I met Jeff (not his real name) during my surgical residency, not long after I graduated from medical school. Despite the fact that he was a fellow doctor-in-training, Jeff towered over me not just in height and breadth, but also in self-assurance. Nothing ever seemed to faze my colleague: his work in the operating room was rumored to be perfect, he relished clinical and scientific debates with anyone up for the challenge, and he astounded the rest of the residents time and time again with his casual references to the latest clinical research and findings. While the other residents and I might stagger around after caring for a series of trauma patients, Jeff was tireless. He would continue to stride exuberantly into the emergency department, a surgical decathlete in a starched twill white coat, poised for, as he once put it, “another opportunity to excel.” Patients liked him, senior surgeons respected him, and his peers took to either emulating him or referring to him amongst themselves as “the Uberman.” But then Jeff became a new father. While he was ecstatic at first, handing out cigars and proudly suffering the congratulatory backslaps of hospital staff, there were signs that he was starting to fray at the edges. The frequent citations of minutiae from surgical journals petered out, and he dropped the erudite, professorial discourses that once seemed so integral to his professional persona. At rounds, our twice-daily team visits to all the patients, he was no longer the first to show up; and when he went in to see the patients, he skimped on their physical exams. Jeff’s wife was working full-time, and it was hard not to notice that the constant stress of trying to be present for his wife and son while surviving surgical residency was beginning to get to him.
I could hear him jingling some loose change in his right coat pocket, but he made no effort to pull out his stethoscope to listen to his patient’s heart and lungs or to look over the vital signs chart. He gave a brief glance and nod to the resident who had called him but became increasingly distracted as the resident relayed the story for a second time and asked for suggestions. Jeff stood at the foot of the bed, staring at the monitors with his eyes wide open but glazed over. “She doesn’t look that bad,” he mumbled at last. “I think she’s O.K.” He stared at the monitors for a minute longer then looked at his watch. “Just give her some intravenous fluids,” he said to the resident. “I’ve got to get home.” That night, as the woman’s fever grew worse and her blood pressure dipped and urine output dwindled, it became clear that Jeff had made an error in judgment. An overwhelming infection had taken hold, and Jeff had missed it. Although she would eventually recover, I could not help asking myself if his patient might have fared better if Jeff had examined her, spoken at length with the nurse and the other resident, and had done the kind of obsessive sleuthing job that once distinguished him from the rest of us. I had to wonder if her full-blown infection might have been headed off or at least tempered if he had not been under such stress outside of work. As I watched Jeff leave the I.C.U. the next morning, head hung low and utterly dejected, the resident who had called Jeff the afternoon before leaned over and whispered to me. “All these guys are the same,” he said. “Once they have a baby, they lose their edge.” He shook his head and continued, “That’s why I keep my life simple. The hours I can handle. When all the other stuff gets in the way” — he waved his hand in the air, as if clearing away cobwebs — “that’s when you start making mistakes.” At the time, I thought that the resident was referring to the several male residents like Jeff who had recently become new fathers. But over time, I realized he was referring to all of us, men and women, regardless of whether we had had children or not. In spite of the long hours and the all-consuming nature of our work, we generally managed to do our jobs and do them well. But whenever one of us experienced additional stress apart from our work, the house of cards in which we functioned would start to collapse. Unable to admit to or find support for our distress, we would continue to soldier on at the hospital, leaving a series of mistakes, ranging from barely perceptible to blatant, in our wake. I was reminded of Jeff and doctors like him when I read a study published last week in The Journal of the American Medical Association. One afternoon, I saw him wander into the I.C.U. looking as if he were lost. One of his patients had taken a turn for the worse, and another resident had paged him for help. Jeff’s hair was disheveled, a pair of thick glasses replaced his usual contacts and his white coat was creased in all the wrong places. While a lot of attention has been given to the long work hours of residents and medical errors, researchers at the Mayo Clinic in Rochester, Minn., found that distress, and not only fatigue, contributed to errors by doctors-in-training.
Residents who suffered from burnout and depression could pose as much risk to patients as those doctors-in-training who were exhausted, regardless and independent of their level of fatigue. Up until now, the distress in residency training has, for the most part, been largely underestimated or even accepted. “There has been a tendency in medicine to minimize our distress because our focus is supposed to be on the patient,” said Dr. Colin P. West, lead author of the study and an associate program director of Mayo’s internal medicine training program. “We are supposed to be tough enough, but the distress in medical training right now is epidemic.” Individual coping strategies and significant life events like death or marriage can all lead to higher distress levels, but some of the sources of distress among current residents may also be related to larger societal shifts. “When you think back 50 or even 20 years ago, the majority of physicians were men, and their wives took care of the kids at home,” Dr. West noted. Although it’s unknown whether stress levels in medical training are worse today, more and more young physicians have chosen to share family responsibilities. That choice leaves everyone with less time and energy to devote to patient care. “If you only have so much gas in the tank, you are going to have to shift responsibilities and deal with less energy for medical practice.” While residency work hour limits are intended to ameliorate fatigue, they do not directly address distress. “Fatigue is important in patient safety issues, but we are missing out if we focus on that exclusively,” Dr. West remarked. “We have got to address burnout, depression and overall quality of life.” It is also unclear exactly how fatigue and distress interact with one another in a clinical setting or if they are even related. “My feeling is that fatigue may be one other aspect of distress,” Dr. West posited, “but they are probably separate things.” Addressing distress in medical training will require navigating a difficult balancing act. “The scope of clinical practice is so incredibly broad that you have to train for years and years to fulfill just a minimal level of competence,” Dr. West said. “We need to figure out what is the right amount of stress to develop outstanding physicians, but not so much that it decays their humanity.” Much like a runner who is training for a marathon, there is an optimal level, a “sweet point,” of stress. “If we decay it too much, we may end up with physicians who won’t be competent,” Dr. West said. “But if we continue as we have in past decades, we are going to end up paying the price of burnout, lack of empathy and doctors leaving the profession.” Eventually Jeff, my colleague in training, regained his equilibrium and his standing as one of the most competent surgical residents I have ever known. But I know that he did so alone and with little support from his elders or from any of his peers. Researchers like Dr. West are working on finding ways to support the well-being of residents and practicing physicians. Many of these potential solutions are premised on two things: acknowledging the distress, then helping doctors find meaning in their work by supporting the ideals that inspired them to become doctors in the first place. “Most of us got into this profession because of passion for medicine, for taking care of people,” Dr. West said. “But somewhere along the way, it gets drummed out. We have to figure out the best ways, the right way, for different individuals to thrive.”