

Skills Required of Geriatricians: Why Medical Students Do Not Select Geriatrics as Their Career

Competências Exigidas aos Geriatras: As Razões Porque os Estudantes de Medicina Não Escolhem uma Carreira em Geriatria

Keywords: Geriatricians; Geriatrics/education; Students, Medical
Palavras-chave: Alunos de Medicina; Geriatras; Geriatria/educação

Castro *et al* suggest that family physicians should have mandatory palliative care training during their residency programs.¹ We support this perspective from our interview results.

The aging population continues to grow and is estimated to reach 1.6 billion (16.7%) worldwide by 2050.² Although it is necessary to train and increase the number of geriatricians, many young physicians and students are reluctant to pursue a career in this field. Blachman *et al* interviewed fellows in geriatrics training and found that having mentors and adopting early exposure to the field were key for workforce recruitment.³ Similar results were obtained for the medical faculty. Therefore, we planned our research on the skills required by geriatricians in our educational setting.

We interviewed eight physicians and ten other health care professionals who were involved in geriatrics or home care medicine in a rural area for more than five years. The main question was what kinds of skills did a geriatrician require. We coded and organized the transcribed data and obtained five categories (Table 1). Additionally, we asked 17 medical students about what factors would make them

choose to become a geriatrician in the future and divided the responses into three categories: appropriate work-life balance, high financial rewards, and the existence of role models. Some students indicated that geriatrics could be selected as a second career (but not the first).

Similar results were obtained in by Meiboom *et al*; the reasons students did not choose geriatrics as a career were: lack of role models, low financial rewards, low status, and dealing with a chronic illness that cannot be cured.⁴ They also found that positive role models and a clear perspective of future professional careers were necessary.⁵ Therefore, we need to increase the number of positive role models and clearly convey to students what are the advantages of pursuing a career in geriatrics.

Our findings may also be common to both family physicians and geriatricians. As we mentioned above, we strongly agree with Castro *et al* suggestion,¹ and this might not be limited to family physicians in Portugal but apply globally. If young physicians or students do not have enough knowledge about palliative medicine or geriatrics, they will not aspire to these careers. We hope our results will increase the number of geriatricians in the future globally.

AUTHORS CONTRIBUTION

MM: Research concept, design of the study, prior literature review, data collection, analysis and interpretation, draft of the paper and approval of the final version. Guarantor of the manuscript.

SJ: Research concept, design of the study, prior literature review, data collection, analysis and interpretation, critical review of the paper and approval of the final version.

Table 1 – Summary about aptitude required of geriatricians

| Categories | Brief explanation of categories | Example of interviewees' comments |
|--|--|--|
| 1. Being good at communicating with elderly | To feel comfortable about and empathize with the elderly and communicate from their standpoint. | "In supporting elderly patients and their families at home, we visit their homes and talk with them. If we do not like slow and relaxed communication, we have to have a hard time doing our daily work." |
| 2. Perusing holistic approach of medical care | To be interested in complicated psychosocial issues as well as medical issues and try to understand the elderly as a whole person. | "Because there are patients with various backgrounds, it is important to understand each patient's situation well. The important thing is to provide medical care that suits each patient." |
| 3. Preferring multidisciplinary collaboration and teamwork | Being able to care for the elderly as a team, collaborating with various medical professionals such as nurses and social workers. | "Collaborating with a multidisciplinary team is important. We should show it to our students. When you work in a rural area for the first time and have little experience, experienced nurses will support you, and you can learn a lot from them." |
| 4. Being polite to elderly | Being able to accept the elderly as seniors in their lives and respond with professional courtesy and ethics. | "Some elderly patients are very conservative about etiquette and ethics. Understanding that well, I want our students to meet the elderly with a sophisticated and professional manner." |
| 5. Preferring to foster successors | To be a role model and nurture successors voluntarily without asking for financial compensation. | "It's crucial that there is a culture to raise younger generations in daily medical care. If you want to do so, you should continue to foster an atmosphere in which education is important. That is why I strongly want to cooperate with student education." |

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COMPETING INTERESTS

The authors have declared that no competing interests exist.

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ETHICAL CONSIDERATIONS

This study was conducted with the approval of the Hokkaido University Faculty of Medicine ethics committee (No. 20-019).

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Reflections on the Relevance of Culture in Psychiatry and Medicine

Reflexões sobre a Relevância da Cultura em Psiquiatria e na Medicina

Keywords: Anthropology; Ethnopsychology/classification; Psychiatry

Palavras-chave: Antropologia; Etnopsicologia/classificação; Psiquiatria

Dear Editor,

A recent article raised relevant questions regarding the specific healthcare needs of vulnerable populations of refugees and migrants in Europe and prompted the authors to briefly reflect on the role of culture in medicine.¹

Culture is an essential dimension in medicine. Psychiatry is paradigmatic with the exotic nature of certain behaviours in different cultures sparking the interest of early colonial psychiatrists and anthropologists.² Despite the recognition of the limitations of the early descriptions, many traces of that aesthetic wonder have persisted throughout the years transpiring into modern psychiatric nosology and medical practice.² Over the years, thinkers such as Frantz Fanon voiced their critical view of the colonial origins of psychopathology.^{3,4} Disease classification systems (e.g. World Health Organization's International Classification of Diseases) were essential to bring validity and reliability to previously erratic diagnoses. However, some authors question

the universality of diagnostic categories, highlighting the importance of recognizing the individual ways in which we express suffering through our personal narratives and the risk of medicalization of behaviours.⁴ Cultural syndromes were an intrinsically problematic construct in the sense that they were not in fact culture-bound but rather culture-related; and not true syndromes according to the medical model. These included local explanations or causal attributions of certain behaviours, folk diagnostic labels, different idioms of expression of distress or metaphors.² If one wants to develop more robust diagnostic manuals our positivistic third-person approach has to be complemented with phenomenological subjective and intersubjective approaches to inform our research and the way we conceptualize symptoms. Exploration of the self and the basic structures of experience as well as the construction of shared narratives and interpretations allows a more comprehensive understanding of the illness experience of our patients.⁵ Every human experience, including illness, is necessarily embedded in social and cultural processes. These processes transform even the most essential biological and physiological disturbances' translation into symptoms and behaviors through the lens of particular cultural codes.² The interactions between our own subjectivity and intersubjectivity with culture are essential for a proper understanding of everyday clinical practice.

We hope our work prompts clinicians and researchers to adopt an approach that integrates different frameworks (from genetics to large-scale networks, narrative structures