

Leaving stethoscope for grave: What ails young doctors?



Dr. Sivabalan Elangovan, psychiatrist. For contact: sivabalanela@gmail.com

More reports have, of late, been pouring in about deaths of young doctors. The list of young doctors' deaths not only in Tamil Nadu but also across the country has been expanding. The doctors and their associations are attributing heavy workload to this syndrome, saying that young doctors are increasingly gripped by the blues of depression which sets off several physical ailments.

Abnormal deaths

There are certain sections of people who shrink this problem to that of individuals and allege that presently the youth have lesser tolerance and are not mature enough to deal with even petty issues. Why do the doctors, who enter into the profession with eyes full of dreams and

hearts of hopes, commit suicide at young age? Discussions on this issue are apace not only in the world of medicine but also in the public domain.

The doctors' associations are urging the government to intervene and define the doctors' working hours as they have been working for 36 hours non-stop without taking rest and slipping into depression. In fact, both the government and court have issued guidelines on the medical students' working hours. There are official directives mandating 48 working hours a week for them. But it is a moot point how far they are in practice.

As far as hospitals are concerned, it is difficult to define medicos' working hours because the postgraduate medicos are on internship in hospitals for the sake of learning the ropes. They depend on professors, senior doctors and senior students. Hence, defining their working hours is hardly the solution. It is better to regulate their work rather than their working hours.

Problem is denial of relevant work

As far as the medicos or trainee doctors are concerned, their problem is not the long hours of work but denial of work appropriate to their course of study. For instance, students pursuing higher studies in surgery will not be worried over longer hours of work if given opportunities to learn by practice in their domain. But they do not get such opportunities very easily. On the contrary, they are assigned only the clerical tasks that the last-grade staff are used to, such as procuring blood from the blood bank, getting the results of clinical tests done on patients, taking the patients to other departments, writing 'discharge summary' and so on. This is why they are confronted with the major problem of making time for learning. There is currently an uptick in the number of students pursuing PG courses as the numbers of medical colleges and advanced courses have gone up.

There are chances that a medico doing an advanced course in surgery comes out after finishing the course without any experience of touching, let alone using, the scalpel. Several medicos facing this kind of situation feel depressed and dispirited, losing hopes in their future.

Changes in medical education

As far as medical education is concerned, learning is not confined to textbooks; that too, in postgraduate medical education, learning mostly hinges on professors' experience, expertise and understanding. The harmonious kinship between medical students and teachers slowly evolves into a process of learning over the years of the course period. It is a continuum.

Textbooks are content with just providing knowledge and understanding of diseases. But it is the relationship with teachers, based on understanding and warmth of feelings, which teaches the medical students how to understand the patients, how and what to talk to the patients at which time.

But the recent changes brought about in medical education have distanced the students from the teachers. The teachers no longer need to share with the students their experiences and the lessons they have learnt from their long experiences. Such personal relationships are branded as unnecessary in the new system. As a result, the learning environment has changed into one of rigidity. As the new learning system approaches failures and helplessness very sternly, the students, dispirited all through their course period, are languishing in mental depression.

Unhealthy dialogue

The mindset that views patients as commodities and doctors as profiteers has dented the mutual trust between doctors and patients. In addition, the fake medical information spread online has made all the more unhealthy the medical environment. When some undesirable things result from this trend, it is the young doctors who are the most affected because they are in direct contact with the patients, bearing the brunt of the latter's angst and anger over the

hospital management's failures and structural inadequacies. The young doctors are physically and psychologically hurt for someone's fault and consequently they lose faith in the field and structure.

Inadequate doctors

In most government hospitals, the paucity of doctors is made up with the help of trainee doctors. In fact, most GHs function entirely with the services of trainee doctors who join the institutions for their PG studies.

But the management considers them as employees. As far as doctors are concerned, they get married only after 30 years of age. Even after marriage, they have to be away from their spouses for higher studies or for jobs. When they are away from their families, the depressing work environment, disparities, discrimination and humiliation at the workplace, lack of environment for learning and uncertainty over future contribute to weakening of their minds. Their blues get all the more intense when they think of their personal problem of childlessness.

The fact, thrown up from the reports, that most young doctors, who died prematurely, had been married just a few months earlier, is not incidental. This fact lends a more tragic dimension to the syndrome. Being away from families and working in a negative medical environment worry the young doctors to the point of thinking of ending their lives.

As a general human society, we should not see the recent changes in the medical field and the young doctors' deaths as two different entities not connected with each other. The government will do well to ponder these points and do the needful.

Translated by V. Mariappan.