
Derogatory and Cynical Clinical Humor:

The Joke's on Whom?



Joseph Zarconi, M.D.
20 March 2009

Cynicism

Malignant

100

80

High

60

40

20

Low

0

M1

M3

M4

R1

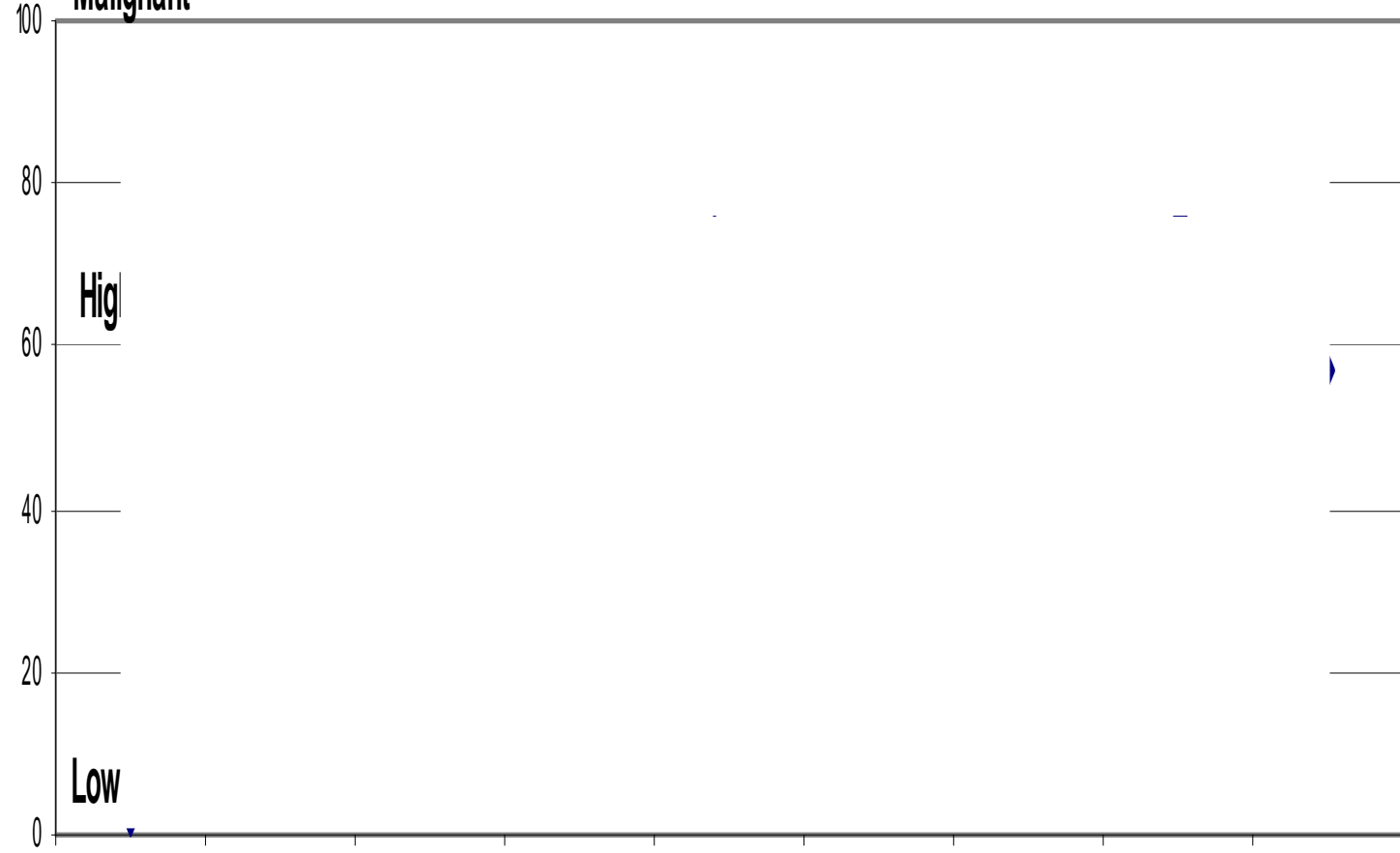
R3-----

-----R5

P1----

---P10---

----P20



How Medical Students Become Cynical

Two Models: *Testerman, et al.*



- Intergenerational transmission model
 - Cynicism as learning
- Professional identity model
 - Cynicism as adaptation

Making Fun of Patients:



Medical Students' Perceptions and Use of Derogatory and Cynical Humor in Clinical Settings

Delese Wear, Ph.D.

Julie Aultman, Ph.D.

Joseph D. Varley, M.D.

Joseph Zarconi, M.D.

Acad Med 2006: 81(5): 454-462.

Derogatory and Cynical Humour Directed Towards Patients:



- Views of Residents and Attending Doctors

Delese Wear, Ph.D.

Julie Aultman, Ph.D.

Joseph D. Varley, M.D.

Joseph Zarconi, M.D.

Med Educ 2009: 43: 34-41.

Methods: Student Study



Five voluntary focus groups

58 clinical medical students

42 M3s

16 M4s

Assurances and consent

Methods: Faculty Study



Six voluntary focus groups

Surgery, Internal Medicine, Psychiatry

Residents and faculty interviewed separately

70 Faculty

21 attending physicians

49 residents

Assurances and consent

Questions



1. Describe the various kinds of cynical and derogatory humor directed toward patients you've witnessed.
Are there categories of patients more likely to have humor directed toward them? What are they?
Are there categories less likely?
2. Who participates? initiates? Where?
3. What are the rules/limits?
4. Your response?
5. Do you participate? initiate? How?
6. What are the motives?
7. What are the effects?

