CHRISTMAS 2022: ETERNAL FLAME

I tried to survive as a Doctor in The Sims 4

The games journalist Jordan Oloman joins some 33 million people worldwide playing a social simulation game—while he chooses to live as a medical professional

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When the world first went into national lockdowns during the covid-19 pandemic, I, like many, craved a bit of normality in life. Being a freelance video game journalist, I turned to the one thing that I knew best and started a game in the popular life simulator The Sims 4 playing a freelance journalist. The results were surreal, funny, and a little bit profound.

Fast forward two years and I’m no longer craving to do my day job virtually, but two years of reading hospital admission numbers, NHS crisis headlines, and my own personal experiences with the urgent medical care department had me thinking about one of The Sims’ more popular career paths: the doctor.

So when The BMJ asked if I had experience of medicine in the Sims world, I started another (virtual) career, wondering how divergent this microcosm of non-sensical reality can get.

Get to work!

Unlike the scramble for medical places in real life, becoming a doctor in The Sims is shockingly simple. I create my Sim, open up my in-game phone, pick “find a job,” select “doctor,” and just like that, I am a medical intern, earning 18 Simoleons (the in-game currency) an hour with no training necessary.

“In this career, you will start with janitorial duties,” reads an online guide to the in-game profession. “Sometimes we still do,” jokes Lisa Rampersad, a fellow gamer and surgical trainee at Forth Valley Royal Hospital in Scotland that I meet via medtwitter. The basic career path of a Sim’s doctor is first you clean, deliver food, and admit patients from the front desk. Nevertheless, within 12 hours, I am actively inoculating some unfortunate patients.

My editor puts out a call on medtwitter to see if any Sim gamers who are in the real life medical specialty. We are inundated with replies and I gain a group of mentors to help me make sense of my medical career. Little did I know, among the thousands of medical professionals that proudly identify as gamers, a large number also play The Sims 4.

I move my Sim into a one bedroom flat in San Myshuno, the closest thing the game has to a major city like London. (“No FY1 [foundation year 1 junior doctor] in London is living alone,” says Lisa). The rent is suspiciously cheap at 300 Simoleons a week. “When I was a medical student, I also moved into a rat infested house, but that was in London and with the help of four housemates to cover the bills,” says Jon Hilton, a specialty registrar in acute internal medicine and intensive care medicine on Twitter. I have the rats, but also a chalk murder victim outline on the living room floor.

A clinical orientation notification on my first day working at the hospital suggests I should “take time getting familiarised” with the workplace and my colleagues. But across my career as a Doctor, my only acquaintance is my landlord, whom I invited over for dinner a few times to establish a tactical, surface level friendship that would increase the likelihood of pest extermination and boiler repairs. (An unexpected moral dilemma came when he arrived at the clinic seeking treatment for Llama Flu, after failing to restore my electricity the night before and asking me to “call if it gets any worse”.)

Diagnosis

Surprisingly, only eight illnesses exist in the Sims world, but it’s still a humbling process to get right. The efficacy of your diagnosis is under incredible scrutiny at all times; if you misdiagnose even one patient, they get up from their bed and fade into the ether (literally).

Sim medics perform tests on patients for advanced degrees of diagnosis (“weak” to “compelling,” which then narrows the possible illnesses you diagnose from) and refer them for treatment. Later, they graduate to diagnosing and treating the patients, with the ability to use more complex machinery like x ray imaging and treadmill tests, which are always readily available for patients. “Treadmill tests are a specialist investigation and only used for heart issues or when planning for a major operation,” Jon remarks, “arranging one would take weeks!”

Handily, patients have visual tells and specific mannerisms you can learn, just like in real life. “Some diseases do have telltale signs,” advises Jamie Sherrington, a salaried GP at Atlantic Medical in Penzance. “In [general practice] you can smash a diagnosis just on a single picture, which makes you feel like House MD.”

Some conditions are simple enough: “gas n giggles” for instance, has the patient giggling uncontrollably and breaking wind. But even with these signs, I struggle. Most signs point to several different ailments, and you can only ever pick one to diagnose. When my Sim (or I myself) am tired, diagnosing “triple threat”—a strange condition that requires surgery but features the same coughing as llama flu and the dizziness of ‘starry eyes,’ but none of the associated mannerisms—is a nightmare. Too many times I look at a patient who is visibly coughing and...
quickly diagnose the flu so I can get back to my backlog. This comes back to bite me, several times.

