

A Primer on Medical Student Well-Being



amsa

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GOOD “WELL” HUNTING

The Wellness Balance Model



NOTE: The wellness balance model and the dimensions of wellness information given above are taken from **Student Health Service (1999). Wellness Planning Guide. The University of B. C.**

INTRODUCTION

For centuries, medicine has been regarded as a gratifying and honorable career. Medical students start their education with a sense of commitment, enthusiasm, optimism, altruism, and idealism, while graduate doctors are expected to be caring, humanistic, compassionate, and dedicated to their patients.¹

However, the pursuit of a medical career exacts a heavy toll on the student's health and well-being, since there is a heavy emphasis on technical excellence and amassing of information with little regard of students' social and emotional development. There is generally a shift to a more cynical and hedonistic orientation during medical school as well as significant elevations and increases in depression and anxiety.²

Increasing attention has been paid to the problems affecting the medical population with rather startling statistics that describe significant amounts of drug and alcohol abuse, severe depression, deleterious effects of sleep deprivation, medical student abuse,

and suicide. These statistics are extremely alarming because they represent those individuals entrusted with the health care of our nation.

Altogether, if a future physician's potential is reduced or destroyed by any of these factors, the result will inevitably be poor healthcare delivery. Thus, it is imperative to encourage medical schools as well as students to assume responsibility for their own physical, mental, and spiritual well-being.

Considering that the philosophy that underlies the promotion of health and well-being is based in primary prevention, this primer aims to 1) provide an overview of various well-being issues pertaining medical education; 2) illustrate how a lack of physical and emotional wellness proves to be detrimental to medical students; and 3) provide students with a list of available resources to better understand and cope with the multiple stresses inherent in medical education.

AMSA's MISSION

AMSA is committed to improving health care and health care delivery to all people; to promoting active improvement in medical education; to involving its members in the social, moral and ethical obligations of the

profession of medicine; to contributing to the welfare of medical students, interns, residents, and post-MD/DO trainees; and to advancing the profession of medicine.

“The purpose of AMSA is to promote improvements in health sciences education so that the educational environment fosters growth of the student as an integrated mental, physical, and spiritual being. AMSA defines health as a positive, dynamic state of physical, mental, and environmental well-being, and therefore, believe that health care should be oriented toward the achievement of health and not solely a treatment of disease.” (AMSA-1977)³

“Enthusiasm is contagious. Be a carrier” –Susan Rabin

STRESSING OUT

Stress is a *normal* part of everyone's life. A certain amount of stress clearly enhances performance and productivity. When properly handled, stress can make your life more interesting and exciting.

A recent study⁴ found that those medical students participating in stress-management programs demonstrated:

- Improved immunologic functioning
- Decreases in depression and anxiety
- Increased spirituality and empathy

However, stress can become oppressive when it is not managed properly giving rise to a series of physical, mental, and spiritual difficulties. Among the most common effects caused by stress are:

- Depression
- Headaches
- Hypertension

- Anger/Irritability
- Weight Gain/Loss
- Ulcers

According to recent studies, the rise in depression scores and their persistence over time suggests that emotional distress during medical school is chronic and persistent rather than episodic.⁵ At one medical school, 12% of the students became clinically depressed during their first year⁶, and 30% of residents during their intern year.⁷

A number of studies have been conducted on the perceived stressors, problems, and concerns of medical students such as:

- Academic demands
- Financial responsibilities
- Sleep deprivation.

“Physicians should strive to manage professional and personal stress to maintain their own health and well-being and to maximize their ability to provide quality health care to their patients.” (CMA Policy, 1998)⁸

LOSING CONTROL

(Suicide)

Suicide is a critical issue among the medical population. Each year, physician suicide removes from the U.S. a number of physicians equal to the size of a medical school graduating class.⁹

According to a study performed in 1996¹⁰, suicide ranks *second* among the leading causes of death among medical students; 40% of these occurred in the junior year. As for physicians, the estimated suicide rate is twice that of the general population-- self-poisoning with prescribed drugs the predominant method.¹¹

At present, researchers have been unable to establish absolute causes for suicide among this population. However, there are a series of factors that have been identified as precursors to suicide such as:

- ◆ Alcohol/substance abuse
- ◆ Previous psychiatric history
- ◆ Violent/aggressive behavior

Other potential risk factors inherent in medical education such as work stress and sleep deprivation may contribute to the suicide rates. For this reason, students and physicians must cooperate and seek help before it's too late.

