

A critical look at the rite of becoming a doctor

Reviewed by
Robert Aronowitz

Melvin Konner's memoir *Becoming a Doctor* is subtitled "A Journey of Initiation in Medical School."

He might aptly have added, "Which stopped There."

Konner had taught anthropology at Harvard University, studied child development among hunter-gatherers in the Kalahari desert, and written a well-received book on biological constraints on behavior before entering Harvard Medical School in his 30s. He intended to practice medicine. Instead, he returned to teaching and research in anthropology, enriched by his medical training, and wrote his book.

Like the medical degree he holds out can't practice with (because he hasn't served an internship), Konner and his detailed, engrossing view of life at pseudonymous "Flexner School of Medicine" is colored by a profound ambivalence.

Even as he throws himself into his clinical rotations, he preserves his critical stance, skillfully weaving anthropological insights into his narrative about the suffering patients and out-of-control residents and interns. Although Konner has all the requisite skills to perform good social science, the book's strength is that it remains intensely personal.

One of Konner's key insights is that medical students prepare to be interns and residents, not doctors in the larger sense. This isn't merely a matter of getting ready for the next step

BECOMING A DOCTOR A Journey of Initiation in Medical School

Melvin Konner

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in training. For Konner, the message from the flawed role model known as the house officer (the resident or intern who dominates a medical student's clinical clerkship) is "Do whatever you think is right, but if you want to survive in this world, you'd better be like me."

Konner shows how hostile attitudes toward patients and perverse resolutions of ethical problems by house officers are observed and then imitated by medical students. He debunks the idea that most students start out idealistic but later get hardened by their experiences with illness and death — Konner shows many of his fellow medical students rehearsing cynicism from the start, as part of the larger process of learning through imitation.

While we've heard this critique before, from the painful humor of Samuel Shem's fictional *The House of God* to numerous other memoirs in recent years by such as Perri Klass and Charles LeBaron (all hailing, not accidentally I think, from the academic pressure cooker that is Harvard/Flexner), Konner adds insight into why the system is what it is and won't be easy to change.

As an anthropologist, he recognizes

the adaptive value of night call and the priority given to the accumulation of facts. Medical training is not a graduate seminar. In matters of life and death, doctors must learn to act by reflex and in great conformity with established practice.

Or maybe they don't have to so much as they need to: "In a human endeavor as fraught with moral jeopardy as medicine, the spiritual comfort the practitioner derives from keeping to ritualistic routines, held firmly in common with other practitioners, is difficult to exaggerate."

In another context, Konner describes how the healers among the African desert bushmen he studied endure physical and spiritual hardships as part of their apprenticeship. He suggests there may be a universal belief that the confidence to heal comes partly through painfully gained knowledge.

Konner invokes both Kafka and Max Weber to explain why the present system of medical training resists change. He shows how some of the most well-publicized proposals for change come from the most entrenched and hypocritical quarters. Typical curricular reforms attempted at many medical schools are largely impotent medicine for a serious ailment, amounting to a "rearranging of deck chairs on the Titanic."

Konner says at a few points that his decision not to practice clinical medicine stemmed from a desire to avoid the hazing ritual he anticipated as a house officer. Would more people like Konner practice medicine if the sys-

Melvin Konner offers an anthropological perspective on medical school.

tem were changed?

The times are changing a bit, but as usual, the reform that medicine desperately needs will probably have to be imposed from the outside. Following the Libby Zion tragedy in New York, where a grand jury, after investigating the death of a prominent journalist's daughter, indicted the present system of medical training as an accomplice, New York State has moved to limit the number of continuous hours of service a house officer may work and to require greater attending supervision of house officers.

Too little, too late? I don't think so, but books such as *Becoming a Doctor* provide a sober view of the complex inertial forces that will make any reforms difficult to implement.

Even, for instance, in the midst of his well-reasoned critique of how the present system distorts the balance between doctoring's technical and humanistic aspects, Konner unwittingly demonstrates some powerful psychological barriers to reform. "I should have focused more on my education," he notes, "and less on the social or psychological or ethical dimensions of patient care."

Konner here sees his concern with humanistic aspects of caring for pa-

tients as somehow at the expense of technical competence. This is a pervasive idea in medicine, fueled by the exponential growth of medical knowledge and the apparent worsening climate of doctor-patient relations.

No evidence, however, bears it out. Viewing technical and humanistic concerns as "competitors" for finite cognitive resources seems to me flawed, self-perpetuating metaphor. Help in viewing things differently will come when doctors (with their patients' help) begin to show greater acceptance of their fallibility and the impossibility of knowing it all — even a small part.

In reviewing *Becoming a Doctor* in the New York Times Book Review, Gerald Weissmann criticized Konner for not having felt the romance of medicine. I would argue just the opposite — that his decision to abandon ship stemmed from an inability to reconcile the realities of modern medicine, rendered with painful accuracy in this book, with a deeply held idealism about medicine and its capacities.

Konner's departure from medicine is presented as tentative, reluctant and ambivalent. In the book's conclusion his "healing artisans," the doctors who have been his colleagues, abruptly and I think painfully become "them" to him — strangers, Sartrean "Others." We can admire them for their heroic acts and competence even as we understand Konner's calculation that, for him, becoming a doctor was too costly.

Robert Aronowitz, a graduate of Yale Medical School, is a resident physician at Pennsylvania Hospital.

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