

Chapter 1

Medical Students' Quest Towards the Long White Coat: Impact on Mental Health and Well-Being

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ABSTRACT

Every year across the globe, thousands of students begin the quest towards becoming a medical doctor and donning a long white coat. Global research indicates that after beginning medical education, medical students' mental health and well-being dramatically declines. The loss of well-being continues into the residency and practice of medicine. The aim of this chapter is to broadly examine the pressures unique to medical students within the context of medical education training, higher education, and the general population. A call for medical education to adopt innovative policy, plans, and administrative and curricular changes designed to foster a culture conducive to the long-term positive mental health and well-being of medical students during training and into the internship and long-term practice of medicine concludes the chapter.

INTRODUCTION

The 'long white coat' is the symbol of the medical profession and universally worn by physicians (Lippman, 2016). Patients, physicians themselves, medical and health professionals, and the community at large maintain some idea of what it represents. Each year across the world, new medical students slip on a short white coat and begin what the author terms a quest towards the achievement of wearing a long

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white coat, symbolising to everyone the successful completion of training at the undergraduate medical education level, followed by an internship and residency leading to practice as a doctor. Along the way, evidence-based research over the past eight decades (Rotenstein et al., 2016; Strecker, 1936) has revealed that the prevalence of stress, anxiety, and depression among medical students is higher than the general population (McManus et al., 2009).

Studies highlight medical students' mental health deterioration over time (Slavin, 2016; Wasson et al., 2016). Clearly, it has been established that the pressures of pursuing a medical degree have a negative impact upon some medical students' mental health and well-being. The problem is considered to have reached an epidemic level (Gunderman, 2016; Hafferty, 1998; Mousa et al., 2016; Slavin, 2016). Given what is known about the academic competencies and personality traits necessary for students to succeed in medical education (Abbiati et al., 2016; Gunderman, 2016; Rotenstein et al., 2016), this chapter offers a brief examination through five general questions of the problems, issues, and controversies contributing to the persistence of the crisis regarding student mental health and well-being during medical school.

- Who are medical students?
- What is the meaning of mental health and well-being and the significance of the long white coat?
- Globally, what pressures contribute to college students' mental health crises?
- What is medical student life like, and what pressures encountered during medical education negatively impact mental health and well-being?
- How can the culture of medicine and medical education create policy, planning, and administrative and curricular innovations to improve the mental health and well-being of future physicians?

BACKGROUND

Who Are Medical Students?

Across the globe, medical students generally have attained an undergraduate degree at a university or college followed by a medical programme of study of 4 to 5 years of medical school (GKEN, 2009). Upon completion of the medical school curriculum, which can include a couple of years of classroom instruction followed by another 2 years of practical experiences, the student is awarded a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree. Graduation from medical school is followed by the residency, with the length of time and training varying according to the chosen speciality. Clinical speciality training can be as little as 3 years and up to

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