PHILOSOPHY FOR RESILIENCE: A MEANINGFUL INTERVENTION FOR MEDICAL STUDENTS

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THANK YOU

• Professor Malcolm Parker,
  • Emeritus Professor of Medical Ethics
  • University of Queensland
• For greatly appreciated advice and support
THE PROBLEM

• We agree that teaching philosophy to medical students is important

• We disagree why
  • Assists in seeing the relevance to medicine of different philosophical fields
  • Assists in ethical decision-making
  • Important to understand the history of why we do it in order to avoid similar mistakes in the future
  • It’s, like, really really interesting.

THE NEED FOR TEACHING PHILOSOPHY IN MEDICAL EDUCATION

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ABSTRACT. The need for philosophical contributions to medicine has rarely been discussed in a series of articles in this journal. The present article focuses on physician lack of training in philosophy as a part of the explanation of the society of works in philosophy of medicine. In section 1, I outline two philosophy courses which would be immensely valuable to the medical school curriculum required of all medical students. In section 2, I point out a number of medical sciences that would be enhanced by teaching courses in the philosophy of medicine. Finally, in section 3, I make a case for the need for more courses in the fields of epistemology and metaphysics, and so will help others see the relevance to medicine of philosophical fields other than ethics.

Key words: epistemology, clinical reasoning, metaphysics, philosophy, philosophy of medicine, philosophy of science

The need of studies in philosophy of medicine, that is, the study of epistemology, logic, philosophy of science, and metaphysics in medicine, has been discussed in a number of articles in this journal (1-3). Following Lindahl’s editorial (4), there are many reasons for this dearth of philosophical attention not mentioned by Lindahl. For one thing, philosophers are prone to use their abstract (“pure”) reasoning only to study “pure” sciences. Physics has received more attention than civil engineering, mathematics more than applied mathematics. Philosophers seem to prefer theorizing about nonmedical fields, perhaps a Platonic influence — the desire to inhabit a world of intelligible and immutable truths. And medicine is a practical science, at least if medical school is a guide — the clinical application of biology.

When the subject is a practical science, the emphasis of philosophical interest seems always to be in ethics. Thus we have rarely seen a growth of business ethics, consumer ethics, and legal ethics — all following in the footsteps of medical ethics. Ethics, of course, belongs in these more earthly pursuits, as it is concerned with the reflections of the Form of Justice (and other virtues) in our shadowy social world.

Why this dichotomy? The suggestion of medical cultural Patristic is not wholly unrealistic. But this intellectual bias also has much institutional support. Often the attention other fields pay to their philosophical foundations is motivated by a search for legitimation. This may, for example, partially explain...
• Medical students go through serious difficulties through medical school, particularly in clinical years

• High rates of depression and other mental health issues

• Exposure to critical experiences for the first time, with serious repercussions at a very early stage in their career depending on how they attempt to address it

• Often first experience of death

• High intelligence, but low experience with failure and low socio-economic situations – and therefore low resilience
THE CONCEPT

• Philosophy is interesting, but students already overwhelmed with knowledge acquisition need a mechanism to deal with personally compromising material

• These are crucial years of developing longstanding ways of how they think about things – i.e. their philosophies

• These experiences are also valuable teaching opportunities for the cohort as a whole

• Why not use philosophy as a mechanism for exploring these issues, in order to build group resilience?
• 3 nonassessable 2 hour tutorials spread over the year
• Run in 3rd year (when students first enter clinical rotations)
• Feedback collected immediately after each tutorial
• Simultaneous anonymous feedback portal run throughout the year
THE FIRST TUTORIAL
A FUNDAMENTAL PHILOSOPHICAL QUESTION

- Who am I?
- Followed immediately with me providing my contact details...
WHY ARE YOU STUDYING MEDICINE?
SOME USEFUL PHILOSOPHICAL QUESTIONS IN MEDICINE

