Health in Residency: The Dilemma of Caring for Yourself

Residency is a unique experience that physicians have in their professional lives. While residency can offer priceless memories and lifelong relationships with colleagues and patients alike, the grueling battle between absorbing knowledge at every turn, caring for patients, handling the plethora of administrative tasks, and finding personal time away from the hospital can wear on even the most optimistic and seemingly unflappable resident. With the mounting workload placed on residents and increasing expectations for meeting goals and metrics outlined by multiple academic governing bodies, resident health often is an afterthought.

Every medical student in the United States recites some version of the Hippocratic Oath, swearing to themselves, their families, and their future patients that they will be ever cognizant of the awesome responsibility they have to those patients, in caring not only for their illnesses, but also realizing that "warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug."[1]

Yet, despite this time-honored tradition and guiding oath for treating patients, many resident physicians fail to recognize their own physical and mental health. From healthy eating habits, to the 7 to 8 hours of ideal sleep, to the 150 minutes of weekly exercise outlined by numerous studies that we share with our patients, it is no secret that we fail to practice what we preach.

When a resident physician *does* have a serious illness or medical problem necessitating time off from a residency program, there appears to be an obvious dilemma that is unique to the resident physician: Does the resident take time off to take care of his or her own health, while at the same time placing more work on the other residents and attending physicians? Does the resident sacrifice his or her health and well-being by putting off whatever treatment he or she needs for the greater good? Should the resident pursue treatment? If yes, how will he or she be perceived by the attending physicians?

As outlined by the American Board of Medical Specialties, each specialty has specifics for the maximum number of days a resident physician can miss. Should a resident physician need to miss more than the allotted amount of days, he or she faces the very real possibility of delaying completion of residency, as the weeks or months that were missed beyond the allowed time are added onto the end of medical or surgical training. While this may not be of great concern for most, for those who have other life obligations (to include family, possible fellowships, and personal goals), delaying completion of training can be absolutely life altering.

Regardless of ailment, physical or mental, we owe it to ourselves to be our own advocates. How can we care for patients if we cannot care for ourselves? How can we guide patients (the ones who come to us for a broken arm, the ones with debilitating tinnitus and vertigo, the ones with end-stage renal disease, the ones with suicidal thoughts) on the path to recovery and healing, if we ourselves are neither physically nor mentally able to?

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References

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