“Tons of diseases overlap,” sympathises Jamie, “In both general and emergency medicine, you start from the very beginning and have nothing to go on. We tend to rule out the very serious/life-threatening problems first, sometimes even treating for that until proven otherwise. Then and only then, we start hunting for the less serious illnesses.”

Infuriatingly, some of my patients don’t like what they hear. Poor diagnosis booms a notification popping up on my screen. “Jordan Oloman claimed there is nothing wrong with [patient name redacted for privacy]. However, [the patient] still exhibits visible symptoms and has decided to get a second opinion, rather than trusting his wellbeing to Jordan’s incompetence further.”

Something similar happens the next day, when the backlog of patients becomes too much for some people and a notification tells me: “Patient left...Tired of waiting for proper medical care, a patient has taken their health needs elsewhere—likely into their own untrained hands.”

**Career progression**

Around six hours into my game, I’m promoted to the role of registered nurse (nurse is part of the career ladder to becoming a doctor in The Sims). The role allows me to determine the sex of a pregnant patient’s baby.

This period also comes with major concerns about my work-life balance. I can only achieve my promotional goals and complete diagnoses if I force my Sim to stay for an extra hour at work. In reality, there’s a nice hard one hour cap on your overtime, yet I still barely recoup the energy, hygiene, and hunger necessary before the next day’s shift in the game.

My Sim arrives at work depressed or overcome with rage at the fact that he isn’t following his dreams. I spend most of the day using the stuffed dinosaur in the waiting area as a punching bag. A few days later, I find other staff members calmly queuing up behind me to beat the blue triceratops, who has become our flurry martyr.

The fact that there is only a microwave and a vending machine is a genuine source of anguish—what about a kettle? “Wait...,” says Jon enviously, “The lunch room has a vending machine and a microwave?!”

My Sim is becoming increasingly erratic and difficult to control. Without me realising, he has started bringing in books and a violin to work to relieve his boredom. I am mortified when he plucks out his instrument and starts playing in front of patients in the short moments between tests. The patients, surprisingly, don’t bat an eyelid. Sometimes my Sim’s colleagues quietly take the patient off my hands.

No matter how hard I try to keep up, the front desk is always a mosh pit of patients that I can never tame. “Theme Hospital got it right,” says Jon. “Once the doors open, the patients will keep coming in. There’s no pause button for real hospitals.” At the height of this chaos, I catch my Sim meaningfully observing a metal wall fixture at the back of the hospital in some kind of dissociative fugue state.

There are so many patients. I sometimes prioritise patients over taking my Sim to the toilet. Holding in what was sure to be an accident, I choose “discuss general health” with an elderly patient only to see my Sim soil himself in front of her and fall asleep. “I always tell my juniors about the best pooping toilet as it’s stressful enough without someone trying their luck on the locked toilet door,” Jamie tells me later. “When I was an [FY1], I definitely skipped lunch and didn’t go to the loo enough...there is ALWAYS time to go to the toilet.” I vow to schedule toilet breaks and cups of tea.

Confusion hits me when the senior doctor that my Sim had been referring patients to, just the day before, appears at the front desk, looking for a bed. As I analyse their sample (the game never tells me what kind, although I do have to swab their mouth), I notice that they no longer have a specific career in their profile—they had moved on from the profession (to what, if anything, I never found out).

I’m stunned but my mentors are unsurprised. “Understaffing leads to greater workload,” says Lisa, “People are burnt out and stressed, so they leave. New staff start, and due to inexperience as well as the massive workload burden, get stressed and leave...rinse, repeat.”

Jamie agrees, although adds that “I’ve had seniors who put their foot down and said “no you go home now” and because of people like that, that’s the kind of senior I try to be. Make sure the juniors go home on time as there will always be more work to do.”

**Time off**

Every day my Sim eats the same thing for lunch: the dubious sounding premade meal costing 16 Simoleans from the vending machine, which he begrudgingly heats up in the staff room microwave. Even on the highest graphical settings, it looks like three items you might pick up in Minecraft: a trio of green, white, and brown food blobs with suspicious nutritional value. It nearly always makes my Sim ill. “I often bought several meals in one day as I was pulled away to admissions and emergencies before I could even take a bite,” says Lisa, “Coming back to a soggy sandwich or a cold pot noodle is depressing.”

