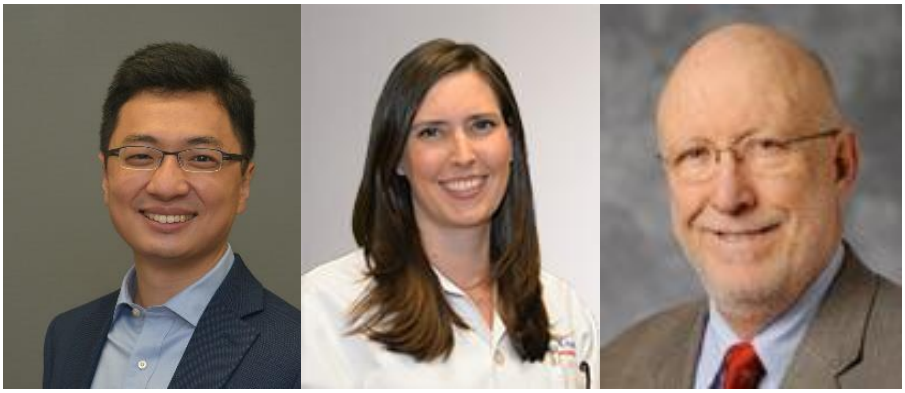
Perspective/Opinion



Disillusioned Doctors: Medical Ideals, Meaning, and Virtue-Based Professional Identity Formation

By Daniel T. Kim, PhD, MPH; Megan K. Applewhite, MD, MA, FACS and Wayne Shelton, PhD

In this essay, our colleagues from Albany Medical College share their experience from Albany Medical College in teaching a 4-year longitudinal, virtue-based curriculum in ethics and professionalism ...

In a previous issue of the Kern *Transformational Times* (Sept. 2021), John Yoon tells the parable of Dr. Benny. Dr. Benny is a busy internist who, "between frozen sessions of the electronic medical record and tedious billing sheets," muses "wistfully" about his disillusionment with the medical profession. What happened to the youthful idealism that brought him into medicine? Whence "the irritating reality of ICD codes, RVUs, MOCs, and the medical alphabet soup of bureaucratic death"? Dr. Benny is not alone in his disillusionment, with alarming rates of burnout and empathy-decline beginning as early as medical school.[1,2] This suggests that part of the problem, and perhaps part of the solution, may begin in medical education.

Medical ethics and professionalism educators have long been aware of a central challenge: classroom teaching and the ideals that bring young learners into medicine may be undermined by the influence and effects of the clinical learning environment. Known as the "hidden curriculum," the clinical environment is fraught with incentives that can conspire to frustrate and erode the professional and ethical aspirations of medical learners.[3] At Albany Medical College, we have responded to this central challenge by instituting a required four-year ethics and professionalism course. Part of the solution, we believe, must consist in sustaining learners'

critical and self-reflective development of their identities and the ideals and virtues that define them.

Are Medical Ideals Dangerous?

In Dr. Yoon's parable, Dr. Benny reads in Carl Elliott that "the people who seem happiest practicing medicine are the people for whom it was never anything more than a job." Those who become disillusioned are those who expect some deeper significance in the practice of medicine, who see it as "a moral calling." Elliott reasons that perhaps "if doctors go into medicine without illusions, they will not become disillusioned."[4] He wonders if clinging to the profession's ideals and virtues may not only be naïve but also deepen the disillusionment.

However, such a view would fail to appreciate how physicians and learners ordinarily relate to those ideals and virtues. These are not mere abstractions that they can conveniently or easily choose to accept or reject. Rather, these ideals and virtues constitute an identity—they are embodied and help to define one's deep sense of who one is, of one's meaning, purpose, and aspiration to attain *eudaimonia*, flourishing. As medical school applications attest, students typically enter the profession with a self-narrative already formed by such ideals as helping others and relieving suffering, and these help to sustain the meaningfulness of their arduous professional training and, later, their practice. Thus, giving up on these deep-seated, identity-constituting values is unlikely to resolve the growing disillusionment of physicians and their learners. Instead, it is more likely to deepen it, to precipitate a fundamental crisis of meaning: for as the philosopher Charles Taylor writes, "to begin to lose one's orientation is to be in crisis, and to lose it utterly is to break down and enter a zone of extreme pathology."[5]

Identity-Constituting Ideals in Medical Education

Medical education has generally neglected giving explicit attention to the deep-seated, identity-constituting aspirations by which physicians-in-training navigate the clinical environment. The dominant competency-based approach focuses on right knowledge and behavior, often at the expense of the particular learners for whom the competency must be meaningful. To fill this gap, a recent literature has focused on professional identity formation (PIF), attending to the psychosocial development of learners as they internalize and socialize into their societal roles and norms as physicians-in-training and, eventually, as physicians.[6] This has brought new insights to bear on the formation of identity, the factors that may impede it, and the pedagogies to support it.[7] But missing from its conceptualization is clarity about the moral basis on which learners embody the competencies and ideals of the profession, which we take to be essential to sustaining one's sense of purpose and avoiding disillusionment.

