

Medicine: An Excuse from Living

This physician and his wife have a message of importance for students and their families and to all physicians who use their profession as an excuse for neglecting the more important things in life. Although the talk has been delivered by the physician, the content is a culmination of interactions between both authors.

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In the following article, Robert L. and Lillian H. Brent explore the necessity of balancing one's professional aspirations with the just-as-important interpersonal relationships with family and extraprofessional friends. The Brents' assessment is that the scientist's family should have priority over the profession.

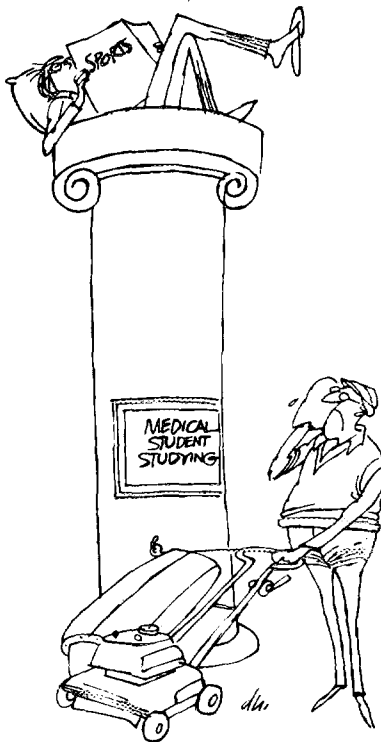
□ Each year since 1966 I have addressed the first year medical students at the Jefferson Medical College during Orientation Week with a presentation entitled "Medicine: An Excuse from Living," and each new class has heard variations on that theme. Interestingly, for the first several years I had difficulty with the title: the students listed it erroneously on the program as "Medicine: An Excuse *for* Living." Apparently, it was difficult for them to accept or believe the real title.

In spite of the maturing experience that medical education offers medical students, some slip through untouched. I have received many interesting comments about this presentation from both students and physicians. One physician informed me that I did not understand the role of a good physician, for his best friends were his patients. This statement was a reflection of his own serious family problems and an exploitation and distortion of the doctor-patient relationship. A student visited me after the freshman orientation somewhat disturbed, because he had come to medical school prepared to "sacrifice" his life to the profession and he was quite unprepared to hear a faculty member tell him that there were other, more important things in life. After minimal contact with this student, there was no doubt that he needed emotional counseling.

The most positive response has come from the wives of physicians. One wife told me that she placed a summary of this talk on the bulletin board of her kitchen. Her physician-husband was outraged and immediately dispatched the summary to the trash can.

It is sad to observe how so many physicians have tormented personal lives when they, more than anyone else, should be able to obtain the greatest rewards from their own interpersonal relationships.¹⁻⁵

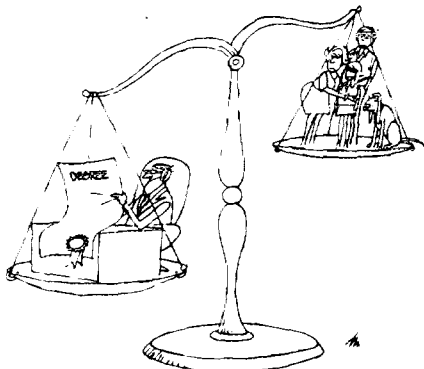
Every year I tell the medical students that the presentation is directed to the wrong audience.



(Illustrations by David W. Harbaugh)

Parents may become overprotective of the student and overlook indiscretions or failures to contribute to the family because he "has to study."

It really should be directed to the students' parents, spouses, and children, for it is because of responsibilities to them and their needs that a physician may exaggerate certain aspects of his professional life to the detriment of his family. Furthermore, other members of the family unit would be much quicker to perceive that the adoption of some of



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these concepts [is] essential for their growth and survival and they will have a greater willingness than the students to alter the style that is adopted for one's professional life.

It is interesting that one of the benefits of being a physician can become a liability to the family. For the M.D. degree provides:

- Intellectual stimulation
- Flexibility and independence
- Maturing educational experience
- Choice of locale and position
- Excellent financial compensation
- Direct service to people in need

With a large number of prospective physicians, trouble begins with this last asset, namely, *Being of Service*. For some individuals, being of service can become a mechanism of escaping from very important responsibilities, namely, the responsibilities to one's parents, spouse, and children. I am certain that many of the students entering medical school consider their professional responsibilities to be the most important part of their lives. Furthermore, many of the parents of medical students have reinforced the concept that the study of medicine has first priority in their households. This is where we shall disagree, for the thesis that I put forth is that *becoming a good doctor is, relatively speaking, an egocentric although respectable goal, and that the most difficult and most important accomplishments in life are the development of giving relationships with other human beings, be they spouse, parents, children, or friends.*

If you compare the rewards of developing mature personal relationships with the attainment of excellence in the medical profession, certainly the rewards are greater and quicker from one's profession.^{6,7} I firmly believe in devoting significant

time and energy to the development of mature interpersonal relationships, in spite of the meager recognition and long-term rewards; when things go wrong at the interpersonal level, the anguish and heartache are measurably greater than you will ever experience from disappointments in your profession. There is no comparison between not obtaining a desired internship, failing to make AOA, or not receiving an award and going through a divorce, having a runaway child, or seeing indifference, anguish, hate, or disrespect in the eyes of one of your grown children.

