

Jung at heart: assessing one's suitability for medical training

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In this issue Satish Raj and his colleagues present the results of a longitudinal survey that measured the self-reported change in quality of life of medical students over the course of their clerkship year (page 509).¹ Of the 73 students surveyed, 20 responded on each of the 4 occasions requested. These students reported deterioration in vitality and increased difficulty carrying out daily activities because of physical or emotional problems.

I first must apologize to the authors because I was a member of this class and did not respond to the survey. To my mind, science had already demonstrated that sleep deprivation,² high debt loads,^{3,4} new work responsibilities⁵ and uncertainty about the future⁶ contribute to stress and cause one's health to deteriorate. Since the clerkship year encapsulates all of these stresses it seems predictable, and perhaps to most acceptable, that a clerk's quality of life would deteriorate over the year.

Many students who choose to enter medicine are drawn to the opportunity "to make differences in people's lives" and to solve "challenging diagnostic problems."⁷⁻¹⁰ According to Carl Jung, different psychological types prefer different types of work; the intrinsic appeal of any kind of work lies in the chance to use the mental processes one likes best in the way one likes to use them. In 1923 Jung published a psychological typology¹¹ based on the theory that people differ according to how they prefer to gather, organize and process information. This work inspired Isabel Myers and Katherine Briggs to construct an instrument to identify such preferences; the Myers-Briggs Type Indicator¹² has since become widely used in leadership and management development programs in the US and around the world.¹³

In 1964 Briggs, Myers and Davis studied the psychological types of medical students.¹⁴ They demonstrated that as a result of self-selection, a high school graduate of a certain psychological type, INFP (introversion, intuition, feeling and perception), was 4 times as likely to wind up in medical school as a classmate of the opposite type, ESTJ (extroversion, sensation, thinking and judgement). In their estimate, medicine appealed to the humanitarian, or the scientist, or both. "The humanitarian side of medicine gives full play to the warmth of feeling. The scientific side offers full scope to the intuitive's zest for problem solving and the introvert's gift for concentration... . By far the least attracted type (to medicine) was ESTJ." This is the business type

that predominates, even today, in management, retail and banking.¹⁵

The main justification for the hours and the intensity of medical school training is to expose future physicians to as high a volume and as wide a range of clinical problems as possible. Most students recognize and appreciate this. They also see the value in learning to make independent assessments and decisions on call, as long as effective mechanisms for feedback and accountability are in place. Students, such as my classmates, entered medical school knowing that clerkship and residency training would require long hours and delayed gratification. For most of us this choice was conscious, but was it fully informed? Few members of the current cohort of residents were informed that they would be required to commit to a specialty within 4 months of starting their clerkship, without adequate exposure to clinical practice.¹⁵ Few were informed that tuition fees would rise by 400%¹⁶ or that universities, if successful with their lobby to introduce residency tuition fees, would expropriate the meagre cash flows of residents.¹⁷ Few foresaw the loss of career flexibility with the elimination of the rotating internship and general practice license and the reduction in re-entry residency positions.¹⁸ And few understood that their right to practise in certain areas would be restricted, that they would face financial penalties for practising in certain areas or that, after spending 9 to 12 years to earn the right to independent practice, they might face the prospect of further years of enforced public service.¹⁹

All of these changes have been introduced within the last 7 years. They affect the cohort of students who have already entered the residency stream. Undeniably, some of these students are caught in the current and are struggling to stay afloat, in specialties for which they are not suited, as financial planners toss them lifelines of credit from the banks.²⁰

The process of medical education now eclipses the outcome. Students with qualities ideally suited to medicine, such as empathy and curiosity, may lack the self-interest and financial savvy necessary to survive residency training. Indeed, as the Jungian typology suggests, the processes that tend to predominate in business are diametrically opposed to those that tend to predominate in medicine. To a business mind, a student debt of \$116 929²¹ may seem a reasonable career investment, but to a humanitarian heart it may simply seem abysmal.³

Scientists and humanitarians will continue to be attracted to medicine. No less than patients, these individuals deserve to be fully informed about the implications of their choice.²² The onus lies with medical schools and provincial governments to disclose fully to each cohort of students the terms and conditions that will apply over their 6 to 9 years of medical school and to forgo political whimsy by honouring these conditions once declared.

Before entering medical school, the applicant needs to know the answers to questions such as the following: How much tuition will I have to pay over the 9 years of medical education? Will I have sufficient exposure to the specialties I am interested in before entering CaRMS? How can I change specialties if I find I am not suited to the one I choose? Will I be required to work in a rural community upon graduation? If so, for how long? When and where will I be able to establish independent practice? Only by having reliable answers to such questions can medical school applicants accurately assess their suitability for medical training and calculate the opportunity cost of rejecting other careers to pursue 9 years of medical education.

If the decision to enter medical school becomes a fully informed choice, it will be interesting to see how the personality of medicine changes, for I suspect that medicine will be shaped not only by the people who are attracted to the training, but also by those who, once informed, are repelled.^{1,14}

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