it. There are times when our patients need us to be human beings first and experts second.

They need someone who sees them as more than a malfunctioning machine that needs repair. Sickness manifests itself in many ways, from pain to nausea to vertigo to loss of function. But this is no less true of our household pets than of human beings. What distinguishes human beings is the fact that suffering is a problem for us. We not only feel it, we also try to make sense of it, to understand it in the larger context of our lives, to find in it some meaning and purpose, insights into where we have been, where we are, and where we have yet to go.

To excel as physicians, we must do more than diagnose and treat our patients. We must also care about our patients. They need us to bring the best of our compassion, courage, and hope. Above all, they need us to be worthy of their trust. Trust is about more than avoiding breaches in confidentiality. It means carrying gently, like a newborn baby, the lives and the life stories entrusted to us. Patients and families share with us something fragile and deeply precious. Are we fit to receive it? Are we faithful stewards?

Of equal importance is how effectively we cultivate this sense of mission in the minds and hearts of our successors. Will future physicians set their hearts on conventional signs of success, such as prestige, authority, and income? Or will they think first of their patients, the human beings they have cared for, and the lives they have been privileged to



touch and become part of? What do we tell medical students about what matters most to us, and what do we show them through each patient encounter?

The student in the second row who never took his eyes off the father and son did well in school and garnered a fine position in a good primary care residency program. When I think about the kind of physician I would want to care for my parents, my wife, our children, or me, his is one of the faces that come to mind. He is not only a fine doctor but a real human being, someone who truly cares for his patients.

And the student in the front row? He is now completing his postgraduate training in one of the country's most competitive fields at one of the most prestigious programs. He earned the highest score on the exam, and then the highest grade in the course. In fact, he earned the highest grade on many of his exams, and graduated at the top of his class. A year and a half before graduation day, while still a junior, he was elected to membership in Alpha Omega Alpha Honor Medical Society.

Dr. Gunderman related this anecdote at the September 2011 AΩA Councilor Meeting in Chicago following my presentation on "AΩA and Professionalism." A rather shocked silence was followed by vigorous discussion about scholarship, professionalism, and the values AΩA should look for, and hopefully instill, in its members.

Looking back at the two students, I only hope that the second one, who became an AΩA member in his junior year, will read this and learn to care about his patients.

Richard L. Byyny, MD
Executive Director and Editor