

## Doctors: Arrogant or is there more to it?

*In June Marsha Snyder, an American psychiatrist joined our network. An added angle to psychiatry Marsha also works with other doctors to "reconnect them with that inner passion to serve others, increase self-knowledge, and develop a resilient lifestyle." The nub of her initial correspondent referred to the medical training in USA which tended to detach students from their initial compassion and desire to serve. Intrigued but not surprised by what Marsha had to say I wrote a rejoinder with the purpose of prompting Marsha to give us further insight to what I, a non medical person sometimes perceive as arrogance on the part of doctors, rightly or wrongly. There are many facets to this debate and each of us have opinions on this topic as we have been at the cold end of a stethoscope sometime in our life. Register and join our forum.*

**Marsha Snyder:** "I am a medical doctor in Pennsylvania, USA. Although my specialty is psychiatry, I have been actively involved in the Physician Health field since 1990, dealing primarily with depression and burnout. In 2002, I developed a severe illness which rendered me unable to walk. Over the next two years, as my condition worsened, I saw multiple doctors without a diagnosis. Although I finally did get to the right physician due to my own research, and am now stable and working full-time, this experience as a patient has greatly influenced my subsequent and ongoing practice.

I now provide interventions, conferences and teleconferences for physicians in career success and personal wellbeing based upon resilience and compassionate healing service to patients. Studies in the USA have shown that the overwhelming majority of first year medical students enter into a career in healthcare in order to help others in need. By the third year, however, this altruistic motivation is gone and students are detached from their core passion and purpose to serve. They feel increasing stress, detachment, and defensiveness. Without intervention, this only gets worse as their career progresses.

In my conferences and interventions with physicians, I help them reconnect with that inner passion to serve others, increase self-knowledge, and develop a resilient lifestyle. The result is that doctors engage in empathic care with patients and medical errors decrease. If my story or my work is of interest or helpful to any in this group, I would be happy to share it in greater depth, collaborate, or engage in dialogue. In any case, I am very interested in learning more about the bountiful knowledge and expertise in this group. Thank you for including me, Robin."

Marsha W. Snyder, MD.

... I was a nurse before I was a doctor. My undergraduate degree in nursing was from a top academic university. From the very beginning, the emphasis was on the

relationship between the nurse and the patient, the patient's emotional reaction to illness, and the nurse's emotional reaction to caring for an individual who is ill or dying. We were encouraged to be completely open about our emotions. We were also taught how to be caring and communicate our caring to the patient. I went to medical school at the very same university. From the beginning, I was laughed at for showing any emotions or caring for my patients as individuals. The training was completely cognitive. The goal was to know all the answers and to be as accurate and clear on your 36th hour of work as you were on your first. The role models were doctors who were tough, overworked and proud of it, and emotionally removed from everyone. No one ever told you to be objective or distant. However, you were shamed if you ever slipped and showed some feelings.

I believe that neither doctors nor nurses can be helpful as caregivers if they are not motivated by, and in touch with, a deep passion to serve others. This, in my opinion, requires deep knowledge and acceptance of oneself, emotions included. As you can see, medical education does not provide doctors with any tools for self-knowledge or resilience. My programs for doctors, and my individual treatment as well, always starts with eliminating the distortions learned in training, and providing a safe path toward self-knowledge. Marsha

**YokeLeng:** "I come from a social science/communication background and my perception of people who become doctors are that they tend to see themselves as top dogs (you have to be to enter medical school in New Zealand, and in just about all Asian countries) which can breed a certain arrogance. And then health professionals are strongly encouraged to make evidence based decisions these days which is not a bad thing. But could the combination of arrogance and drive towards evidence based medicine lead to compassion and caring being relegated to something touchy feely because it is not scientific and not intellectually engaging?"

**Marsha:** "Studies have shown that most individuals who choose to become physicians in the US come from dysfunctional families. They tend to have low self esteem. However, they often function in the role of "rescuer" or "the successful child" and that is how they get any recognition.

Because of their background, they feel it is their duty to continue to be the "healer". They want to solve all of the problems in others, ignoring themselves and their own problems and inadequacies. In fact, denial and rationalization are two of the common defense mechanisms used by physicians in dealing with themselves and their own problems. Most people who enter medical school are driven to be successful in order to avoid facing their own inadequacies and low self esteem.

While in medical school and residency, young doctors must deal with the arrogance and constant criticism of mentors, sleep deprivation, overwork, and the harsh realities of illness and death. Their role models are overworked (this becomes a

value worn like a prize around their necks) and lack life balance. Their education is strictly cognitive and evidence based. Through it all, any demonstration of emotion or feelings is discouraged and belittled. Most residents are in a persistent state of burnout and depression is common.

In order to cope with this, most individuals build a hard impenetrable outer veneer, the bounded self, and it is from there that they operate as physicians. The bounded self values the concrete and superficial things such as money, power, status, possessions, title, and having the best evidence-based statistics. These wounded doctors lose touch with their deeper "essential self" and its purpose of helping and serving others. Their lives become all work and all of their relationships suffer. They are fearful of emotions, vulnerability, and their own perceived inadequacies.

I have been working with physicians both as individuals and in groups, in both therapeutic and educational settings, for 20 years. Rarely have I encountered arrogance or coldness underneath their superficial boundedness."

Editor: We are interested in your views and experiences on this topic and others. You can give us your views on this topic or others by going to 'Forum'. You need to be registered on our website. Registration is free.