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Everything, every day, all at once—why we need to ask less of medical students

To improve the wellbeing of medical students and future doctors we need to challenge our culture of relentless productivity, say Marina Politis and Joy Hodkinson

Marina Politis,¹ Joy Hodkinson²

The romanticised narrative that our university years will be the “best of our life” can leave those of us who struggle feeling disillusioned. For many people, medical school is a frantic attempt to stay afloat against a relentless tide of work and expectations. If you try to transcend the identity of “medical student,” and attend to other responsibilities or interests, it’s not long until a familiar and insidious internal voice questions your ability to make it over the next academic hurdle. Simultaneously, when you prioritise studying, social media bombards you with a stream of other people’s perfectly curated fun. How is everyone else balancing it all?

We wish that our experiences didn’t resonate with others, but medicine is brimming with people who feel inadequate. Imposter syndrome, and the expectation to continually achieve, is spurred on by those who place doctors on unrealistic pedestals. Governments portray healthcare professionals as heroes who never tire—sustained by their “vocation” alone and free from the mundanities of requiring rest. Caught up in this fanciful rhetoric, it’s no wonder that so many of us don’t feel good enough.

We can show our patients and peers compassion—conscious that productivity does not quantify worth—so why is it so hard to direct those same sentiments towards ourselves?

Harder, better, faster, stronger

Medicine’s recruitment process is notorious for selecting “type A” personalities, yet the unsustainable work culture of medical school doesn’t stem solely from our perfectionist tendencies. Medical school mirrors our productivity-obsessed society. It is an unrelenting treadmill of lectures and exams, running alongside pressures to publish, complete audits, carry out quality improvement projects, and teach. We attempt to maintain that elusive work-life balance amid reminders to “be kind to yourself” from the same faculties that rank us against our friends.

Our worth is quantified through so-called meritocratic point systems, which arguably bear little correlation with our clinical skills. Phrases such as “borderline” instead of “clinically safe” are used to describe future practising doctors. In the NHS foundation programme, the highest praise a trainee can receive in the annual review of competency progression is “no concern.” Why not “good”? Our education and training systems are failing to instil self-worth in the next generation of doctors, and as bottlenecks in training programmes increase,¹ so will the pressure to outrank our peers.

Numerous articles urge medical students to lead on everything, from the drive for sustainable healthcare to the fight for reproductive justice.^{2,3} It’s true that we must all take action, but messages like this are endorsed by people in power who are reneging responsibility.⁴ The defining challenges for our generation cannot be tackled by individuals alone, and governments and governing NHS bodies must implement urgently needed system level change. Medical education should be incorporating ideas of social justice and equity into teaching, but simply adding yet more tick box lectures when exams still prioritise memorising the clotting cascade is tokenistic.

Far from equal

The burdens of this culture are not distributed evenly and perpetuate existing inequalities. The expectation to go beyond the medical school curriculum disproportionately harms those who already face barriers and discrimination, widening the disadvantage gap. The #LiveableNHSBursary campaign highlights the financial pressures that some medical students face—now more so than ever.^{5,6} While such students work part time jobs, their peers with fewer financial constraints are able to further their CVs, or take a much needed break. We know that the bar is higher for doctors who’ve not historically had access to studying medicine—the voices of whom are least often heard. Indeed, one doctor shared that “[ethnic] minority doctors have to be more ‘exceptional’ at their jobs than white colleagues.”⁷

The idolisation of productivity is deeply instilled in our capitalist society, but this shouldn’t stop us from reflecting upon our role in subscribing to these beliefs and how we can slowly disassemble them. A shift is needed to make expectations of medical students more realistic and compassionate—we cannot be everything, every day, all the time, and we should not aim to be. Employers and educators must take responsibility for how they’re reinforcing these pressures.

Less is more

Medical culture should foster collaboration, not competition. We must recognise that continuous ranking perpetuates the latter, is iniquitous, and may adversely affect people’s mental health. Our identities should be celebrated for their inherent worth, rather than endlessly moulded to best fit application systems. No one ought to consider whether their free time is sufficiently “high yield.” The relentless pursuit

of achievement can be lessened by increasing the number of jobs, so that we can leave behind the bizarre paradox where patients can't get doctors while doctors can't train.^{8 9}

While we wait to become more than a number, remember that if you're finding it hard to balance everything, in a system that perpetually demands more, you're not alone. The conveyor belt of medicine might superficially reward those for whom deciles and portfolio points take priority over their own needs, but burnout is much harder to recover from.

Acknowledging the implicit hypocrisy, privilege, and irony in our writing this, our message remains: please allow yourself to stop being productive. Metrics do not define your worth. Watch Netflix at 1.0 speed,¹⁰ turn off your alarm, go for a walk listening to Dua Lipa instead of *Zero to Finals*. Do nothing. The richness of our lives will never be measured solely by the densities of our CVs.

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