Objects of Humor



Fair Game?

- Obese patients
- “It’s their own fault” patients
 - smokers
 - alcoholics
 - drug abusers
 - reckless drivers
 - unsafe sex practitioners
 - non-compliant

Objects of Humor (cont)



- “Difficult” patients
 - demanding/aggressive/persistent
 - overly talkative
 - disrespectful
 - “frequent flyers”

- Psychiatric patients
 - hypochondriacs
 - psychotic patients

- “House” patients

- Sexually Notable Patients

Off Limits Patients

Non-Fair Game



- Terminally Ill
- Pregnancy Loss
- Cancer Patients
- Children
 - *exceptions: -obese children
 - teenage psych patients

Locations



- Never within earshot
- Private conversations
- Wards
- Where teaching teams congregate
- OR (most common place?)

The Humor Game

“Rules of Engagement”



1. Students don't initiate
2. Ice must be broken by someone “higher up”
3. Everyone lower laughs
4. Senior-most physician sets the stage
5. Rules soften as team becomes familiar

When It's Not Funny



- When it's "in the patient's face"
- Attending initiated or condoned?

Motives



- not meant to be “mean-spirited”
- entertainment
- Survival/sanity in stressful world of medicine
- more polite way of saying things
- coping strategy against patients who:
 - stress us
 - excessively increase our workloads
 - drain resources
- distance

- Faculty added:
 - Countertransference
 - Defense mechanism
 - Response to “feeling too needed”
 - Promotion of camaraderie
 - Shorthand for communication with peers

Howard Becker, et al

Boys in White



“When members of one status category make invidious distinctions among the members of another status category with whom they regularly deal, the distinction will reflect the interests of the members of the first category in the relationship.”

Such difficult patients give “you much less of anything you wanted for your trouble.”

Becker would argue that trainees make fun of certain patients because the former's interests are not being served.

- don't comply anyway
- low yield of care
- not likely to get better
- will not contribute significantly to my education or abilities

Three theories of humor

- superiority
- relief
- incongruity

What are the effects?

III Effects of Humor



- Perpetuates a culture
- Heightens tendency toward “burn out”
- Promotes inaccurate preconceptions toward patients (clouds judgment)
- Can be overheard or perceived by patients

McCrary and Christensen:



- “...diminishes the humanity of patients at times when they may be most vulnerable.”
- May have psychological benefit to users, but may:
 - compromise “the **aggregate character** of the medical enterprise”
 - have “a corrosive effect on the **character** of the health care team as a whole”
 - have “a **morally diminishing effect** on the practice and attitudes of physicians even if no direct harm occurs in a particular case.”

Hafferty and Franks:



When patients are “transformed into objects of work and sources of frustration and antagonism,” they become the enemy, and students “feel justified in their use of negative labels and corresponding behaviors.”

“Teachable Moment” Strategies



- Faith reminders
- Steering toward connection
- Avoidance of preaching, brow-beating
- Imagining the patient experience
- Open talking about our behavior

Recommendations



- Training of role models (faculty development)
- Putting residents “back on the hook”
- Student professional development and reflection
- Promoting healthy laughter
- Consciousness-raising
- Narrative medical practice

Recommendations



- “Changing the conversations”
 - Appreciative inquiry
 - Complex responsive process
- “Mentoring for fearlessness”
 - Putting power relationships on the table
 - Reflective work and training
 - Honoring the student voice

An educational exercise



Recall and write about an experience you have had in a clinical setting where humor that you might describe as derogatory toward a patient or group of patients was demonstrated. Avoid using names and identifiers.

Share your stories with the group.
Every story should be shared, so
try to minimize the discussion of
your reactions to each story to
ensure that all stories are told.

Select, by whatever criteria you choose, one story from the group, about which, by group discussion and consensus, you answer the following two questions:

- 1. Why is this story funny?***
- 2. Why is this story not funny?***

You must answer both questions.

From an M3 Student:



I just wanted to tell you that have revised my opinion of our session. I think the real purpose may have been to simply open our medical student eyes and realize that we have a choice at laughing at that kind of humor...and that it isn't necessarily a requirement. Yesterday, I had an incidence of this sort of humor while eating lunch with a few residents and felt really confident in not laughing, politely (and with empathy) telling them that I thought the patient's circumstances were heartbreaking and not funny. I then even had the guts to get up and leave (after inhaling my food)!

Just wanted to let you know my thoughts on the subject. I was really appreciative yesterday of realizing that I had a choice and that it was mine to make. I didn't think it was funny and no, I did not need to laugh to be politically correct.

Heroes

by Jack Coulehan



You can call them *scuzballs*
when they roll in
at midnight, seizing,
with lavender silk shirts
covering their cruddy chests.

But remember the myth among them—

they are sons and daughters
of dukes, the heirs of dukes,
and deserving of love,

they are the lost children
of heroes, the bastard
progeny of gods,

remember their hearts
are the hearts of heroes,

and when you place the stethoscope,

ride the palm of your right hand
along their galloping steeds
and listen.