“The moment man begins to question the meaning and value of life he is sick” –Sigmund Freud

CHECKS AND BALANCES

The health benefits of emotional ventilation and support have been proclaimed for centuries. Physicians who balance work, family, physical, emotional, and spiritual needs are happier, healthier, clearer in thought, more energetic, and more accepting. While this may seem like the physicians' Utopia, it is definitely attainable. Healthy relationships are a key component of achieving balance. A healthy and

functioning relationship, be it with a patient, a friend, a professor, or a significant other, requires a sense of working harmoniously together¹²--it can brighten your day. Likewise, a healthy intimate relationship is vital to most people, including physicians. The medical profession needs a cultural shift from the belief that a physician's calling transcends family life.

"We cannot direct the wind but we can adjust the sails" –Anonymous

COPING STRATEGIES ☺ LEARN TO RELAX

It is very important for medical students to acknowledge that some stress factors are controllable and others are not. We may not be able to get rid of stressful events, but we can certainly *control* the way in which we deal with them.

Know your limits. It's okay to say "no" to extra commitments and projects.

Assess your stress. Make an effort to master, overcome, or counteract your stressors instead of trying to live with or escape them.

Be good to yourself. Eat a well-balanced diet; avoid caffeine and fatty foods. Take a break from your daily routine to just relax.

Share your stress. Talk to someone you trust about your concerns and worries.

Imagery. Translate your feelings into ideas.

Create a relaxing scene, for a moment, daydream your cares away.

Cultivate humor. Sometimes laughter is the best medicine. Laughter has been shown to release hormones into the brain that make you feel good. ☺

Avoid self-medication. Always consult your physician if you feel sick or depressed. Self-medication may be habit-forming, reduce your efficiency, and create even more stress.

Change the scenery. Go for a brisk walk. Light exercise can be refreshing.

There may be times when you feel your stress and its effects become too great for you to handle alone. Before stress gets out of hand, seek professional help to prevent a more serious situation later on.¹³

"AMSA supports the development of high quality, confidential counseling services for students desiring such services and encourages efforts to educate both students and faculty as to the benefits of such counseling so as to dispel the myth that recourse to counseling is an indication of weakness in the student; we also support the confidentiality of medical student health and counseling records and affirm that the student, as patient, deserves, as does anyone, the privilege of confidentiality between doctor and patient." (AMSA-1977)

"The trouble with life in the fast lane is that you get to the other end in an awful hurry" -J.J.

DAZED AND CONFUSED (Sleep Deprivation)

Most adults need around eight hours of sleep for peak alertness and energy. Due to a myriad of reasons ranging from insomnia to work schedules and even having a baby, this has become the exception, not the rule.

Sleep deprivation is one of the main causes of physician-in-training impairment. Researchers have found that prolonged periods of duty without sleep adversely affect practitioners, both in their well-being and in their ability to carry out simple tasks.¹⁴ Sleep deprivation can produce severe psychological symptoms such as perceptual and mood changes, psychosis, irritability, decreased ability to concentrate, and anxiety.¹⁵

Among the prevailing effects caused by sleep deprivation are:

- Increased fatigue, depression, and hostility¹⁶
- Poor psychomotor performance
- Deterioration of doctor-patient relationships
- Recent memory loss
- Extreme sensitivity to criticism¹⁷
- Car accidents-death¹⁸

In 1984, Libby Zion, an 18 year old girl, died because of an adverse reaction to two medications. After the investigation, the grand jury concluded that the long working hours of residents had contributed to her death, and the doctors were required to pay \$375,000 to the Zion family for pain and suffering.¹⁹ On account of this, in 1989 New York became the only state in the U.S. to regulate resident hours, as established by the Public Health Law Code 405, known as the Bell Regulations.²⁰

THE OPPOSITION

You may think the Bell Regulations solved the problem. However, the situation is less than ideal. Although the regulations are in place in NY, they are not always enforced. According to an investigation performed in 1998²¹, nearly all the residents at the seven hospitals investigated in NYC worked longer hours than the laws allow (surgery programs being the worst offenders.)