• Why and how did evidence-based medicine arise, and why should you accept it?
• Are mechanisms required to establish treatment effects?
• Why should we treat the sick?
• Why am I a doctor?
THE INTERN’S OVERNIGHT SHIFT

• You start your shift, and find these are your assigned tasks:
  • Insert IV lines for 12 patients on three separate wards
    • 6 of them are resites due to being “expired” but clinically show no signs of infection
    • 4 of them are tissued from the previous day, none active
    • 2 of them are to prepare for surgery the next day
  • Assess a delirious and combative patient
  • Review analgesia for 8 patients
  • Chart fluids for 10 patients
    • All have enough fluids for the night, but staff want to prepare for the next morning
  • Talk to the family of a patient who is in respiratory distress regarding advance care directives
  • Complete a death certification
  • Prepare for a grand rounds presentation you are doing in the morning, in order to impress your supervisor and get a good result for your end-of-term feedback
YOUR CHALLENGE

• How will you prioritise your tasks, knowing that you will not complete everything over this night?

• Students were asked to use an online portal to identify in which order they would attend to their tasks, assuming that no one dies.

• They were then asked to repeat doing this, assuming real world conditions
PHILOSOPHY AND ETHICS IN MEDICINE

- Normative ethics
  - Study of Ethical Action
  - Investigating the set of questions that arise when considering how one should act
  - Deontological
    - Emphasises duties (rules)
  - Virtue
    - Moral character
  - Consequentialism
    - Consequences of actions
- Ethical Egoism
- Slippery Slope
THE TROLLEY PROBLEM
THE TROLLEY PROBLEM

• There is a runaway trolley on tracks that is about to kill five people who trapped on the tracks.
• You can push a lever that will divert the trolley to one person, therefore saving the five people, but you will kill someone.
• What do you do?
WHAT DOES THE TROLLEY PROBLEM REVEAL ABOUT MEDICAL DECISION MAKING?

• Medical decisions are easier when we don’t think about them
• Removing moral decisionmaking reduces subjective culpability and allows an external agency to be the responsible culprit
• We’re pretty happy to take responsibility for saving lives, but less so about situations where our actions could lead to death – even though adverse outcomes are a realistic possibility for virtually anything we do
NOW, A HYPOTHETICAL CASE...

• Dr Facey, an internal medicine faculty member, is a well-known physician-scientist and respected leader in his scientific field of investigation. Dr Facey’s teaching style includes questioning students on material that is beyond their educational level, believing that this style motivates them to learn. He sometimes uses a sarcastic tone and says things like, “I can’t believe they let you into medical school.” Dr Facey will continuously question a student even when it is clear that the student cannot provide answers.

• One day, one of the students was almost in tears after Dr Facey repeatedly questioned him about trivia from a recent article that the class had been assigned to read and laughed at him when he could not immediately answer all of the questions. Dr Insley, the intern on the team, knew that the student had read and understood the article because he had brought it to her and talked about it last night before he left to study for his final examination.

• JAMA Professionalism, “Medical Student Mistreatment” Catherine Lucey, MD; Wendy Levinson, MD; Shiphra Ginsburg, MD, PhD, JAMA December 6, 2016 Volume 316, Number 21 2263
FEEDBACK FROM SESSION 1

Q1 Today's session was helpful
- Strongly Agree: 35%
- Agree: 40%
- Neither Agree nor Disagree: 10%
- Disagree: 5%
- Strongly Disagree: 0%

Q2 Today's session made me think about clinical medicine
- Strongly Agree: 35%
- Agree: 50%
- Neither Agree nor Disagree: 10%
- Disagree: 5%
- Strongly Disagree: 0%

Q3 Information was relevant to me at my stage of training
- Strongly Agree: 40%
- Agree: 55%
- Neither Agree nor Disagree: 5%
- Disagree: 0%
- Strongly Disagree: 0%

Q4 I understood what the presenter was saying
- Strongly Agree: 45%
- Agree: 25%
- Neither Agree nor Disagree: 15%
- Disagree: 10%
- Strongly Disagree: 5%

