

Could Staying Human in Medical Training Help Make Medicine Humane? Review of Allan D. Peterkin, *Staying Human During Residency Training*

COMPTE RENDU / REVIEW

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Reçu/Received: 29 July 2013

Publié/Published: 26 Oct 2013

Éditrices/Editors: Lise Lévesque & Marleen Eijkholt

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Résumé

Dans *Staying Human During Residency Training. How to survive and Thrive after Medical School*, Dr Allan D. Peterkin conseille et outille les résidents en médecine, gardant comme fil conducteur le bien-être de la personne humaine en chaque résident, essentiel à rester humain pendant cette formation exigeante qu'est la résidence. Ce compte-rendu se limite à l'éthique, telle que présentée dans le discours de l'auteur, dans son chapitre portant spécifiquement sur l'éthique clinique.

Mots clés

résidence, formation médicale, bien-être, éducation médicale, éthique médicale

Summary

In *Staying Human During Residency Training. How to survive and Thrive after Medical School*, Dr. Allan D. Peterkin provides guidance and tools to medical residents, with a common thread the wellbeing of the person in each resident, essential to staying humane during the demanding training called residency. This review focuses on ethics, as presented in the author's discourse, in a chapter specifically dealing with clinical ethics.

Keywords

residency, medical training, wellbeing, medical education, medical ethics

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Remerciements

L'auteur souhaite exprimer sa gratitude envers Sabrina da Silva et Angelo Virone pour leur encouragement, pour les discussions et réflexions, et pour la révision de l'anglais, ce qui a aidé à compléter ce compte-rendu de livre.

Conflit d'intérêts

Aucun déclaré

Acknowledgements

The author would like to express his gratitude towards Sabrina da Silva and Angelo Virone for their encouragement, thoughtful discussion, and English editing which helped in the completion of this book review.

Conflicts of Interest

None to declare

Introduction

Staying Human During Residency Training. How to Survive and Thrive after Medical School [1] serves as a toolbox for medical trainees and anyone involved in their training. In its fifth edition, this updated version discusses the latest studies pertaining to the practice of medicine and the ever-demanding struggles of medical residency. Overall, Peterkin advocates for the wellbeing and survival of the "human" behind every medical resident. The title of this book is very appealing and raises questions concerning the risks encountered by those pursuing medical training. This review focuses on and critiques the chapter on ethics and the argument behind the idea of "staying human".

The Tone of the Book: Residents' Wellness and Happiness

The book begins with a review of the recent literature pertaining to medical residents' health and wellbeing in North America. The focus of research has changed over the last decade towards a more

encompassing approach when thinking and discussing wellness and personal happiness, as opposed to only physicians' vulnerabilities. The first chapter embraces and sets forth the tone and objective for the remainder of the book. It discusses how to prevent possible negative impacts of medical training on the personal health and development of a resident, including anxiety, depression, substance abuse, and burnout, among the long list provided in the book. It also provides a list of the latest resources available to facilitate the choice of a residency, for residents to identify their own and specific support networks, explore their learning style, find ways to keep healthy and happy during this demanding training, and finally, to get ready for professional practice.

For Peterkin, the selection of a residency program has changed over the past decades, and today the first step is more about choosing a humane residency based on the aspirations and personal traits of each resident. The author does not give a clear definition of what a humane residency is or should be, but it can be seen from the argument in the book that it is related to the top criteria that each resident may have. This is a task that seems arduous when faced with a list of factors influencing the decision of selecting a specialty. Spousal preferences, lifestyle, and job and academic prospects among others may impact on the decision process. This prior step to the residency is referred to by the author as "preventive medicine" [1, p.20]. The book provides tips and strategies for those going through the demanding process of residency without necessarily compromising personal happiness. The resident is viewed as an individual who needs to address physical, mental, financial, social, and personal concerns to compensate the stress induced by residency.

From a Humane Residency to a Humane Medicine

Under the thesis that happier and healthier residents may become more humane doctors, Peterkin wants to help residents pursue happiness and wellbeing in the first place while being trained to becoming good specialists. Chapter Eight deals with medical ethics: "Not Just a Job: Professionalism, Ethical Issues, and Legal Considerations." Obviously, 19 pages cannot cover all the professional, ethical, and legal issues within the medical practice.