To add insult to injury, Dr. Ward Griffen, head of the American Board of Surgery, emphatically stated that he thinks, “it’s the biggest bunch of hogwash there is. All this jazz about sleep deprivation is way overplayed...I think the people who are pushing this are the ones who can’t get by on a little sleep.”²²

YOU ARE NOT ALONE

“AMSA recognizes that patient care and medical education suffer when students and housestaff lack proper rest; believes that students should be allowed to negotiate working hours and conditions with their respective medical institutions; and therefore supports and will work toward the implementation of regulations, including those at the federal level, which will regulate resident work hours with the intent of providing a better standard of care for all patients and more humane working conditions for residents.” (AMSA-1977)

“Health care students can be taught from the beginning of their careers that they have as much responsibility for their own sanity and physical well-being as they do for those qualities in the lives of their patients.”

–Donald A. Block, M.D

SO...SLEEP ON IT!

There is still much to be done regarding residents' working hours and it will take some time. Nevertheless, there are many

things students can do to improve their health, thus, ensuring a successful career as physicians and a better healthcare delivery.

"Let us emancipate the student, and give him time and opportunity for the cultivation of his mind, so that in his pupilage he shall not be a puppet in the hands of others, but rather a self-relying and reflecting being."

—Sir William Osler

First: Why Can't You Sleep?

According to the National Commission on Sleep Disorders of Research, insomnia afflicts about 40% of women and 30% of men. The following are the top five factors:

- **Stress**—Stress increases heart rate and blood pressure, raising arousal level.
- **Depression**—Depressed people often wake up early and have trouble falling asleep again, a condition called "sleep maintenance" insomnia.
- **Alcohol**—Alcohol may help you fall asleep, but it results in light, fragmented sleep. After the sedative effect wears off, usually in four hours, there is a rebound effect that can leave you wide awake in the middle of the night. One drink or glass of wine is okay with dinner, but no alcohol within two hours of bedtime.
- **Caffeine**—Coffee, cola and other caffeinated substances produce a buzz, not by jazzing us up, but by preventing us from slowing down. Caffeine buzz lasts 6-8 hours, so if you can't sleep, limit caffeine to early in the day or avoid it altogether.
- **Food or exercise too close to bedtime**—Both vigorous exercise and eating a meal temporarily boost the body's metabolism, which can chase away sleep. Schedule a strenuous workout or a big meal no less than three hours before bedtime. This gives the heart rate and metabolism time to slow down enough for sleep.

Second: Beat Insomnia

- 1) **Maximize your comfort.** A firm mattress and pillow work best. Make your room quiet, dark and cool with good air circulation. To block out traffic or other noise, try ear plugs or soothing nature tapes.
- 2) **Take a warm bath.** Baths help lower your body's temperature which makes you feel sleepier.
- 3) **Drink warm milk or herb tea.** Milk and bananas contain L-Tryptophan, which is thought to induce sleepiness. Herb tea is a good substitute for those who are avoiding dairy products. The ritual of drinking something warm can relax you.
- 4) **Do some light reading.** Choose a book that you can put down easily—a humorous work, a short story, a favorite childhood tale.
- 5) **Savor your last hour before bed.** Save intense conversation for another time. Avoid TV altogether—the flickering lights stimulate your nervous system.

Did you know?

Peak hours for...

