Chapter 9
Personal Issues

ABSTRACT

The purpose of this chapter is to explore why in the medical profession, many of the ills seen in society among the general population find strong reflection. In the course of treating patients, doctors often tend to take their own health and well-being lightly. This may not only pose problems for doctors but also their patients. These issues are especially rampant and serious among resident doctors. They must be promptly detected and measures taken to deal with them.

KEY POINTS

- To look at the various personal areas of the life of a medical professional
- To understand how these personal issues come in the way of good health care delivery
- To appreciate some of the problems of resident doctors at the workplace
- To explore ways and means to address these problems
- To appreciate the particular problem of the social phenomenon of gender bias on personal life
- To specifically explore the syndrome of burnout, stress and depression among doctors

INTRODUCTION

Doctors are the custodians of health for the entire community, yet quite often and at a personal level, a doctor is not too concerned about his or her own health. Even when one is concerned, there is often neither the time nor the luxury for taking care of one’s own health.

In undergraduate medical school, one learns about the normal functions of the body and various disease states, and by the time one comes into the clinical years, more allocation of personal time to patients and studies does often very easily mean that an equivalent amount of time is taken away from paying attention to one’s health- right from finding enough time to eat or hours spent in restful sleep to being vigilant towards minor ailments that plague one from time to time. The cumulative effect of all this is the doctor succumbing to ill health or facing exhaustion and early retirement from his or her career.

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Personal Health for the Healthy Doctor

A medical student has a lot to learn not only about the subject but also unlearn many fallacious notions and ideas that lay persons commonly possess. Popular fads and cultural practices could at times be terribly unscientific, and overindulgence in certain habits or avoidance of others could both be detrimental to health. A good example of popular culture is drinking tea or coffee in large amounts with the objective of improving concentration or keeping hunger at bay, and that of traditional custom could be a particular type of diet prevalent in a community, that is essentially unhealthy by virtue of being rich in spices, fats and calories - substances that doctors usually warn their patients against consuming!

To the above, one could also add smoking and drinking (socially). Even among medical professionals, who are familiar with the ill effects of both better than anyone else, it is common to see individual doctors overstepping safe limits and turning into chain smokers and alcohol abusers. Such habits and stereotypes could be a direct reflection of the social climate prevalent in a particular community, or an indirect outcome of factors such as peer pressure, easy access, dealing with stress, and so on. The most horrific and extreme consequence arising out of these factors is drug abuse relating to both prescription and non-prescription drugs, and doctors in training and out of it as well are not immune to this (Flaherty and Richman, 1999) (O’Connor and Spickard, 1997) (Benzer, 1993) (Hughes, Baldwin, Sheehan, Conard, & Storr, 1992) (Jex et al, 1992) (Aach et al, 1992) (Hughes et al, 1991).

Doctors might also resort to what are otherwise known as vices both as a feeling of entitlement and also as a means of recreation, and the two are often found to exist together. Watching pornography is a good example of the latter while having physical relationships with their patients symbolizes the former. In the ordinary world both could be deemed perfectly acceptable behavior, and while the modern versions of the solemn Hippocratic Oath have devised ways to circumvent the issue of medical professionals having affairs with their patients, viewing pornography as a pastime has not been addressed sufficiently. Of course, doctors in training or otherwise would do well to keep a safe distance from their patients, or even their colleagues and co-workers, as overstepping the limits of professional necessity could easily land one in trouble (Gorn, 1990). Again, what one does in the privacy of one’s bedroom is entirely one’s business, but doctors in a variety of settings have been found to watch porn while at work, sometimes even keeping their patients waiting for long hours outside their examination rooms. In many countries, even viewing pornography on personal home computers could land one behind bars or lead to cancellation of a professional degree or license (Wait, 2011). With smart phones and a speedy internet porn has become a very personal commodity, to be indulged in at even the hospital and almost always without the discretion to first ensure one’s privacy.

A medical professional reeking of nicotine, alcohol on his breath, eyes bloodshot from dope and porn on his phone - what could be more repulsive? But doctors, especially residents and trainees, have often been caught with their pants down, literally and figuratively. Disciplinary action may or may not be taken against them always, and neither is there a guarantee that such incidents would not happen in the hospital and would not involve the same persons, but the overall effect of all this is the erosion of the trust that patients put in their doctors, and one more reason to fall from grace.

Feelings of rivalry, competition, envy and jealousy are natural to human beings, and resident doctors are also not spared these. The good thing however, is that within reasonable limits such emotions actually lead to individual growth and development. Watching a colleague or peer doing well, making an impression upon his or her teachers and trainers, getting more opportunities to cut, that is, performing more numbers and increased complexity of surgical procedures, are wont to engender feelings of envy,
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