The virtue-based ethics and professionalism course at Albany Medical College seeks to fill this remaining gap. It understands learners' moral aspirations to be fundamental to the formation of their identity as good physicians. The course draws on virtue ethics not as an abstract theory

to be imposed on our understanding of that formation but as a conceptual resource for clarifying it. The point is to support the critical, self-reflective agency of learners as they strive to embody the excellences of a good physician and form their identities as members of a profession that likewise seeks to define itself by a moral commitment to doing better for patients.

No educational program can be a perfect preventative measure for, or antidote to, disillusionment, the causes of which are also structural and require systems reforms.[8] But within the limits of pedagogy, we believe it is important to strengthen and sustain learners' capacity and commitment to engaging and reforming the clinical environment critically and self-reflectively.

"Health, Care, and Society": A Virtue-Based PIF Course

We have described the course in detail elsewhere,[9] but in brief, "Health, Care, and Society" (HCS) is a four-year course that all medical students at our institution are required to take throughout their studies. It aims to "enhance students' reflective and moral sensitivities to and critical awareness of their learning environment."[9] This pedagogical emphasis draws on virtue ethics to help empower learners to internalize and embody the excellences of the good physician, and to do so within a clear sense of their own self-reflective aspiration to flourish as such. We briefly highlight two features of the course in particular.

The first is longitudinal habit formation. Per Aristotle, the virtues name the dispositions of character, or excellences, that enable one to feel and act "at the right time, toward the right objects, toward the right people, for the right reason, in the right manner."[10] Such excellences of a physician are acquired by learning the right habits over time, including that of *phronesis*, practical wisdom. HCS starts the habituation in the preclinical years. Students meet weekly for didactic or small group discussion sessions to learn to think in terms of medical professionalism, what it means to be a good physician, and the ethical, social, and humanistic dimensions of medical practice. Students write their own oaths and analyze cases and issues affecting diverse patient populations in order to develop their capacities for critical and compassionate analysis. Their habituation then continues in years three and four as they gather regularly in faculty-led sessions to reflect on cases from their rotations that they experienced as ethically, socially, or personally challenging.

The second key feature of HCS is this case-based approach during the clinical years to reflecting on the moral challenges of the clinical environment. The process is personal, and for that reason, students are asked to bring their own cases for discussion. But it is also profoundly social. In gathering with peers, students instantiate participation in what Pellegrino called a "moral community," where "members are bound to each other by a set of commonly held ethical commitments and whose purpose is something other than mere self-interest."[11] Students learn to recognize that one's excellences are affirmed, assessed, and embodied in and through the lived experiences of others. The goal in this way is to facilitate learners' moral

quest to be a good physician—to critically and self-reflectively develop excellences compatible with both their own person and the well-articulated norms of the profession.

Research Agenda

More work is needed to substantiate HCS's virtue-based approach to PIF. In this and other recent articles, we have argued for building critically on PIF in order to focus on sustaining the moral aspirations that drive learners' formation and sustain them as good physicians.[9,12] We have also initiated several retrospective studies to analyze a wealth of survey and case-based data from our still-growing HCS records to better understand our students' experiences in the clinical environment. What ethics and professionalism issues do learners encounter in surgical compared to nonsurgical rotations? How does communication about ethical concerns affect student-mentor relationships? What are the levels and circumstances of moral distress and burnout among students, and how do students reflect on them? Our agenda is to meet HCS's complex educational challenge with both theoretical and empirical rigor.

Conclusion

Many aspects of our current medical system, including in the era of Covid-19, conspire to crush the idealism that constitutes the identities of so many of our medical students, trainees, and physicians. But the response cannot be to dismiss their idealism. Doing so would only deepen the disillusionment into a crisis of meaning in the basic identities of both individual physicians and their profession. Medical education must do more—not less—to strengthen and sustain the aspirations of physicians, which may yet serve as a critical moral resource for reforming the systems that threaten it. Like Dr. Yoon and Dr. Benny, we speak of optimism and hope; further, we believe that such aspirations are an indispensable *grounds* for that optimism.

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