Creativity (good time to do most of your important work)	9–11 am
Day Dreaming (good time for artists and writers)	2 pm
Coordination and reflexes (great time to exercise)	5 pm

"Healthy medical students are likely to become healthy doctors who can then model and promote healthy lifestyles with their patients." —Dr. Thomas M. Wolf

ON SUBSTANCE ABUSE

Research studies have shown that the prevalence of alcohol and illicit drug abuse among physicians is similar to that of the general population, while abuse of prescription drugs may be more prevalent.²³

Substance abuse gives cause for concern not only because medical students themselves may suffer as a result, but also because of the potential impact on their effectiveness as tomorrow's doctors.²⁴ The preventive care beliefs and practices of health professionals are noted by the general public and influences patient behavior, since physicians are almost unquestioned in their judgements.

For instance, a Surgeon General's report on smoking and health concluded that between 10% and 25% of smokers who are advised to quit by their physician quit smoking or reduce the amount they smoke.²⁵

On the other hand, studies have repeatedly shown that the medical profession as a whole tends to have negative attitudes towards the management of patients with substance abuse problems.²⁶ In which case, it is fair enough to think that they will be less likely to acknowledge the problem in themselves.

"AMSA aims to promote improvements in health sciences education so that it fosters a compassionate understanding of substance abuse problems and mental illness, with a goal toward reducing their stigma in the profession and for the public at large." (AMSA-1977)

DRINK LIFE TO THE LEES

Inclusion of substance abuse programs in medical schools' curricula has proven to be very successful. Students learn about the nature of chemical dependency and its treatment, thereby, gaining critically important skills in caring for themselves and their patients, as well as monitoring the activities of their peers.²⁷ Accordingly, if the problem of substance abuse among medical students is to be adequately addressed,

medical institutions should concentrate their efforts on the implementation of programs directed toward prevention, treatment, and rehabilitation. Currently, there are no absolute ways to prevent substance abuse. However, what *can* be done is to create awareness among your peers about the devastating physical and emotional effects substances such as tobacco, alcohol, and other drugs can cause.

QUICK FACTS

If you keep doing it...

Your kids are more likely to pick up your bad habits
You can have more trouble getting pregnant
Your child has double the risk of ADD
You may become impotent
You can develop cancer

If you quit...

Your blood pressure normalizes
Your chance of heart attack decreases
Your sense of smell and taste improves
Your circulation and breathing improve
You will eliminate that stress

"In a word, I was too cowardly to do what I knew to be right, as I had been too cowardly to avoid doing what I knew to be wrong." -Charles Dickens

*"You cannot run away from weakness; you must some time fight it out or perish; and if that be so, why not now, and where you stand?"
-Robert Louis Stevenson*

ON A CULTURE OF ABUSE

Since the 1960's medical student abuse, in the form of hostility and harassment, has been recognized as a problem in American medical schools.²⁸ This controversial issue has been repeatedly neglected by many, regardless of the substantial evidence in literature documenting the prevalence and deleterious effects of these practices.

Surprisingly enough, it wasn't until the 1980's that medical student abuse was properly addressed through academic research and preventive practices. Despite these facts, medical schools' associate and assistant deans consistently deny the existence of abuse at their institutions attributing negative feelings experienced by students to a "challenging clinical curriculum."²⁹

This culture of abuse conflicts with the renewed commitments of medical educators and practice professionals to instill in students a higher degree of professionalism and cultural sensitivity.³⁰

Silver and Glicken defined abuse as: "to treat in a harmful, injurious, or offensive way; to attack in words; to speak insultingly, harshly, and unjustly to or about a person."³¹ These *avoidable*, *unnecessary*, and *harmful* abuses have a long-term negative effect on students, resulting in inferior learning, lowered self-esteem, depression, and less-effective patient care. Moreover, students have even considered dropping out of school due to this continuous mistreatment.³²

"AMSA believes that all medical students have the right to learn in an environment free from harassment and discrimination based on ethnicity, sex, sexual orientation, religion, disability, or gender; thus, supports this right with all available means, including referral to legal services." (AMSA-1997)