Knowing that your spouse or child has love and respect for you is a reward that is unequalled. To emphasize this point, I apologize for using a very personal experience.

My eldest son graduated from medical school and his first assignment as an intern was on the pediatric intensive care unit. During the first week in July, five children died in that unit, several of whom were his own patients. July 9th is his mother's birthday and he sent her the following poem from 2,000 miles away:

What gift can I give you
On this birthday? You have
Pain in your shoulder. In
Darker moments you have
Sighed and said
Two-thirds of my life are over

Your children are scattered
Your womb gone. Nature's trick
So strong in you to gather
And protect, nurture and
Help us bloom like flowers
Yet now, in your Indian Summer
We seem to turn from yellow dandelions
To white, evanescent hairs
Emanating from a seed
Floating where?
Where has your love, your tears
That caring water gone?
Swallowed by a hungry
Seemingly ungrateful earth
The sunlight of your warmth
May seem at times reflected back
Unfelt, unchanged

And yet, did you know
That when I put my hand
On a crying child's head
Whispering ssssh
It is you whispering softly
Rocking him close to my chest
That love that I feel for a wide
Eyed baby that I never saw before
That is your love for me



For some physicians, being of service can become an escape from the important responsibilities to parents, spouse, and children.

This I can take anywhere, and
Give anytime so filled am I
With this love. I am so grateful

If you take this, my thanks
For your birthday gift
I hope that it will give you
Some peace. It has for me.
Love, David

I believe the poem speaks for itself: the nurturing of responsible and loving interpersonal relationships yields rewards that are immeasurable, unequalled.

How does the profession of medicine become number one in an individual's or family's list of priorities? It is easier in medicine than in any other profession. Lay individuals, including the families

of medical students and physicians, place the care of the sick in a special category. In all likelihood, this special pedestal for medicine is a projection of one's own concern over his health. Parents may become overprotective of the student and overlook indiscretions or failures on the part of the student to contribute to family functions because he or she "has to study." Everyone has to be quiet because Melvin is studying. Melvin's father cuts the grass because Melvin is studying. Soon Melvin learns he can get out of anything because he is studying. Melvin's wife gives up her education, recreation, friends, and vacations because Melvin is interning. But even more importantly, their interpersonal relationship fails to mature because he is immersed in his training.

The children may never see him at dinner hour, at their school concerts, or at parents' night. But children have ingenious methods of paying back parents for lack of concern and love.

Little by little, with everyone bending and twisting their lives so that Melvin can become a doctor, he intuitively learns that his studies and medical responsibilities can be used to defer other responsibilities, whenever and wherever he chooses. Some physicians will use their indispensability to patients as a *way of life* and the loved one can be made to feel guilty about taking the doctor away from a sick patient. It's a rare family that will have the assertiveness to place their needs above the life or well-being of a patient.⁸ The exploitation of *guilt* is the physician's method of suppressing the goals, aspirations, and needs of other members of the family unit. Here are some examples that anyone can recognize:

- *Physician Dawdler*—He is in the hospital coffee shop two or three times each day and is seen frequently talking in the halls, but never gets home

Evaluation of Personal and Professional Goals

	Mature Interpersonal Relationships	Excellence in One's Profession
Nature of relationship	Primarily giving	Primarily narcissistic
Rewards	Primarily long term, if any	Multitude of short term-prizes, honors, money
Recognition	Meager	Exaggerated (personal and community)
Importance	Key to progress in any culture	Important
Impact when things go wrong	Overwhelming-anguish, heartache	Disappointment
Importance of responsibility	Primary	Important, but may be a mechanism for escaping one's prime responsibility

Table 1

before 8 P.M. (because he doesn't really start working until 4 P.M.). He doesn't want to be home and he has the perfect alibi—he is saving lives.

- *Electronic Pediatrician*—A real physician who established multiple electronic devices so that he would be on call 24 hours each day, seven days a week. He is telling his family where his priorities are.

- *The Out-of-Town Academician*—He can never refuse a speaking engagement and magnifies the importance of each commitment that takes him away from his primary professional and family responsibilities.

There is no simple answer for the overcommitted physician and his family. There are several reasons why a physician will choose this path, but most of them involve deep-rooted personality characteristics which are not changed by one lecture or article. One might ask, "Are there any preventive measures?"

Somewhere early in our development as physicians, the matter of family vs profession has to be considered and dealt with. This can be done through frequent discussions between family members where everyone's needs are evaluated, considered, and appropriately satisfied. Let's put it another way: not only are all physicians created equal, but spouses and children, too.

I am sure there are some of you who would be willing to debate the stand that I have taken, i.e., that the family should have priority over the profession. Others will consciously agree yet uncon-

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sciously place prime emphasis on their professional lives. However, you cannot disagree that the family should establish realistic goals for *all* its members. Included in these goals should be the highest professional goals. There is no reason why the goals of the entire family cannot be satisfied; this cannot and will not materialize without the realization that they exist and without constant communication among all members of the family.

It is for all of us to constantly evaluate the direction of our efforts, making certain that neither family nor professional responsibilities are neglected. Good luck to all of you in achieving this delicate balance for no one should have an excuse from living. □ □

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