

SHAME IN MEDICINE: THE LOST FOREST

EPISODE GUIDE

A surreal illustration of a man in a white lab coat and glasses standing in a lush forest, looking at a mannequin. The mannequin has a green, insect-like head with large mandibles. The forest is filled with various plants, including a mushroom with a human eye, a striped caterpillar, and a large spotted orchid. A full moon is visible in the background.

EPISODE 2
"THE IDEAL DOCTOR"

the
NOCTURNISTS



How to Use This Guide

Though shame is everywhere in medicine, the topic is taboo, which can make it difficult to discuss. To help, we've prepared discussion guides for each episode of our audio documentary series, "Shame in Medicine: The Lost Forest," to facilitate conversations between friends, colleagues, and leaders.

This discussion guide is for **Episode Two, "The Ideal Doctor."**

You'll find:

- Episode summary
- Notes from behind the scenes
- Discussion questions
- A medical trainee's reflection on the episode
- Additional resources

Lastly, talking about shame can be challenging, emotionally and interpersonally. Please feel free to use our **facilitation toolkit** for leading and organizing conversations around shame. You can find additional resources at thenocturnists-shame.org/engage.



Illustration by [Beppe Conti](#)



Episode 2: "The Ideal Doctor" Summary

Medical culture is filled with impossible ideals: the resident expected to work a 28-hour shift without complaint or error, the surgeon with the steel bladder, the doctor with perfect bedside manner, the student with all the answers. How should a doctor look, act, think, speak, dress, feel? What should they value? In this episode, we explore the archetype of "The Ideal Doctor." Where do these "ideals" come from? How do these ideals serve us, or harm us? And what do they have to do with shame?

Behind the Scenes

In this episode, we wanted to explore the tension between the "ideal self" and the "actual self," as this is the space where shame often arises. To start, we did some research into the origins of the concept of the "ideal doctor" and stumbled upon an old Hippocratic text entitled "The Ideal Physician."* Despite being written 2,000 years ago, we were shocked by how familiar it sounded. Deciding which stories to include in this episode was tough, as there were so many to choose from. In the end, we chose to go with a mixture of stories related to endurance, identity, and more.

** The collection of works known as the "Hippocratic Corpus" was written by a collection of physicians who lived around the time of Hippocrates. Hippocrates himself may have only written a handful of these writings.*



Discussion Questions

1. Which stories in this episode did you connect with, and why?
2. What does being an “ideal doctor” mean to you?
3. How does your current sense of self relate to that ideal?
4. Now, focus not on your ideal self but on an ideal environment. If you could imagine an ideal learning and working environment, what would that look like?
5. Medicine, like many professions, requires some form of standardization. Practitioners wear uniforms, communicate information in a particular way, and must follow certain standards and codes of conduct. But where is the tension between reasonable standards, and unrealistic or narrow expectations? How might medical culture allow for more individual and creative expression?



A Trainee Reflects on "The Ideal Doctor"

"The concept of what it means to be an "ideal doctor" has been reverberating through my mind throughout residency. I've looked to my own physician role models and seen elements I'd like to emulate and ones I'd like to do without. The themes discussed in this episode of The Nocturnists of ideals of endurance, self-expression, and altruism and where they come from mirrored many of the ideals with which I've wrestled. Listening to these stories, I felt sadness for the experiences of these healthcare workers and a profound understanding of their plight.

Just a few weeks ago, I had COVID myself and had to quarantine at home for a week. Listening to the story of the first resident, having to see patients and then suddenly needing 2 liters of fluid, epitomized that entrenched feeling of "I have to keep going. My patients and my co-residents need me." Though I was met with unconditional support by my co-residents and department, the guilt and anguish of feeling like I shouldn't have gotten sick persisted longer than any symptoms of the disease itself. This ideal of being superhuman and always oriented to serving others is a potent driver of intense shame experiences..

The challenges of being under constant critique and in high stress situations – as in the stories of the medical student Joy and the unnamed surgical PA – is a hallmark of medical education. For Joy, receiving constant feedback that she is "hard to read" and "not engaged" were proxies for not fitting a model of a certain type of student. I believe this model is formed by those who have been part of the majority group in medicine, and as we intentionally diversify the student body, we must have even more intention to break down that model and widen the umbrella for all manner of student expression.

The final two perspectives of this episode mirrored deep-seated feelings I've had during training. From the doctor who was inspired by her father, a small town doctor, suddenly finding herself in a maelstrom of career goals and expectations that didn't match her values to the student reading through a list of traits he could never achieve, the throughline of "I don't think I belong here" is a major driver of shame. I've had that thought countless times, even on the first day of medical school. I remember thinking I'd look down at the sign-in sheet on the first day and not find my name, knowing that my acceptance was a huge mistake. This feeling has needled its way into each phase of my medical training, though now being met by the evidence of patients who enjoy the care I give them.

I imagine many of these emotions and experiences won't leave us as we move through careers in medicine but knowing that these are shared experiences helps us break down the silos between us. Additionally, I see them as signals as moments to rest and consider where we are going and who we are becoming, with the hope that we can live out the values that brought us to medicine in the first place."



Resources

Read:

- Dolezal L. Gibson M. [Beyond a trauma-informed approach and towards shame-sensitive practice](#). Humanit Soc Sci Commun 9, 214 (2022).
- Dolezal L. Rose A. and Cooper F. [COVID-19, online shaming and health-care professionals](#). The Lancet. Vol 398. August 2021.
- Hippocrates. [The Physician](#). Workman B. K. They Saw It Happen In Classical Times. Oxford: Basil Blackwell, 1964. 64-65.
- Miles S. [Addressing shame: what role does shame play in the formation of a modern medical professional identity?](#) BJPsych Bulletin. 2020.
- Peters M. King J. [Perfectionism in Doctors](#). BMJ Editorial. 2012.

Watch:

- Goldman B. [Doctors make mistakes. Can we talk about that?](#) TEDxToronto 2010.
- Ofri D. [Deconstructing our perception of perfection](#). TEDMED 2015.