PUTTING WORDS INTO ACTIONS

If real, genuine changes are to be effected, medical students and faculty, as well as institutions as a whole must take assertive actions on preventing student abuse. A few procedures proposed by researchers in this field, and established by the LCME are as follows³³:

Accreditation standards: All faculty members, including residents, must be fully informed about the educational objectives of the courses and be prepared for their roles as *teachers* and *educators* of medical students. Effective teaching requires knowledge of the discipline and an understanding of pedagogy. Medical schools must define the standards of conduct in the teacher-learner relationship; develop timely, confidential,

and free from retaliation complaint-handling procedures; and conduct preventive educational programs.

Rights and Duties: Institutions must focus on the wide promulgation of their respective rights and duties to students, faculty members, residents, and nurses.

Respect and Accountability: Students, as well as faculty members, must be made accountable for their actions and properly evaluated for either promotion or penalization.

Drawing the line: Students and faculty must come to terms with a clear definition of *abuse*, setting it apart from perceived mistreatments in order to foster a stimulating and humanistic learning environment.

"I have sworn upon the altar of God, eternal hostility against every form of tyranny over the mind of man."

-Thomas Jefferson

FREQUENTLY ASKED QUESTIONS

1. What is the Medical Student Bill of Rights (MSBR)?

The MSBR was adopted by AMSA in 1999 as part of its Principles regarding students' rights and responsibilities. You can access it online at <http://www.amsa.org/sc/msbr.html>

2. What are the Bell Regulations?

After the death of Libby Zion in 1984, the Ad Hoc Advisory Committee on Emergency Services (1987), chaired by Dr. Bertrand Bell, was formed to review the grand jury's report. The committee issued recommendations for graduate medical education reform to the New York State Department of Health. In 1989 these recommendations became part of the New York State Health Code under Section 405, limiting residents' working hours. They are commonly known as the Bell Regulations, after Bell. You can find a copy of this section through our Web site or at <http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm> (Table of Contents-Search: section 405.4/ "medical staff").

3. Where can I find research papers on medical student well-being issues?

AMSA has compiled an extensive bibliography on numerous research papers, including the ones cited on this primer, which will be made available through our Medical Student Well Being web page at www.amsa.org. The topics included are: stress, depression, substance abuse, medical student abuse, suicide, well-being programs and committees, health policy, and health

promotion programs for medical students.

4. Are there any other primers on well-being issues?

Certainly, at present, the following primers are available: *A Primer on Resident Work Hours: A Patient's Safety Concern*, and *Medical Student Activism: A Primer on Domestic and International Tobacco Control*. They are available through the AMSA National Office, or you may contact the Director of Student Programming at 1-800-767-2266 ext.270 or at dsp@www.amsa.org.

5. How can I get involved in wellness issues?

There are many ways to address wellness at your medical school. On the AMSA Website, you can find several program ideas that have been tried at medical school campuses across the country. You can also work at the AMSA national office in Reston, VA, for a month as a Well-Being intern with the Director of Student Programming. You can always contact the DSP at dsp@www.amsa.org or at 1-800-767-2266 ext. 270 to talk about ways to get involved or to discuss any wellness issue.

6. What can I do if I feel that I am being abused or mistreated at my school?

AMSA has an advocacy Board that can help you sort out your rights as a student. Contact the DSP at the number above for more information.

"It is not so much that we need to be taken out of exile. It is that the exile must be taken out of us"
- The Lubavitcher Rebbe

