

# What did you choose?

Dr William Perry, Elizabeth Carr

Dr William Perry is the Co-Editor of "Keeping your grass greener: a wellbeing guide" and Immediate Past President of the New Zealand Medical Students' Association. Elizabeth Carr is a Trainee Intern at the Christchurch School of Medicine and is the current President of the New Zealand Medical Students' Association.

We all chose medicine for a reason. Some of us wanted the challenge, others the responsibility, and some had a passion for people and life sciences. We did not consider however, that in choosing medicine we would experience high levels of stress and distress during our training. The reality is that for most of us there are times in our medical career when we feel we are not quite coping.

The notion of wellbeing used to evade our profession. Stress, distress, burnout, and poor mental health were often thought to be a natural consequence of the job. Challenging training and challenging careers meant hard work and the gritting of one's teeth. The rewards were worth it at the end of the day.

The rewards are still there. Our profession can be immensely satisfying. Now however, we are thankfully realising the importance of medical students' and doctors' wellbeing. Stress, distress, burnout, and poor mental health can be avoided. How are we to deliver the best healthcare we can to our patients when we are not well? We need to make sure we have taken care of ourselves first:

If oxygen is needed in an emergency, a mask will be released from above you. Place the mask over your mouth and nose and tighten the strap. Pull down on the hose to start the oxygen flowing. Make sure you put on your mask first before assisting others.

Medical students have similar psychological wellbeing to the general student population before their course.<sup>1-3</sup> During the course however, we begin to exhibit higher levels of *psychomedical stress*.<sup>4-10</sup> One study has suggested that almost a quarter of medical students show signs of depression, and of them a quarter will experience an episode of suicidal ideation.<sup>11</sup> The statistics are not good for doctors either, so much so that there is now a bi-annual international conference devoted entirely to issues of doctors' health.

Some of the biggest barriers that have been identified to improving wellbeing in our profession are the associated stigma and a general lack of awareness of the importance of our wellbeing. Stigma creates a barrier to accessing support services.<sup>11</sup> We tend to associate feelings of weakness, shame and embarrassment with seeking support.<sup>12</sup> In reality that stigma persists because of self-perpetuation rather than the underlying organic causes. By increasing awareness through education, we can decrease the stigma.

The New Zealand Medical Students' Association (NZMSA) is putting wellbeing on the agenda. We have named it one of our big issues and have developed a wellbeing action plan. Much of it centres around talking with medical students and increasing the awareness of wellbeing's importance.

This year marks the launch of a wellbeing booklet that will be distributed to all junior medical students across Australasia. The booklet will help increase the awareness of the importance wellbeing, teach students some

tips and tricks to help them take care of themselves, and hopefully act as a talking point from which we can discuss further issues. It will also provide a directory of support services available to students should they wish to seek help.

The NZMSA Wellbeing Policy developed last year calls for a joint effort from the medical student body and the medical schools to ensure progress is made in this area. We ask that students reflect on their own wellbeing, their willingness to access services, and their interest in learning better coping strategies. The medical schools need to provide adequate, accessible, and affordable, all-encompassing support services for all medical students. We strongly believe that if medical schools integrate wellbeing into the curriculum then we will all benefit as students and throughout our careers. Education on wellbeing will raise awareness of important issues and provide teaching of specific skill sets related to wellbeing.

Our wellbeing action plan has five areas for action:

1. Encourage students to take responsibility for their own health
2. Increase the awareness of support services already available
3. Increase the availability of a range of stress management strategies
4. Ensure the medical schools take up the challenge of improving medical student wellbeing
5. Decrease the stigma amongst medical students on issues around mental health and wellbeing

It is hoped that over the years to come, wellbeing will hold greater priority in our profession. With international collaboration and universal acceptance of its importance, we may be able to choose medicine **and** wellbeing.

## REFERENCES

1. Rosal M, Ockene I, Ockene J, Barrett S, Ma Y, Herbert J. A longitudinal study of students' depression at one medical school. *Acad Med* 1997;72:542-6.
2. Carson AJ, Dias S, Johnston A, McLoughlin MA, O'Connor M, Robinson BL, et al. Mental health in medical students: a case control study using the 60 item general health questionnaire. *Scot Med J* 2000;45:115-6.
3. Singh G, Hankins M, Weinman JA. Does medical school cause health anxiety and worry in medical students? *Med Educ* 2004;38:479-81.
4. Aktekin M, Karaman T, Senol Y, Erdem S, Erengin H, Akaydin M. Anxiety, depression and stressful life events among medical students: a prospective study in Antalya, Turkey. *Med Educ* 2001;35:12-7.
5. Henning K, Ey S, Shaw D. Perfectionism, the imposter phenomenon and psychological adjustment in medical, dental, nursing and pharmacy students. *Med Educ* 1998;32:456-64.
6. Lloyd C, Gartrell NK. Psychiatric symptoms in medical students. *Compr Psych* 1984;25:552-65.
7. Toews JA, Lockyer JM, Dobson DJ, Brownell AK. Stress among residents, medical students, and graduate science (MSc/PhD) students. *Acad Med* 1993;68(10 suppl):S46-8.
8. Toews JA, Lockyer JM, Dobson DJ, et al. Analysis of stress levels among medical students, residents, and graduate students at four Canadian schools of medicine. *Acad Med* 1997;72:997-1002.

9. Psujek JK, Martz DM, Curtin L, Michael KD, Aeschleman SR. Gender differences in the association among nicotine dependence, body image, depression, and anxiety within a college population. *Addict Behav* 2004;29:375-80.

10. Dahlin M, Joneborg N, Runeson B. Stress and depression among medical students: a cross-sectional study. *Med Educ* 2005;39:594-604.

11. Givens J, Tjia J. Depressed medical students' use of mental health services and barriers to use. *Acad Med* 2002; 77: 918-921.

12. Chew-Graham CA, Rogers A, Yassin N. 'I wouldn't want it on my CV or their records': medical students' experiences of help-seeking for mental health problems. *Med Educ* 2003;37:873-80.



## NZMA - helping you succeed today and throughout your medical career

We are the only organisation that can represent you at *every* stage of your career, whatever your medical specialty. We speak out publicly on issues that affect you - vocational training, working conditions, TI grant, recruitment, debt and much more.

- Political advocacy
- Summer Studentship (research grant)
- High medical profile
- Leadership Fund
- ACE Roadshow
- Sponsorship of medical student events
- Strong working relationship with NZMSA
- NZ Medical Journal
- Doctors-in-Training Council

[www.nzma.org.nz](http://www.nzma.org.nz)



SCIENTIA ET CONCORDIA  
NEW ZEALAND MEDICAL ASSOCIATION