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The Calling

I frequently engage in conversation with my colleagues in the doctors' lounge about various and sundry topics. One recurring subject to which I have taken exception is the claim by some of the older physicians (we'll refer to them as elder statesmen as opposed to silver-backs) that this generation of doctors coming out of training is somehow different. These elder statesmen assert that this new breed, Generation Y, doesn't have the right stuff. They insist that the new kids on the block don't have "The Calling" that the rest of us do. These millennials don't have the overwhelming drive, determination and desire to serve and sacrifice at the temple of medicine that called the previous generations to enter the profession.

To these elder statesmen, The Calling should be a transcendental devotion that supersedes every other priority. As it was during their training – it should be the Be All and End All – the *raison d'être*. The way some of them describe it, medicine sounds almost like a cult. When I interviewed for medical school, a key selling point of some institutions was their fairly high divorce rate. They spoke about this with pride. One institution boasted a student divorce rate of more than 75 percent.

Many lament this loss of the good ol' days when medical training required medical students and residents to spend superhuman time in the hospital without sleep and then, like zealots, ask for more. (After an all-nighter, perhaps the term "zombie" would be more appropriate.) Laws now prohibit such practice. Students had to perform at a high level even when nearly catatonic from sleep deprivation. They were in the medical trenches of an ongoing war with disease, and the words "exhaustion" or "illness" did not apply. A line from the movie "Patton" comes to mind: "There will be no battle fatigue in my army!" Somehow, we students were magically immune. Training represented almost a medical version of Navy Seal training, but over several years. We were pushed to the limits of our emotional, physical, spiritual, and intellectual capabilities and then beyond. Thirty-six hours of uninterrupted clinical duties every third night was the norm. I did not have a day off for the first 6 months as an intern. I recall the chairman of medicine at UT Southwestern proclaiming that the main problem with the every-third-night call system was that students missed out on two thirds of the admissions. The thoracic surgery program in Houston required that a med student literally be a "resident" without leaving the immediate confines of the ICU for 2 solid months. My favorite was the advanced surgical training program at Duke under Dr. David Sabiston. It affectionately was known as "a decade with Dave." This ordeal helped weed out those who were not among the zealous and didn't have this all-encompassing priority. For the privilege of following The Calling, many will accumulate debt of up to \$250,000. All the while, any life outside the hospital is to be sacrificed. That could mean delaying relationships, family or children, or abandoning them altogether. The Calling embodied our medical culture and was the price to be paid to enter the club that is the medical profession.

But we as physicians and educators know better. We know intuitively and now scientifically that learning is not effective when the student is sleep deprived and exhausted. We tell our patients to get enough sleep, rest and balance between work and life. It is becoming increasingly apparent that stress and sleep deprivation have profound and complex effects on physical and emotional health. Despite this recognition, the notion of the necessity of The Calling and of a training ordeal is so embedded in the medical establishment that many medical institutions only reluctantly accepted new work-hour limits on medical students and residents back in 2003. There is still the perception that physicians must be above it all; our Calling does not allow us the same human weaknesses as our patients. Some believe that this demanding, regimented training is necessary to prepare the faithful for their professional lives as physicians. It is meant to toughen up the youngsters.

When training is completed, these new professionals are expected to assume a lifestyle reflective of their training, far outside the norms of our society or of some other cultures. When I did a neurology rotation in London, the professor looked at me as if I were crazy when I sheepishly asked if I should show up for rounds at what I thought was the excessively comfortable time of 7 a.m. Their norm was 9 a.m., with a 10:45 a.m. break for tea. Throughout their careers, medical professionals must be able to work long hours, and perform at a high level and with fatigue and exhaustion. They must have their priorities in order: their professional life is No. 1; everything else is a distant second. This is an expectation not only of our elder colleagues, but of society in general.

Admittedly, professionalism comparisons between the generations are almost a contact sport (“In my day we had to walk to the hospital in 3 feet of snow for 4 miles”). But many believe that Gen Y is different. Part of this difference may be explained by the weekly work-hour limits imposed on residents, but some also have viewed them as unmotivated, lazy and selfish. A friend of mine calls them the “participation trophy generation” because their parents lavished them with praise and rewards, and told them they were special and were winners simply for participating. Many elder statesmen question Gen Y’s professionalism and commitment to The Calling. My colleagues bemoan that these young doctors don’t want to work in the way the previous generation is accustomed. Indeed, younger, nonresident physicians are working 7.4 percent less than their senior partners did at a similar stage in their careers. The elder statesmen cannot grasp why the Gen Y’s don’t enthusiastically want to participate in 50- to 70-hour work weeks, topped off with frequent after-hour, weekend and holiday call. They cannot understand a mind-set where the profession isn’t always the priority.

The millennials counter that, for them, work doesn’t come first. They want work-life balance. They prioritize their personal lives more equally with their professional endeavors. Sociologists tell us that the Gen Y’s do not look at an organization to see how they will fit into it, but rather, how that organization will fit into their lives. Two prominent ways one is “compensated” by a career are by money and time. For most occupations these two facets are inversely proportionate. As I’ve heard many times, it is important to make a living, but more important to make a life. Many of the Gen Y’s forgo monetary satisfaction in favor of lifestyle. Time with family is a priority; they have not relegated it to second place as our generation of doctors did. I recently passed 50, and my youngest of five children is in eighth grade. I’m beginning to take stock of all the missed soccer games and recitals, family dinners and Boy Scout meetings that are lost forever. Regret can be powerful.

The desire for a more reasonable balance is echoed by many who witnessed the consequences of long work hours at the cost of family time, year after year, by the previous generations. The medical profession is experiencing increasing burnout that prematurely ends careers. We all are aware of the declining professional satisfaction among our colleagues and how a minority of physicians recommend medicine as a career for their children. I am a perfect 0–5 with my genetic progeny who have expressed interest in the medical field. My kids get a double dose of the physician lifestyle because my wife and I both are cardiologists. A greater balance between work and lifestyle for physicians is healthier, would make a career in medicine more attractive, and would extend careers, but also would make physicians more effective healthcare providers.

I disagree with my elder statesmen colleagues who assert that this new generation of physicians does not have The Calling to the profession. They do – they just also have heard The Calling to their spouse, children and family – and, just as importantly, to themselves. And for that they should not have to apologize to anyone! I think the Gen Y’s have it right. My generation of medical professionals can learn from the new kids on the block.