ONLINE RESOURCES

- ◆ <http://www.amsa.org/well>
AMSA's Medical Student Well-Being Web Page. Contains information on various well-being issues, the Medical Student Bill of Rights, Well-Being Topic of the Month, MSWB Programming Ideas, Internship Opportunities, Online Resources in PDF format, and more.
- ◆ <http://intelihealth.com>
InteliHealth is one of the leading online health information companies in the world. It is a subsidiary of, and funded by Aetna U.S. Healthcare. It contains reliable information on health promotion, well-being, stress-reduction, nutrition, and more.
- ◆ <http://www.cma.ca>
This is the Canadian Medical Association web page. It contains useful information on well-being policies adopted in this country <http://www.cma.ca/inside/policybase/1998/05-05.htm>.
It also has a compilation of health and medicine-related Internet sites called WebMed Links, in which you can find research done on various medical fields.
- ◆ <http://www.cspinet.org/nah/caffeine.htm>
This site is called *Caffeine: The Inside Scoop*. It contains a list of facts and myths on caffeine, you may find it useful if trying to cut your caffeine intake, or just want to learn more about it.
- ◆ <http://www.cspinet.org/reports/food.htm>
Here's a list of food additives to avoid, this site tells you which ones and why.
- ◆ <http://www.mindtools.com/>
This site gives you some ideas on stress and time management. It's also "a resource of thinking skills, shareware and practical psychology helping you to think your way to an excellent life!"
- ◆ <http://primusweb.com/fitnesspartner/library/weight/stresmgt.htm>
Here you will find some very useful stress-management techniques.
- ◆ <http://students.ubc.ca/health>
This is the University of British Columbia Student Health Web site. Here you will find information on health, illness, and wellness issues from a medical perspective.
- ◆ <http://www.nhyoko.med.navy.mil/wellness/wellness.htm>
The Wellness Center at the U.S. Naval Hospital in Yokosuka, Japan offers a wide range of information on wellness issues including, nutrition, suicide prevention, stress management, sexual health, and stress management.

"We must learn to live together as brothers or perish together as fools."

--Martin Luther King, Jr.

Notes for Concerned Medical Students

by Patch Adams, M.D., Founder and Director, Gesundheit Institute

Medical education can be a stressful experience. For some, the academics seem gargantuan, for others the costs are stifling. But the most disconcerting feedback is the feedback that is centered on a depression and anxiety over the kind of climate in which health care is practiced in today's society. It is hard to find joyous service oriented practice in hospitals. So often it appears that economics and management come before patient care. Competition seems to be more the style than cooperation among health professionals. This guide is created for the medical student who wishes a thrilling, joyous,

heartfelt medical education in exuberant anticipation of a life in service to humankind. Inherent in helping others is an intoxication of self-satisfaction in a garland of intimacy. The keys here are to assert your own motivation and to respect your wisdom...indeed to be bathed in the self-confidence that you can make your life a delightful adventure. We offer a few suggestions here to make your education a highlight of your life. Please share your feedback and suggestions. Dialogue with us and your contemporaries in creating a medical celebration.

1. Don't wait until you are on the wards to practice and develop your interviewing skills...start now!

Interview everyone with as great a depth as you dare. Medicine's fundamental thrill is intimacy. Find that kind of demeanor in yourself that delights others so they tell you their tales. Be ecstatic for the gift that people give you in love, trust and intimacy. Find a way to let this journey together stimulate you and fill you with the excitement of a new friend.

2. As you explore the glorious mechanisms of the body and life, let it electrify you in wonder and curiosity. Never get complacent over the miracle of life. Live in awe. Let this be the focus of your education...NOT your grades, which will tell you nothing about the kind of doctor you will be. (When I was in medical school, I told them never to notify me about my grades unless I failed...which became very freeing).

2. Do not let the cost of education paralyze you. It is a privilege that you are so fortunate to be in school. When you finish you will pay your loans back as soon as you can. If you choose service-oriented medicine, its gift is payback enough until funds come in. Don't let the debt trap you in a repugnant practice. Here creativity and exploration make great playmates. There is no debtor's prison. Community support can be key here.

3. Cultivate intimacy with the health professionals and professors you respect.

Invite yourself to their homes. Establish a thriving dialogue. Ask to come into their practice. Reach out for the same intimacy with aides, orderlies and nurses as you do with doctors and patients. The word here is friendliness wherever you go in life; it will make your day thrilling.

4. Please have support groups.

Support in study. Support in play. Find like minds and fantasize your medical interests and futures.