On shift, I receive daily text messages from one of my Sim’s friends sharing gossip, asking for romantic advice, and inviting my Sim to parties that he can’t attend. Within the intensity of the shift, these interactions felt like taunts, reminding me of the social contracts I could build if only my Sim wasn’t bagging up sick, eating microwave meals, and sleeping off the damage.

“This sounds like my life,” says Lisa. “Non-medics friends, unless they have known you pre-med, find it difficult to maintain the friendship. Medic friends know that they can drop a message and you will reply eventually or just leave it on read. And at some point, you will emerge from hibernation and reply.”

One day, I return from work as a medical specialist to learn that my cat, Dilbert—who I bought to kill the rats—has run away. I feel both guilt and genuine relief to have one less responsibility. It feels like a breaking point, so I book a few paid vacation days, earned from my overtime. “I’ve never been bribed with a whole day for staying an hour late. I would consider it if they did,” Jamie says.

My annual leave is instantly approved. “I think I might start looking for a job at your Sim’s hospital,” says Jon, “I gave work over six months’ notice about my own wedding, and I still wasn’t sure they’d give me the time off.”

My Sim reconnects with his sense of self. We read books, practice violin (no patients in the audience), and clear more than 30 patient samples and hospital paraphernalia that we’d taken home in an unintentional but still very worrying biological and data breach. “Unused blood bottles, tape rolls, cannulae, and too many packets of lube live in my hospital bag,” says Lisa.

Coincidence leads me to a “romance festival” being held outside my apartment, where I finally meet Sims other than my landlord.
Alas, the attending romance guru says that my Sim’s romantic destiny is bleak. “There’s a reason doctors date each other; there’s no time to find someone else,” says Lisa. Jamie adds: “A lot of medical people end up with medical people because it’s who you see all the time, they understand your pattern and what it’s like. I don’t think bleak is true. You just need to live life, not live work.”

Endgame

After three virtual days off, my Sim returns to the hospital and the recuperation is clearly valuable. Within a few in-game weeks, I am quickly promoted from medical specialist to surgeon. I get the “sickness resistance” trait, a seemingly superpowered ability to reduce or eliminate my chances of getting ill.

The endgame of The Sims 4’s doctor career features events and emergencies, such as house calls, viral outbreaks, and births. My first house call coincides with a series of unfortunate nervous deficits. I am forced to desperately relieve myself in the patient’s toilet before introducing myself, and after delivering two of three prescriptions, the final patient vanishes into the ether, never to be seen again. I can’t figure out how to get back to the hospital after this, so I eat a sad meal, alone on their kitchen island.

I am sent to “outbreak events” where, in a public place like a park or library, I find a bunch of Sims lying on the floor. I pop in, no personal protective equipment, and just wake up and inoculate them with some mystery drug/vaccine (it’s not clear which) before returning to the hospital to finish my shift. It all seems like a bit of a hygiene nightmare.

Somehow, finally, I reach the top job: chief of staff. How many staff, I’m never told, but I am making 2800 simoleons a day—155 times my starting salary and equivalent to two and a half months’ rent (I haven’t moved and have become quite fond of the rats).

But in the Sims world, great power comes with unpredictable responsibilities and seemingly not much change to one’s day-to-day work. Within one day as chief of staff, I am diagnosing patients, making a house call, delivering a baby, analysing stool samples, comforting a colleague, and fixing the hospital’s toilet (the only one in the whole building, which I needed to fix so my chief-of-staff Sim could relieve himself). “Without the home visit, this almost sounds like a standard day for the on-call medical registrar,” says Jon.

Coda

After several months of Sim time and weeks of real life game play hours, I drew the curtain on my short lived career in virtual medicine. I clearly wouldn’t last a day as a real life doctor and the difficulty of the in-game job reminded me how eternally grateful I am for the enduring compassion of the NHS.

Earlier this year (in real life), I spent a night at the Royal Victoria Infirmary’s emergency department after my partner suddenly became ill. 111 gave us the nod, and we spent several bleary eyed hours in the waiting area, where tests were processed, diagnoses were rendered, and a dozen plastic cups of water were drained before we got the all clear. The experience was naturally worrying, but also extraordinarily humbling and profound.

While waiting, we saw a steady barrage of misplaced anger and a frankly startling number of ignorant complaints and general impatience from members of the public—yet every member of staff in the hospital responded kindly with grace. It became truly remarkable to watch the same (clearly very tired) doctors and nurses emerge each time from the double doors to face their ongoing battle with the backlog once more, yet still speaking to people with an empathy that seemed beyond human. And not a violin in sight.

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