

Letter from . . . Chicago

Stress in 1984

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As we welcome 1984 with a bottle of Moselle we notice from the label that this wine cellar was established in 1794. We fancy its founder, a Mr Deinhard of Koblenz, relaxing by the cool banks of the Rhine, though alarmed by the stream of émigrés pouring in from nearby France. We further imagine that had Mr Deinhard been able to read George Orwell's *1984* he would have taken a dim view of the future of mankind. He might have viewed Robespierre as the beginning and Big Brother as the endpoint of an inexorable decline. He might have sighed that the age of civilisation (let alone that of chivalry) was dead, and joined Edmund Burke in declaiming that indeed "the glory of Europe is extinguished forever." But Mr Deinhard appears to have eschewed such gloomy speculations. Instead, he went on growing his grapes and established his own business, thus bringing untold happiness to countless generations sitting by the Rhine and elsewhere in the world.

It turns out that the wine merchant was right not to worry. For as we move on some 190 years from Deinhard the founder and Marie Antoinette the glittering but ill fated morning star, we are pleasantly surprised. We find the disturbance in France has died down. Oceania is not at war, Eurasia is but a geographical formulation, nobody must exercise in front of the telescreen on cold November mornings, and only house officers communicated in Newspeak. The doomsday prophecies of the 'seventies have likewise been proven false. The world has not run out of everything, and President Carter's gloomy *Global 2000* report, released in 1980 and sent to every head of state, is now thought to have been "dead wrong." According to newer prognostications the world in the year 2000 will be a better place to live in, less crowded or polluted, more stable ecologically, with more food, energy, and other necessities of life to go around. The new report, called *Global 2000 Revised* and presented at the annual meeting of the American Association for the Advancement of Sciences, found no evidence of impending climatic or ecological disasters, but a rising life expectancy throughout the world and a falling birth rate in developing countries. Recently several gerontologists also predicted that most people would be able to live to 120 years, which is not surprising considering that the average life expectancy has already been extended from 47 years in 1900 to 74 years in 1981. Changes in diet would be necessary though, the scientists believe, meaning less calories, meat, fats, and protein. Their conclusions, one should add, were based at least in part on data extrapolated from rats which lived longer when their diet was reduced by 25%, being "lean and mean but happy and in superb condition," possibly because a restricted diet prevents cancer and other diseases of aging.

Changing social patterns

Also looking forward to the better times is Ms Caroline Bird,¹ who notes that soon America's population will be predominantly middle aged or older. In her book she describes the rise and fall of youth, and explains specifically how we are beginning to fall out of love with youth. She notes that the young people have become fewer and less evident, that they have not been marching or shouting lately, but have been absenting themselves from the scene by plugging themselves into their earphones. This surely is a new phenomenon in a country in which it has been "children first" almost since independence. For it was the young who conquered the wild west, tamed the woods, and tilled the land, making the American frontier the original Third World and a ghetto of teenagers as clamorous as the knights of the fourteenth century or the students who overthrew the Shah in 1979. Continuing well into this century the cult of youth peaked after the second world war, when America produced as many as 4.3 million babies in a year. How these baby boom children grew up is history, how they changed the sexual morality and the rules in the colleges, lowering the voting and drinking age, and ending a war their elders had expected them to fight. Now middle aged but born into centre stage and accustomed to be there, they may change the rules once more, thinks Ms Bird. So the birth rate is still dropping; having children is no longer advantageous; and the post-second world war baby boom children are not likely to live for *their* children. Soon the motto may well be "adults first," and Caroline Bird conjures a vision of a world of unlimited opportunities where the ageless (rather than the aged) will lead fascinating lives and have exciting jobs. On retirement they may start new careers, running their business by satellite from offices in the South Pacific or exploring the wilds of Patagonia, in a new age of greatly changed lifestyles, education, architecture, technology, and human relations.

Ms Bird also thinks that a slower growing economy with reduced opportunities for advancement will make people "more communal, more equal, less competitive—a world of people less willing to sacrifice the pleasures of the here and now for the rewards of the future." Already, she writes, the ambitious have become a suspect minority and many professionals behave like "lower opportunity employees" bent on enjoying life. Such may well be the case with some of our more recent medical graduates, who seem less competitive and career oriented, more likely to take up administrative positions or nine to five jobs with prepaid medical plans. One young doctor recently described how he enjoys being able at last to spend some time with his family. Another has taken up playing the piano; and others are questioning the traditional lifestyle of working during the day and studying at night. Despite the coming "doctor glut," new jobs for doctors are expected to arise in research, education, training, and industry as medicine comes more into contact with new technological, social, political, and economic developments that impinge on health and illness in people. All this suggests that there will be opportunities for all kinds of doctors, for those

choosing an easier life and for those about whom Lane A Gerber has written in *Married to their Careers*.²

Effect of medical training on doctors' personal lives

A doctor of psychology and son of a doctor, Dr Gerber remembers his father putting in long hours and always coming home late, the phone ringing for ever during dinner, and mother always complaining that father never helped around the house. Though tempted to become a doctor he chose psychology, becoming interested in the effects of medical training and residency on the family and development of young doctors. He found that students and house officers work far too many hours, becoming in the process cut off from other interests, from their families, and from community life. Accounting for this intense devotion to work are many pressures, some arising from within and others from without. Peers and role models constantly reinforce the general expectation that doctors must devote their whole life to medicine, leading to a marine corps mentality and to a perception by the doctor that his "specialness" is the outcome of a bargain in which you give much but also get much. But first the young doctor must prove himself, live up to expectations, conquer his fears of failure, and show that he can sweat blood and work his 80 hours a week, for medicine is a select club that has room for only a few good men. And has not Dr Burch written that doctors should work all the time, seeing patients and keeping up to date, so that "to the master cardiologists the study of cardiology is the only pleasure?"²

