



Perspective/ Opinion

The Parable of Dr. Benny: Yearning for Human Flourishing in the Practice of Medicine

By John Yoon, MD

Once upon a time, there was a young pre-med (let's call him "Benny") who wanted to become a flourishing practitioner in medicine. All his life, Benny was told tales of role model nurses and physicians who viewed their careers as fulfilling a divine calling—medical vocations placed in service of God and for the "least of these" in society. Indeed, the country where Benny's parents immigrated from was one in which some of her national heroes were global health pioneers—clinicians motivated by their faith and a deep sense of calling in which they left comfortable careers back home in order to endure difficult living conditions in a foreign land. There in Benny's country of origin, they worked tirelessly to build up from scratch the health care infrastructure of a war-torn, impoverished third-world country. So as part of his childhood instruction, Benny's parents sent him to summer trips to the "motherland," simply to visit the cemeteries where these clinical heroes were buried in honorable service of his "people." So very quickly, Benny learned from his parents and his own moral community a tradition-specific vision of what it meant to be "the flourishing physician." And so, inspired by these stories of medical heroism, Benny launched his journey into medicine.

Now, fast forward twenty years. Dr. Benny is a practicing internist in a busy tertiary academic medical center, musing wistfully in between frozen sessions of the electronic medical record and tedious billing sheets, and wondering to himself, "What happened to the idealism of my early years—when I wanted to be like those medical heroes from his childhood stories?" Instead, he seems to be left with a lingering disillusionment with his profession, and the irritating reality of ICD codes, RVUs, MOCs, and the medical alphabet soup of bureaucratic death.

Dr. Benny looks around him and feels a sense that something very good is being lost in medicine. Part of him wants to resist the powers of his age, the forces that seem to be sapping the joy and meaning out of medicine. Moreover, as Dr. Benny looks at the imposing system around him, he feels powerless trying to work against a system that sometimes seems to be more about scientific research funding, generating RVUs, and complying with legal and bureaucratic regulations—rather than the traditional commitment to caring for the patient's good.

One day, in desperation, Dr. Benny picks up an essay by ethicist Carl Elliot who writes:

Old-school doctors and many humanities scholars suggest that the remedy to disillusionment is a renewed emphasis on virtue and professionalism. They believe that academics and professional bodies should try to instill doctors with a sense of social justice, professional integrity, and a dedication to meaningful relationships with their patients. The reason these efforts are almost certain to fail is their failure to take account of the realities of contemporary medical practice...It does little good to appeal to high-minded ethical theory and professional idealism when the sociological structures in which doctors' practice treat them as skilled technicians trading services in the marketplace. In fact, the result of these appeals is likely to be even more disillusionment. Many of the people I know who seem happiest practicing medicine are the people for whom it was never anything more than a job. Perhaps they found diseases interesting; perhaps they had a talent for science; perhaps they enjoyed doing technical procedures. They were not looking for any higher meaning to it all. There was just something about the day-to-day business of doctoring they liked....The people who have become disillusioned are those who expected the practice to carry some deeper significance. They are the ones who thought medicine was a moral calling...If doctors go into medicine without illusions, they will not become disillusioned.

Disheartened as he puts the essay down, Dr. Benny thinks to himself, “Oh man, is Dr. Elliot right about this?”

Schools are filled each year with idealistic students who, like Dr. Benny, enter medicine fully motivated to live up to the noble ideals and values of their caring profession. However, students quickly confront the cold reality of powerful social forces that shape their training experiences. One prominent force is **Science and Technology** as much of their waking hours during medical school is imbibing and utilizing the fruits of science and technology as applied to health and disease. Moreover, when these students also start their clinical rotations in complex academic institutions around the country, they also confront another cold reality to medicine—one that it is being driven by powerful **Market** forces and business “bottom-lines.” Not only that, they sense from their frustrated and harried teachers that there are also complex **Legal and Bureaucratic** forces that regulate everything about their practice. And they began to see that often all these social forces seem to be coming in the way of the patient’s good, and not to mention the clinician’s own sense of flourishing.

Rather than caring for a fellow human being with an illness—clinicians find that they seem to be managing health in impersonal ways through “rules, numbers and money” (Michael & Tracy Balboni, “[From Hostility to Hospitality](#),” Oxford University Press) And, insidiously, these powerful social forces sometimes make one feel like a replaceable cog in a vast bureaucratic machine, a skilled impersonal technician of science and technology, or a revenue-generating pawn in the cut-throat marketplace of health care.

These sociological forces of modernity—many of which are contributing to a burnout epidemic as clinicians are being asked to work in an environment that is less a healing community and more an impersonal, ethically-conflicted space—are increasingly at odds with the highest moral aspirations or deepest religious or spiritual commitments of the trainees. The healers are being slowly wounded. Many years later, clinicians find themselves in Dr. Benny’s predicament—needing to get healed from their own “training.”

In response to the growing erosion of meaning at work, some would actually counsel that we dispense altogether the idea that medicine is a “calling,” and just accept the reality that medicine is simply a job, and we should lower the expectations of trying to derive meaning out of work in health care, so to speak. As ethicist Carl Elliot noted above, are these very expectations of trying to derive meaning from work partly responsible for our own burnout and disillusionment?

And though this is somewhat of a bleak diagnosis of how forces of modernity pose challenges to a clinicians’ sense of flourishing, I should recognize that many of these social forces have also unleashed positive movements, as well, particularly towards what is often called the [“Triple Aim” of Health Care](#). Legal/bureaucratic forces contribute to the quality movement in medicine, science & technology forces undoubtedly are improving health outcomes and life expectancy, and market forces are raising awareness to the reality of the costs of care in society. So, all I would just suggest is to not to ignore these other “Triple Aim” social forces, but to introduce *“Balance to the Force”* so to speak and restore emphasis to whole-person flourishing for clinicians like Dr. Benny.

Therefore, I’d like to offer the following suggestions that gesture toward an “evidence-based” vision for the flourishing practitioner within a healing community.

- First, particular attention needs to be made on identifying and sustaining the **intrinsic motivations of clinicians** (e.g. cultivating sense of calling and meaning in their work). This is increasingly becoming a fruitful area of research, and one that might inform wellness approaches in the future.
- Second, health care administrators and leaders have the vital calling to create and maintain **conditions of flourishing** that protects a clinician’s *“state in which all aspects of a person’s life is good”* (Prof. Tyler VanderWeele, Harvard’s Director of the Human Flourishing Program). This would begin to transform the culture of our institutions from merely being bearers of science/technology, market economics, and legal bureaucracy, but also spaces of hospitality to the life stories and moral traditions which clinicians draw from to ground their own tradition-specific sense of human flourishing (whether consciously or not). Over time this involves transforming a cultural mindset that moves us from the logic of a health care business to the ethos of a healing community.

I guess you can say that this author (and Dr. Benny) are incurable optimists who would like to see medical education transformed to promote human flourishing for the sake of its future practitioners. Is he asking too much from our esteemed profession?

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