

By Invitation

Anger management for doctors

One reason some physicians fail to honour their noble ideals is that they lose their temper, through tiredness, stress, or personality issues. The effect can be profound.



Chong Siow Ann

For *The Straits Times*

Every year, there is a Physician's Pledge Affirmation Ceremony for young men and women about to embark on a long medical career. This is a celebratory but solemn event with speeches by the president of the Singapore Medical Council and the guest of honour. This year, it was Mr Masagos Zulkifli, Second Minister for Health.

In his speech at the event earlier this year, he noted that while "most physicians are committed to provide their patients with the best care and highest standards... there are some who have failed in this regard", and announced that the new Medical Registration (Amendment) Act (MRAA) will come into force this year. "Under the MRAA, we will establish a new disciplinary commission," he said. "It will oversee the procedures and processes of disciplinary tribunals."

I don't think being embroiled in disciplinary proceedings was on the mind of any of the 200 or so doctors-to-be in the audience that day. Instead, they would have probably been moved and inspired when they raised their right hands and recited the Physician Pledge with its stirring words of dedicating their life to the "service of humanity", practising with "conscience and dignity", upholding "the honour and noble traditions of the medical profession" and respecting colleagues as "professional brothers and sisters".

But unfortunately, the minister is right. Despite whatever pledges, legislative reforms and other societal expectations, we don't always live up to these ideals. And there are many reasons, one of which is what the Roman philosopher Seneca described as "the most hideous and frenzied of

all the emotions" – anger.

DISRUPTIVE ANGER

Medicine is a demanding profession – not just because of the challenges and vagaries of diseases that we have to deal with, the massive quantities of information that need to be processed, and the uncertainties of the outcome of our interventions, but also because of the difficulties of having to work with many other people under complex circumstances.

There is much in the daily work of a doctor that can be vexing: unexpected or forced additions to an already frenetic schedule, meandering meetings that go nowhere, computer glitches, difficult patients and families, and exasperating bureaucratic demands.

We all know what it feels like to be physically, mentally, and emotionally exhausted, and at those times, it is so easy to feel angry – and that anger can be an enemy to all those sworn noble ideals and lead us astray.

The number of doctors who have "anger management problems" is probably few. Experts estimate that 3 per cent to 5 per cent of doctors show overt angry and disruptive behaviour such as berating nurses or junior doctors over trivial inconveniences, hurling surgical instruments in operating theatres, yelling at and demeaning co-workers they consider incompetent, or brusquely cutting off patients who ask too many questions.

The effects on others, however, can be profound. In a 2011 survey of 842 hospital administrators by the American College of Physician Executives, 71 per cent reported that these disruptive behaviours occurred at least monthly at their hospital, while 11 per cent said it was a daily occurrence. Ninety-nine per cent said they believed such conduct negatively affected patient care, while nearly 21 per cent linked it to patient harm.

Those findings were similar to a 2008 study of over 4,500 doctors and nurses, in which 71 per cent thought it led to a medical error and 27 per cent to the death of a patient. Other surveys of hospital staff blame such badly behaved doctors for low morale, stress and high turnover of staff – and malpractice suits.

There are some people who have certain innate personality traits in which that eddy of anger sits close at hand. Typical are those who are narcissistic, with that endowed sense of self-importance and entitlement, and who become enraged when

they are not catered to. And there are the compulsive perfectionists who become angry when their overly high standards are not met.

Anger may also arise from some emotional or psychological problems – including burnout, depression, anxiety, and substance use disorder – and in most instances, compounded by a reluctance to seek help. Doctors are prone to a dreadful fear of personal failure and inadequacy with a corresponding overwhelming fear of stigmatisation, which make some sick doctors conceal their problems until something gives.

HIDDEN CURRICULUM

I often wonder if there are some aspects of the way doctors have been trained that could contribute to this excessive and uncontrollable anger.

There are two ways by which we learn to do doctoring. The first is by formal education, with the structured curriculum of the medical school and postgraduate training with its emphasis on clinical excellence, and which also espouses the noble ideals of compassion, altruism, selflessness, and professionalism.

The second is the "hidden curriculum". This refers to the implicit messages and real-life lessons learnt about certain values, norms and attitudes of the medical community that are inferred from the behaviour of doctors and their interaction with others and how they actually operate and function in the medical setting. And it sometimes teaches something very different

– like the need to stay emotionally detached and objective, and to show no "weakness" – there is, after all, still that thinking in some quarters that one of the purposes of the rigours of medical training is to weed out the "weak ones". Medical students and trainee doctors may slowly learn to despise "weakness" not only in themselves, but also in others and even the very patients they seek to help.

This might involve situations where a more senior doctor belittles and humiliates a medical student or junior doctor for some real or perceived deficit of knowledge or mistake – in the belief that such humiliation would both toughen and motivate the recipient to do better, while toughening them up.

A related tactic is "pimping" – not, of course, referring to the more common understanding of that word, but where senior doctors deliberately ask questions in quick succession on things that trainees would not possibly know. When, as expected, the trainees can't answer, they are deliberately humiliated.

Some young doctors would have their self-esteem badly bashed – and the unintended consequence is the engendering of impotent rage and fear that make them terrified of admitting doubt, lack of knowledge, or asking for help.

Patients will never be safe if doctors can't acknowledge what they don't know, or ask for help when they need it, or speak up when they see a senior doctor about to do something feckless, dangerous, or reckless.

Some doctors subject to such practices during their own training use the same teaching style – creating a self-perpetuating cycle. The motives of those who do it probably have less to do with wanting to turn out good doctors than to assert their sense of superiority and status.

I have been fortunate to have been largely spared that sort of rebarbative teaching and have benefited from the good aspects of the hidden curriculum (and there are good things about it). From some of my teachers, I'd learnt to better handle my frustration and anger, knowing that when I'm in that state, it is very hard to step into my patients' feelings and to empathise with them. I've learnt to pull myself back and recognise my emotions and feelings during a difficult clinical encounter, and have developed some ability to reflect and recalibrate my response – though that would always still be a work in progress.

The cultivation of self-awareness and self-restraint is necessary to manage a difficult patient (or colleague) and one's reflexive negativity and anger.

And if that person was truly unreasonable, I might even allow myself the catharsis of venting to trusted colleagues who would either sympathise and make me laugh at that situation, or offer some thoughtful counsel, or when necessary, a well-intentioned and considered rebuke.

• Professor Chong Siow Ann is a senior consultant psychiatrist at the Institute of Mental Health.

RULE #1: DON'T OPERATE ON YOUR ENEMIES