This total immersion, beginning in the preclinical years, not surprisingly creates problems within the family: Thus we read about the young woman medical student, married to a busy lawyer, barely able to reconcile her role as a house officer with that of a wife and mother. She sleeps four interrupted hours a night to find enough time for her children, husband, patients, study, and demanding attending physicians at the hospital. Another promising young doctor puts off getting to know his family while pursuing his goal of becoming a specialist. He always says that things will be better tomorrow but his family and children are wondering if tomorrow will ever come. And for the older couple, the eight years' marriage has just ended in divorce as the 43 year old successful surgeon has moved out of the house. Looking back on the long grind of his training, he feels that he was often merely trying to survive. His wife says that all this time he did nothing but sleep, go to the hospital, or prepare for journal club; but he feels that his wife did not fully understand what it was like. Gradually, he describes, home became a place for sleeping, for "bringing in the bucks," for being the family's handyman, for having to fix things when dead tired and wanting to relax. As he became more and more estranged from his wife and also from his children, his life became the hospital—where no demands are made and where people understand you. Then came along a young nurse, with no bills to be paid for, no things to be fixed around the house, but only a little fun, someone to talk to, and sex that was also fun and easy.²

Yet not all marriages are in trouble, finds Dr Lane, and some doctors reach self fulfilment, happy at home and popular at the hospital, though often at the price of curtailing their ambitions and deciding not to advance on the ladder beyond a certain point.² But for other doctors success is achieved at great cost; and we hear elsewhere from another wife, of a sixth year surgical resident, also about to be divorced after enduring eight years of loneliness and of explaining to her children that daddy's absence was necessary. His patients should be grateful, she writes, for he "has been skilfully trained but selfishly possessed by a system that forgets that behind many good residents are their families waiting."³ To which complaint the traditional answer might be that doctors should marry late, if at all, and certainly not until they have completed their training. Lane, however, thinks that the assumption that medicine is the only way of life is expensive in terms of human cost, a cause of suicide, drug abuse, and unhappy marriages or productive of distant, paternalistic, and pre-

occupied doctors. And whatever one may think about his conclusion or recommendations for change, we find that as we enter the year 1984 others are also questioning whether medical training need be a trial by ordeal.

Stresses of the profession

So we read that stress among the residents is on the rise.⁴ One out of 10 doctors is impaired, we are told, having resorted to alcohol or drugs in order to cope with the pressures, the demands, and the isolation, the fear, the excessive workload, and the sleep deprivation. One officer described how the bleep was always there, an invasion of his privacy. He never knew if it was something routine or a cardiac arrest, he said, and his anger about it became immense.⁴ But among some of the older doctors there was the feeling that the older generation had also been through the mill and yet had survived; that natural selection was needed to weed out the soft and the incompetent; that 20 years ago "burn out" had not even been invented; that the young have never had it better; and that many students lacked character, motivation, and integrity. Needless to say, such statements were not allowed to pass unanswered. Notably, a young doctor's wife wrote about having to pay off the thousands of dollars of debt incurred during training, about the high malpractice premiums, the long hours, and the difficulties of establishing a practice, and also about her 3 year old daughter saying she wished she could be sick so that she could get to see her daddy.⁵

Yet once the doctor is well established in his practice, he still faces the intrinsic stresses of his profession, a subject that has lately generated considerable interest. "We routinely interact with people who are anxious, uncomfortable, often unable to express gratitude or affection," writes one physician. "Patients expect greater sympathy for their suffering and more skill in relieving their symptoms than we as physicians can provide . . . We strive to keep patients alive, and yet we are ultimately and inevitably doomed to fail."⁶ Elsewhere we also read that doctors are stressed by having to deal continuously with suffering, fear, sexuality, death, and uncertainty, and they may adapt by emotional withdrawal, social isolation, cynicism, or denial.⁷ Others are so busy that only rarely, between patients as they wash their hands, do they look up to the mirror to see the aging face: "Married too young; worked too hard at being a doctor to have time for much else. Too self sufficient to express need. Always giving, never seeing the need to take. The need was always there, but you couldn't say it, couldn't admit to wanting anything or anyone."⁸

References

- 1 Bird C. *The good years*. New York: E P Dutton Inc, 1983.
- 2 Gerber LA. *Married to their careers*. New York and London: Tavistock Publications, 1983.
- 3 Anonymous. The goal. *JAMA* 1983;250:407.
- 4 Hinz CA. Stress among residents on rise. *AM News* 1983 July 22, 29:1.
- 5 Billings MM. Residency takes toll on physician, family. *AM News* 1983 Aug 19:11.
- 6 Bockoff DB. The effects of stress. *AM News* 1982 May 21:4.
- 7 McCue JD. The effects of stress on physicians and their medical practice. *N Engl J Med* 1982;306:458-63.
- 8 Schreiber MH. Face. *JAMA* 1982;247:2486.

Can junket (curds and whey) be made with ultra heat treated milk?

No. Junket may only be made with pasteurised and homogenised milks. The higher temperatures needed for sterilised milk and the ultra heat treating process distorts the shape of the milk proteins so that the enzyme—rennin—cannot react with them to form a clot.—ELISABETH MORSE, nutrition consultant, London.