Humane Professionalism

The chapter begins by identifying the competencies related to professionalism. These competencies show clearly the demanding role of doctors and medical residents, one that requires more than just technical and theoretical training. Abilities in management, communication and social skills are required to respond to the professional task of being a doctor. A doctor's professionalism is linked to commitment, the right attitude and behaviour towards patients, the profession, and society. However, it's the patient-doctor relationship that is at the core of the ethical and professional principles that guide medical practice. To show this, Peterkin quotes [1, p.139] the definition of this relationship published in JAMA:

Medicine is, at center, a moral enterprise grounded in a covenant of trust. This covenant obliges physicians to be competent and to use their competence in the patient's best interests. Physicians, therefore, are both intellectually and morally obliged to act as advocates for the sick wherever their welfare is threatened and for their health at all times. [2]

In this perspective, no matter how medicine may change and the new roles doctors may have to play, what make this profession humane is the encounter between a patient who suffers and a doctor who seeks to heal.

Discussion of Ethical Issues

The chapter covers ethical issues that residents should be taught during training, according to recommendations from the DeCamp Foundation [3]: Moral aspects of medical practice, informed consent, patient refusal of treatment, management of the incompetent patient, withholding

information, confidentiality, management of the patient with a poor prognosis, and management of medical resources. The chapter falls short in addressing the topics due to its brevity, leaving the reader wanting to know more. Nonetheless, the book does provide a list of further readings at the end of the chapter, for the reader seeking more in-depth resources on these issues. Surprisingly, research ethics is not considered in this chapter, despite the fact that residents may be involved in research activities. Adding a section on the ethical issues pertaining to research and providing pertinent resources would improve the scope of the book.

Even though the focus of the book is not primarily on ethical issues, three important critiques still must be addressed:

1. Given the way that moral aspects of medical practice are presented in the book, Peterkin seems to simplify the possible conflicts between the principles of beneficence that guide a doctor's practice and respect for the autonomy of the patient. It is the latter of these two principles that is presented as the guideline for recommended action. Although the book seems to be inspired by a humanistic and Aristotelian approach in the pursuit of happiness by every person, including residents, Peterkin does not clearly show this influence in the section on ethical issues. On the contrary, it is the mainstream Principles of Biomedical Ethics [4], and from a patient-centred approach, that seems to be the position taken by the author to guide the actions in each ethical issue considered in the chapter (e.g., residents must respect a patient's wishes, the right to know about his or her medical condition, and the right to refuse treatment).
2. Informed-consent is only framed in the perspective of the individual patient: patient protection, knowledge, and free choice. This fails to demonstrate the utility and importance of informed consent for the doctor, or why it is crucial to communicate and share decision-making with the patient, or even that this serves an important social function.
3. The author excels in discussing confidentiality issues of new digital mass media and social networking, where new challenges will arise. Doctors are encouraged to be careful in the way they communicate, and to act with professionalism. However, the impact that these new means of communication may have on the doctor-patient relationship is not explored. This is an emerging subject that needs to be further discussed by the medical community, both those in practice and those still in training.

Overall, the book proposes topics (tools, resources, concepts) that can help keep a doctor be healthy and happy in both mind and body. In the ethics section, the principle-based ethics, for example respect for patient autonomy and self-determination, is the main influence in all cases. However, from a more holistic perspective, this approach falls short when considering the wellbeing and happiness of the resident dealing with the main ethical issues considered in this chapter.

Conclusions

Peterkin's book lists many tools and strategies that could help medical residents during this demanding journey, and in particular, to stay humane. Living in a time where prevention, wellbeing and patient-centred care are high standards in medicine, it is comforting to read a book targeting medical students and their mentors, where the medical approach is applied to themselves through preventive medicine and resident-centred training. Peterkin provides resources to help residents along their career path, both in the search for fulfilment (even happiness) but without losing their "humanity". Staying "human" during residency is possible, but the question remains whether the toolbox proposed by Peterkin could help future doctors to practice a humane medicine. Technological developments and the demands of society for this profession may threaten the relationship between a sick person and a doctor. This covenant of trust will continue to be the core of this practice, its ethics, and what makes this profession more humane.

Citations

1. Peterkin, Allan D. [Staying Human During Residency Training. How to Survive and Thrive after Medical School.](#) 5th Edition, Toronto, Canada: University of Toronto Press 2012.
2. Crawshaw, R., Rogers, D. E., Pellegrino, E. D., Bulger, R. J., Lundberg, G. D., Bristow, L. R., et coll. Patient-physician covenant. *JAMA*. 1995 273(19): 1553.
3. Perkins HS. Teaching medical ethics during residency. *Acad Med*. 1989; 64: 261-266.
4. Beauchamp, T. L., & Childress, J. F. *Principles of Biomedical Ethics*. 6th Edition, New York: Oxford University Press 2009.