Q5 I would recommend this session to others
- Strongly Agree: 35%
- Agree: 45%
- Neither Agree nor Disagree: 10%
- Disagree: 5%
- Strongly Disagree: 0%

Q6 It would be useful to have more information on a similar theme
- Strongly Agree: 30%
- Agree: 40%
- Neither Agree nor Disagree: 15%
- Disagree: 5%
- Strongly Disagree: 0%
ANONYMOUS SUBMISSIONS

“I’d really like some help as to what to do when you are shocked by bad behaviour. We had a [tutor] who made a student leave the room crying. I’ve had [someone] request to do a pap smear on me. Can we get some tips on what to do when shocked? I know what I would have liked to have done in hindsight, but was just too shocked at the time to do it”

“when asked by a scrubs nurse to give some tape, i gave her some that was slightly stuck together, it wasn't too bad but was ‘tissked’ at and referred to as a ‘dirty girl’”
THE SECOND TUTORIAL

3 months later
THEORETICAL MATERIAL ARRANGED INTO CLINICAL SCENARIOS

• Recap: Moral Decisionmaking
• Shock and the relevance of emotions
  • Desensitisation, Moral Outrage
• Logical Monism
  • “Hard” problems in medicine
• Learning
  • Dealing with being asked to do things that one is uncomfortable with, as they are in a learning role
• Ockham’s Razor
  • Difficult clinical situations
• Fatalism
• Whistleblower
• Bullying/Mentorship
• Inductive reasoning
  • What is a normal blood pressure?
Session 2 The session content was relevant and pitched at the right level for me

Session 2 The presenters facilitated the session in ways that helped me learn
SPECIFIC FEEDBACK

• “Philosophy - I wasn't expecting to enjoy it BUT it ended up being a great forum for colleagues to discuss issues that seem to affect us all. Dr Jeyasingham is GREAT! Really engaging and actually excited about his topic.”

• “I found that this session was extremely similar to the first one in conference week 1. I thought the first one was relatively interesting, and got you thinking. This one was very repetitive and I was extremely bored. I felt the content didn't add anything new to the discussion. I also think that such a large lecture is not conducive to an interesting discussion. The same people always end up speaking, and everyone else gets bored. I don't really see the need for this session at all. I find medicine one of the most difficult, all consuming and terrifying things I have ever done. Just let us go home sometimes... 70% of us are going home to study anyway.”
THE THIRD TUTORIAL

End of the year

Dawn of
The Final Day
-24 Hours Remain-
WHAT WE’LL DO TODAY

• Wide focus
  • Why is Medicine hard?

• Narrow focus
  • Make some decisions again

• Meta focus
  • How did we make those decisions?

• Past focus
  • Real Philosophical Errors

• Future focus
  • How to decide about our futures, and our patient’s future
  • Isn’t it a bit early to be talking about this in 3rd year?
FIRST OF ALL, SOME OF YOUR FEEDBACK FROM SESSION 2...

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A DEDICATION

• This one’s for you.
A COUPLE OF OPEN QUESTIONS

• Why is medicine so difficult?
• Why is medicine all consuming, and terrifying?
PHILOSOPHICAL OVERVIEWS

• Metaphysics and Definitions
  • Reductionism vs. Holism
  • Realism vs. Antirealism
  • Causation
  • Disease and Health

• Epistemology
  • Rationalism vs. Empiricism
  • Medical Thinking
  • Explanation
  • Diagnostic and Therapeutic Knowledge

• Ethics
  • Principilism
  • Patient-Physician Relationship

• What is Medicine?
A SUMMARY OF WHAT WE’VE COVERED

• The Slippery Slope

• The Trolley Problem
  • Avoiding Moral Decisionmaking

• Making Moral decisions
  • Advanced ethical decisionmaking
  • Normative
  • Deontological
  • Virtue
  • Consequentialism

• Making Impossible Decisions
  • Emotions
  • Logical Monism
  • Ockham’s Razor
  • Fatalism
  • Induction

• Metaphysics
  • What is Disease?
  • How do we know what we do?
  • How do we make decisions?
WHAT IS MEDICINE?

