

Reliving the Nightmare

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I will confess that my first reaction to reading the essay, “A Day in the Life: Perspectives by a Family Practice Intern”¹ by Jamie Saben, MD, was one of distress and guilt. The essay gave me the sense of waking from a nightmare, not sure about whether the vision was the ghost of the past, present, or future. Dr Saben could easily have been describing my call nights that first year of residency, now 20 years ago—the same sense of urgency and fear and the ever-present sound of the pager punctuating even a brief trip to the bathroom.

Why did Dr Saben’s experience become our shared experience? I had truly believed that we, the medical educators and mentors of today, had long ago eliminated this insane practice of “trial by fire.” In the wake of the Libby Zion case² and mandated reductions in work hours, hadn’t we created a better learning environment for residents? Dr Saben makes me wonder if we have merely changed the structure without altering the substance of the beast. Or worse, have the changes been just window dressing to make us feel better and lull us into further inaction?

See related article on pages 171-3.

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In my desire to understand this phenomenon of on-the-job-training for resident physicians, I cut short a recent planned talk to the residents in my program and instead, read Dr Saben’s essay to them. I was curious to see whether they would confirm the truth of Dr Saben’s internship perceptions and what purpose they saw in living this experience. Each one was touched by the essay; they nodded and sighed, they laughed at his fear about missing the diagnosis of the “horrible-eye-mucous-disease.” Nearly all agreed that Dr Saben’s experience was their experience too, and they were proud to be survivors of that experience. Some likened the experience to a rite of passage, seeming to accept that this was the natural course of things. Most agreed that surviving such experiences gave them confidence as they developed greater skills and an ability to prioritize tasks. One commented that knowing that the senior resident was close by had provided a lifeline, limiting the actual sense of responsibility if not the fear.

Frankly, I was surprised. I had expected some resentment from my residents—some sense of the injustice that I recalled from my internship—like a bitter taste on post-call mornings that no antacid could control.

So what is going on? Are we engaging in a hazing ritual, or is the intern experience actually an inherent or necessary part of the education of doctors—the “exhausting privilege” of Dr Saben’s final lament.

Are the positive comments made by my residents as they look back on their internship a sign of detachment and inability to recall true feelings that represent symptoms of a post-traumatic stress disorder? Is this the only way to earn the right to the “war stories” that we tell conspiratorially to our students and colleagues?

I understand a few things. On the positive side, I believe the young residents we are training represent a fine group of new physicians. Most appear to suffer no permanent damage under the current system and, as survivors, they often retain an appreciation for the plight of their patients when the patients, too, attempt to negotiate and survive our medical care system. Indeed, the medical literature seems to confirm that family practice residents have average physical and better-than-average psychological health when compared to age-adjusted population norms,³ and their stress levels appear mild (although higher levels are reported by female residents).⁴ I also know that some residents do not fare so well. Perhaps it is a weeding-out process, but perhaps we are losing something precious. Stressful events contribute to anxiety and depressive disorders among health care workers,⁵ and I am certain that the added stress of internship is unnecessary. Since confirming research is absent, however, it is simply my belief.

There is, however, evidence that the trade-off for shorter work hours may, in fact, be higher stress with