Practice being very deep and intimate with each other. Hold nothing back.

5. Please get involved in the politics of medicine from the very beginning.

Belong to the American Holistic Medical Association (AHMA), American Medical Student Association (AMSA), Office of Student Representatives (OSR) of the Association of American Medical Colleges, the American Medical Association (AMA), the American Academy of Family Physicians (AAFP), etc. Go to the meetings, especially the big ones, and talk with everyone. There is gold everywhere. Many are thinking about the same things you are. Your fantasy medical practice may sprout in this climate.

6. Yes, fantasize your most outlandish medical fantasy.

Your degree in medicine is the freedom to choose exactly how you want to practice. The only limiting factors will be your fears and your imagination. Band together and soar.

7. Focus on medicine as service.

Medicine as a business is hurting everyone. The rewards in medicine are in helping others and in self-discovery. Giving is an intoxication, intimacy is a by-product. Brace yourself for an avalanche of love.

8. This is a whopper. Have outside interests!

You are not a doctor. You are a person who has studied medicine. You are all of your other interests just as well. Nurture all of your loves. Experiment with ways of integrating your interests with your medicine. Weave these interests into the relationships you have with your patients. Be open to learning things from them....you will love the bonds that form.

9. Finally, do not sacrifice your family for your medical career.

What you learn in keeping your family vibrant will serve you greatly with your patients. Please cherish your significant others, your lovers, your children, your parents, and feel the great health their love gives you. See your friends as part of your family.

¹ MULLER S. Physicians for the 21st century. Report of the Project Panel of the General professional education of the Physician and College for Medicine. *J Med Educ* 1984; 59:1-208.

² WOLF TM. Stress, coping and health: enhancing well-being during medical school. *Med Educ* 1994; 28(1):8-17.

³ AMSA 2000-2001 PPP

<http://www.amsa.org/about/ppp/contents.cfm>

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⁶ CLARK DC, ZELDOW PB. Vicissitudes of depressed mood during four years of medical school. *JAMA* 1988; 260(17):2521-2528.

⁷ VALKO RJ, CLAYTON PJ. Depression in the internship. *Dis Nerv Syst* 1975; (36):26-29.

⁸ Physician Health and Well-Being [CMA Policy Summary]. *Can Med Assoc J* 1998; 158(9):1191-1195. (<http://www.cma.ca/cmanews/vol-10/issue-8/004.htm>)

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¹⁰ HAYS LR, CHEEVER T, PATEL P. Medical student suicide, 1989-1994. *Am J Psychiatry* 1996; 153:553-555.

¹¹ AASLAND OG, ECKEBERG O, SCHWEDER T. Suicide rates from 1960 to 1989 in Norwegian physicians compared with other educational groups. *Soc Sci Med* 2001; 52(2):259-265.

¹² MYERS MF. The Well-Being of physician relationships. *West J Med* 2001; 174(1):30-33.

¹³ MSWB-AMSA Website www.amsa.org

¹⁴ FRIEDMAN RC, KORNFELD DS, BIGGER TJ. Psychological problems associated with sleep deprivation. *J Med Educ* 1973; 48:436-441.

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¹⁶ BARTLE EJ, et al. The effects of acute sleep deprivation during residency training. *Surgery* 1988;104:311-316.

¹⁷ FRIEDMAN RC, KORNFELD DS, BIGGER TJ. Psychological problems associated with sleep deprivation. *J Med Educ* 1973; 48:436-441.

¹⁸ WORTH R. Exhaustion that kills: Why residents are still overworked-and what can we do about it. *Washington Monthly* Jan/Feb 1999; 15-20.

¹⁹ GREGER M. Residents: The perils and promise of educating young doctors. (1996) The Last Great Workshop. "Zion vs. NY Hospital" February, 1995.

(<http://upalumni.org/medschool/appendices/appendix-28.html>)

²⁰ LAINE C, et al. The impact of a regulation restricting medical house staff working hours on the quality of patient care. *JAMA* 1993; 269:374-378.

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