A s the movement toward health care reform in this country plays out on the large political and economic stage, a smaller and equally important drama continues among health care professionals. Much of the education in professionalism, which has become a proscribed component of medical school curriculum, concerns behaviors of physicians with patients and their families. But something less visible in the discussion of professionalism is our conduct toward each other and toward other members of the health professions.

Surveys of graduating medical students from the Association of American Medical Colleges show that harassment—a particularly destructive form of unprofessional conduct by those with power over those with less of it—pervades a student’s experience and accelerates the closer that students get to graduation. If it were simply that faculty members were the perpetrators, then the medical school should and would take action. However, students report harassment by residents, who are only a few years removed from their own student days, and, of more concern, by fellow students. Our behavior toward each other can affect the care our patients receive and the sense of comfort they get from a system in which they almost always feel vulnerable. Inconsiderate or demeaning language or actions in medical students, it seems, grows as they become residents in various specialties, and spills into their lives as practicing or teaching physicians.

I have been a practicing family doctor and an academic for more than 37 years, and I enjoy what I do and enjoy teaching it to others. But medical students in the United States are choosing family medicine and primary care at historically low levels, a trend that threatens the larger challenge of getting care to Americans in ways that are personal, cost effective, and local. All sorts of reasons are given for the lack of interest by students in primary care—debt burden, lifestyle, workload, geographic requirements for spouses or partners—and all have some element of truth. But a more insidious component may be a lack of respect that is pervasive medical tribalism that has run rampant in medical schools for more than 50 years.

Physicians learn early to characterize each other by tribe. The media delights in following suit. The television show *M*A*S*H* created an environment of black humor to skirt around the pervasive dread of battlefield surgery. Subsequent television shows, too numerous to mention, often continue stereotypes. It may make good television, but it doesn’t make good health care. Most of us are trying to find a way to work thoughtfully, every day, with little bits of drama mixed in. Most of us are trying to piece our patients’ lives and worries together in the long and unpredictable story of who they are, not in an action-packed 47 minutes. Each health care professional has a role to play, and each role is essential to our patient’s well being. And, needless to say, that role is what we want and need when we—as we all will—

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### Creating an atmosphere of respect

*John J. Frey, III, MD*

*Medical Editor, Wisconsin Medical Journal*

The television show *M*A*S*H* created an environment of black humor to skirt around the pervasive dread of battlefield surgery. Subsequent television shows, too numerous to mention, often continue stereotypes. It may make good television, but it doesn’t make good health care. Most of us are trying to find a way to work thoughtfully, every day, with little bits of drama mixed in. Most of us are trying to piece our patients’ lives and worries together in the long and unpredictable story of who they are, not in an action-packed 47 minutes. Each health care professional has a role to play, and each role is essential to our patient’s well being. And, needless to say, that role is what we want and need when we—as we all will—
become patients, too. I would challenge us all to review honestly the last week in our lives and see how many times we make stereotypic or demeaning comments about a colleague. If we do that in the presence of a learner—resident, student, or fellow—we teach them that such comments are somehow acceptable and we encourage them to continue a tribalism that is affecting our profession.

When I first started practice, 2 experiences taught me how professional respect could and should be translated. One involved a resident in Worcester who, at my suggestion, called an esteemed pediatric surgeon at a Boston hospital and explained the unusual problem her patient had, expecting at every turn to be handed off to an underling, like her. Instead, the chief of surgery talked with her personally, congratulated her on the diagnosis, outlined the suggested management, personally called the resident after he had done the surgery on the child and then said to call if he could be of further help. I would wager she never used another pediatric surgeon until he retired. A second example was when a family doctor colleague came to visit a very sick child of a family for which she cared. As she walked into rounds at the University Hospital, she was greeted by the chief of pediatrics, who said, in front of the assembled white-coated masses, “We are fortunate today, the child’s personal doctor is here to fill us in on some things about the family that it would be good for us to know.”

If the American health system is to reach everyone with the type of care we and they want and deserve, the workforce will have to be composed of teams—large and small—who spread their work over practices and communities in new and untested ways. The last thing the country needs is a squabbling and insecure profession whose egos get in the way of sharing the work. To be respected, one needs to practice respect: for our patients, for our fellow health professionals of all types, and for each other. The workload, both physical and emotional, is not an excuse for complaining about our lives or about each other, certainly not at a time when the country needs us to work smarter, more compassionately, and probably harder. Real professionalism, in the new era of community, is about professional neighborliness and respect. If we model it, the next generation of clinicians who will be responsible for making the new system work might genuinely learn how to work together. The country deserves it.
The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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