Derogatory and Cynical Clinical Humor:

The Joke’s on Whom?

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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

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Derogatory and Cynical Humour Directed Towards Patients:

Views of Residents and Attending Doctors

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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
Motives

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