Badmouthing between disciplines

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The paper by Kamien and colleagues describing the effect of doctors badmouthing each other on students' career choices, published in this issue of the Australian Family Physician, provides further evidence that this is a matter that requires more attention by medical schools. A study by the University of California Medical School found that 95% of students had received negative feedback about their interest in family practice and 76% of graduates from nine other US medical schools had frequently heard badmouthing about their career choice, particularly those who had chosen surgery or family medicine. The Australian study surveyed fifth and sixth year students about badmouthing by specialists and general practitioners. Badmouthing can be heard as early as the first year of a medical course and can also come secondhand from fellow students.

All three studies were retrospective which means students may have had difficulty recalling events and their significance. Also definite conclusions cannot be drawn about cause and effect. With these caveats in mind, the studies found that badmouthing had little impact on the majority of students. However, the proportion of Australian students saying that badmouthing had had a negative effect on their choice of career, 21%, was similar to that of the larger US study, 17%, and there is no other single factor that has been shown to influence career choice to this extent. The impact of badmouthing increases with its frequency, whether it occurs at the time students make career choices and whether the badmouthing comes from sources such as medical school staff whom students hold in high regard.

From a social science perspective, badmouthing between disciplines may be associated with similar factors as denigratory gossip, namely, self-aggrandisement, juniors seeking status and approval among senior staff within a discipline, or senior staff defining group membership and enhancing group cohesiveness. However, badmouthing may foster hostility between disciplines, create divisiveness, disrupt work and damage the reputation of individuals, hospitals and medical schools. Thus, medical schools need to be proactive in reducing the prevalence of badmouthing and its effects.

Strategies suggested to reduce the prevalence and effects of badmouthing range from the 'stick' to the 'carrot' approach. The former includes heads of schools and departments declaring that pejorative remarks about disciplines and individuals will not be tolerated, confronting habitual denigrators and advising students not to pass on pejorative comments they might have heard to fellow students. The 'carrot' approach includes disseminating information to counter balance the negative comments, actively encouraging students to consider specialities such as general practice, which might be the subject of badmouthing, increasing student contact with doctors from those specialities, and providing and promoting placements in specialities that frequently attract negative comments.

Evidence that students adopt more positive attitudes towards rural medicine after placements and the reduction in badmouthing of rural doctors which has occurred in Western Australia suggest that the 'carrot' approach can be effective in reducing the prevalence of badmouthing between disciplines.

References
5. Peach H G, Bath N E. Comparison of rural and non rural students undertaking a voluntary rural placement in the early years of a medical course. Medical Education (in press).