

Words Matter: Reexamining Our Vernacular

The current Match process is imperfect. The increasing rates of application inflation and the economic burden for medical students have been highlighted as growing challenges.^{1,2} Joseph G. Monir, MD, put forth a 3-phase system for reforming the Match in the February 2020 issue of the *Journal of Graduate Medical Education*.³ Phase 1 allowed applicants to apply to a limited number of programs. Phase 2, for those who had not matched, allowed for an unlimited number of applications. Phase 3 is similar to the current SOAP process.³ There are a subset of students who currently implement a very restricted version of Phase 1, targeting only a single program, and the term applied to this is to “suicide match.” The act of “suicide matching” refers to one’s decision to list a single program as the sole occupant of their rank list. For students, this leverages all their years of medical school on the preference for a single institution in their next stage of training. The fate of one’s career becomes dependent upon one interview day, one selection committee, one program director. For residents applying to fellowship, the years of graduate training add even more gravity, but provide the safety net of a potential career as a generalist. The overlying premise for an applicant in this setting is one of “fit,” yet the vernacular applied has connotations that medicine should seek to move past. As we embark on another cycle of the Main Residency Match, we must also seek to overhaul the educational construct of suicide matching.

Searching for commentary and origins of the term leads one to advice forums highlighting the struggle of decisions that balance one’s personal and professional goals, juxtaposed with tragic stories of trainees who take their own lives when unable to proceed in training. As medicine continues to recognize the importance of physician mental health and incorporates wellness initiatives into our professional settings it is time to rethink how we wield terms such as “suicide match.” Indeed, a trainee’s choice of a training program includes the consideration that life outside of the hospital matters and one’s personal commitments are as valuable as their professional ambitions.^{4,5} Career satisfaction and aspirations coalesce to become a single pillar represented by a

single institution. When one “suicide matches,” that decision is filled with a commitment to the profession balanced with other components of a trainee’s life: proximity to friends and family, needs and aspirations of a spouse, local support and opportunity for children, basic geographical preferences, and countless other considerations.

What term should be used instead? Perhaps no term should replace it. Rather, “suicide matching” should simply be referred to as “matching.” As well-being and mental health continue to solidify as pillars of the medical education community and we pursue changes in the Match process, it behooves us to revise our terminology and divorce a word used to describe the loss of human life, from a process that affords physicians the opportunity to continue caring for it.

Marcus J. Geer, MD*

Hematology/Oncology Fellow, Department of Internal Medicine, University of Michigan

Raymond Y. Yeow, MD*

Cardiology Fellow, Department of Internal Medicine, University of Michigan

Sarah Hartley, MD

Associate Professor and Associate Program Director, Department of Internal Medicine, University of Michigan

*denotes co-first author

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