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Photo: Einar Nilsen

Many doctors are perfectionists. Is anything else conceivable?

Only the best is good enough

When I started my medical studies nearly 25 years ago, it was drilled into us from early on that we needed to learn to set limits for ourselves; to judge when something was good enough. We could not do everything for all our patients. If we failed to learn the art of limitation, we would all fare badly. We would be exhausted and burn out. Everybody realised that setting limits was a good idea.

This advice was probably provided with the best of intentions. Among neophyte medical students there may even be good reason to discuss it. The traditional selection for medical school on the basis of a single variable – good grades from upper secondary school – favours people who have not been content with the average. We have been recruited according to our perfectionism. The requirement for good grades has nurtured exaggeration. It is incommensurate with doing things «well enough» – we have tended to do our homework down to the finest detail.

I believe that this selection of high-performing students to the medical profession has been a boon to Norwegian medicine (1). As a group, Norwegian doctors have been diligent and highly skilled. The quality of medical services has remained high. Recently, I was a guest at the annual conference of the Association of Senior Doctors. It is fascinating to hear the seniors of Norwegian medicine recount how their profession as doctors has filled their lives. Their devotion to their patients and the profession is a recurring feature of their narratives.

«Many professions set requirements, but in my field, approximations may entail major consequences,» the neurosurgeon Arild Egge stated in an interview some time ago (2). He was concerned with what he saw as an industrialisation of the profession. The medical field is in a process of trivialisation, he claimed. A good neurosurgeon, however, cannot be a nine-to-five doctor. Neurosurgery requires experience, enthusiasm and hard work – this is the only route to perfection. Having a well-rested doctor is all well and good, but it will come at the price of the surgeon's experience. This is excluded from the discussion, which is deceptive to the patients, Egge said. Perfectionism at all levels is a precondition for providing optimal services to the patients. The ability and willingness to perform to the maximum and demanding the best has been branded as negative to an excessive extent, he claimed. In this context, the discussion soon turns to elitism, something that enjoys little acceptance outside the culture and sports sectors. But achieving perfection in one's work should not have any worse a ring to it. «I regard perfectionism as something positive and a necessary motivation. Consider yourself in the role of patient. I worry far more about the consequences of a lack of perfectionism than the apprehension of what perfectionism might entail,» Egge said (2).

A few days later, Egge received a response (3). Christer Mjåset, a young doctor working in the same department, told the newspaper

that older doctors tend to glorify the virtues of working long hours. «Many of them had a home-making wife who took care of the children and the house when they themselves were junior registrars. However, the number of hours is not the only important factor in becoming a skilled doctor. The organisation of the content of these hours is equally important. Norwegian hospitals have a lot to learn in this respect. Working in your leisure time should not be necessary when you already go on nineteen-hour duty periods. Instead, proper follow-through should be provided during the hours we actually spend at work,» Mjåset claimed (3). Both Egge and Mjåset have a point. But how should optimal patient services be provided in a new age?

For some reason, perfectionism has been associated with gender. It is referred to as the «Good Girl Syndrome». Perhaps this concept has become more relevant than it used to be – since two-thirds of all medical students now are women (4)? Suffering from the «Good Girl Syndrome» is obviously something you would want to avoid. From kindergarten onward, directly and indirectly, it is said, now listen here, girls, you must be more like the boys. If not, you will be exhausted and burn out, hit the wall and suffer from chronic fatigue syndrome and spend years lying in a dark room in the basement. Oops, better stop being clever, and be quick about it (5).

But how did it happen that a strong sense of duty and responsibility and setting high standards for oneself came to be seen as negative traits? In reality, we should worry more about people who lack such character traits. Self-praisers and corner-cutters are not to be relied on (5). All personal characteristics have an upside and a downside. The «Good Girl» label is pervasively focused on the downsides, as pointed out by Eva Grinde, journalist in the *Dagens Næringsliv* daily. A sense of duty turns into performing only to please others, perfectionism becomes a horror of making mistakes, and a sense of responsibility makes you as predictable and dull as a syllabus list (5).

All proclivities may obviously run amok, and some people may become morbidly obsessed with performing one hundred per cent in all of life's arenas. Possibly, women may be more prone to this. In working life, however, we wish to have proficient people. Because these are not only first-rate attributes, they are absolutely necessary for all those who want to excel, Grinde points out (5).

As a matter of fact, people who are proficient in a particular field become so not primarily by way of inborn talent, but through relentless, single-minded effort. Then, «Good Girl» traits such as perfectionism, tenacity and sense of duty come in handy. Moreover, nor is there any indication that such traits appear in isolation, as we are often led to believe. «Good Girls» may also be trendsetting, courageous, creative and innovative (5). We should wish for good girls of both genders in the medical profession.

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References

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