• Why are you studying medicine?
• What kind of doctor are you going to be?
• What are your future decisions going to be based on?
NOW, TIME TO APPLY THINGS

• Philosophical Counselling
• A form of psychotherapy based on interpreting an individual’s philosophy
• Formal manifestations have changed to primarily problem-solving approaches
• Drawn from my own experience
• Each presents with a particular philosophical failure, which relates to their experience
• Use what we’ve discussed (or what you remember) to try to identify where the problem is
• All these doctors are most likely wrong, but not necessarily for the clearest reason
• Approximately halfway through a 30 patient private outpatient list, the consultant midway through talking about her last patient, continues to say:

• “It’s the most depressing thing. It’s just endless loss, every day, I don’t see my kids, I never see my husband, I think we’re drifting apart. My work follows me home every day and I can’t see a way out of this.”
• After listening to a presentation regarding definitions in psychiatry and the risks of different background perspectives interfering with interpretation,

• “I think it is important for you to have a set of definitions and perspectives that work well for you in terms of how you manage patients. It doesn’t matter if they’re the same as others, as what matters is whether they work for you. You only have to provide a broad opinion to others – and if they don’t want to accept your opinion, that’s their decision.”
THE SURGICAL REGISTRAR

• Midway through a vasectomy, the clinician realised that he had difficulty locating the second spermatic cord
• His consultant was at home and would take up to an hour to arrive in theatres
• He searched for another half an hour, decided that it must be an anatomical variation, closed and documented appropriately
HOW DO YOU DECIDE ABOUT YOUR FUTURE, AND YOUR PATIENTS’ FUTURE?

• Why isn’t it too early to be talking about this in 3rd year?
WHAT DO I DO NOW?

• You are currently learning how to be a doctor
• Part of this, is being exposed to ethical dilemmas and difficult settings
• Your development is critical to how you respond to these challenges. You can harden up and lose empathy, or decompensate and become ineffectual, or intellectualise and lose significance, or simplify and lose coherence.
SO WHAT DO I DO?

• Socialise
  • Make and maintain social networks outside of medicine. This will help maintain perspective

• Have a GP
  • This will keep you healthy as well as grounded. There’s nothing like being a patient occasionally to remember the point of medicine.

• Study
  • Satisfaction in medicine is based on doing a good job, which is largely related to theoretical knowledge. Sorry.

• Relax
  • Anything else that you can do that you can enjoy.
Session 3 The session content was relevant and pitched at the right level for me

Session 3 The presenters facilitated the session in ways that helped me learn
SPECIFIC FEEDBACK

“The philosophy tutorial was good as it was a way we could engage in discussion that was relatable to everyone. The only criticism I have is spending lots of time discussing the "theories of philosophy" is not super beneficial although it allows us to assess certain situations from a philosophical point of view. I can't imagine myself wanting to memorise all the theories and what they mean. Also- the discussion about the negative viewpoints from registrars and consultants was interesting but also quite disheartening. Although it may be very realistic, perhaps perspectives from students and junior doctors may have been more beneficial and relevant.”
“Philosophy. Two things happened here that I cannot emphasise enough how important they personally were for me. As setting, the first slide was some feedback I had given. I had said that 'medicine was the most difficult, terrifying and overwhelming' thing I had ever done. Dr. Jeyasigham then got us to talk about which parts made it that way. It was so, so good hearing I wasn't the only one struggling. I'd really like this to be given to the future years as well because just hearing how I'm not the only one makes me feel less alone.

The second amazing thing he did was at the end he had a list of things we could do to help prevent becoming like the jaded and hopeless case doctors he gave us. I realise it's all very simple and you can find it anywhere on the internet. But whether it was because it was given by a psychiatrist, or the timing for me was right, it really helped give me a bit of hope. I'd like this to also be given to future years.”
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