

PERSPECTIVE

PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Does More Achievement Make Us Better Physicians? The Academic Arms Race

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I was sitting across the desk from an academic adviser to review the progress I had made over the course of my intern year. I was at the tail end of a dizzying onslaught of weeks without ends and days without nights, an all-too-familiar schedule that my friends and family outside the profession cannot identify with. She politely asked, "What extracurricular activities are you involved in? Are you in any leadership positions? Are you doing any research projects?" In that fragile moment, the weight of that implied expectation added to the already formidable straw stack I carried on my back was almost more than I could bear.

Rabbi Joseph Soloveitchik described in *The Lonely Man of Faith* that there are 2 warring sides of our nature, which he called Adam I and Adam II.¹ David Brooks modernized these concepts in his book, *The Road to Character*, explaining that Adam I is the external, résumé Adam, representing the career-oriented, ambitious side of our nature, which wants to build, produce, have high status, and conquer the world.² Adam II is the internal Adam, the embodiment of moral qualities and the desire to have serene inner character, not only to do good but to be good, to sacrifice self in the service of others and to have a cohesive inner soul that honors creation and one's own possibilities.² Our culture, particularly in academia, is obsessed with Adam I and estranged from Adam II.

I recall a conversation with a medical school mentor of mine as I sat in his office and watched him review fellowship applications. "I would never be able to compete if I were applying today," he said, marveling as he clicked through pages and pages of curriculum vitae bullet points, publications on top of publications, awards on top of awards. This came from a man who greets patients in their native language, and if he does not speak it, he learns. Do these résumé bullet points really make us better, more qualified physicians? Or are they part of an academic arms race fueled by ever-increasing competition in this Adam I world?

At a recent conference, I witnessed 2 resident physicians discussing their volunteer experiences abroad. As their conversation degenerated into a competition of who had served the more needy population in the most "third world" location, the initial respect and admiration I felt for them unraveled. It would seem that in our academic sphere, even deeds performed in the spirit of Adam II are transformed, redefined and diminished by Adam I.

The academic arms race is not unique to medicine and has become pervasive across all levels of academia, particularly in communities of affluence and

elite universities where parents and teachers place the burdens of Adam I on our youth. My former college professor lamented over lunch about how her son, a freshman in high school, comes home with feelings of dispassion and anxiety after learning that his peers are planning application-ready internships, taking summer classes to skip ahead, and preparing for the SAT years in advance. At the university level, there has been an increasing demand for mental health services, putting strain on campus counseling centers.^{3,4} The cause of this trend is certainly multifactorial but due at least in part to the enormous pressure students feel to achieve. I remember my high school and college education as a time of skill development, service, and self-actualization, much as I had imagined medical school and residency to be. Yet, like many of my colleagues, I now find myself sacrificing evening after evening on an altar of practice questions for the United States Medical Licensing Examination while at night I dream of reading *Don Quixote* and *The Call of the Wild*. Is this increasing level of achievement creating tomorrow's leaders? Or is the relentless beating drum of Adam I leading to the apathy of high school students, the insecurity of university students, and the burnout of promising physicians?

How did the values embodied by Adam I become so dominant over those of Adam II? Perhaps part of the answer can be explained by academic inflation, the process by which the requirements to be considered for a position escalate over time.⁵ Academic inflation is caused by the constant one-upsmanship among increasing numbers of candidates competing for a scarcity of positions. The inflation accelerates as university professors, medical school deans, and program directors continue to use quantity of achievements and test scores to signal intrinsic ability, acquired skill, and future success. However, if these assumptions about signaling were true, it would mean that the latest pool of candidates is ever more excellent than the last, a dubious conclusion. The tragedy is that the increasingly desperate pursuit of Adam I comes at the opportunity cost of the truly enriching endeavors anchored in the values of Adam II, which do not fit neatly into the categories of a curriculum vitae. We are sacrificing the experiences and reflections that make us who we are.

As I write this piece, I contemplate how best to use the last few grains of sand this evening holds. Should I work on the proposal for a research project I intend to pursue? Should I grind through another set of practice questions? Or have I passed the point of

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diminishing returns long ago? Perhaps tonight is the night I commit to rediscover Adam II through a dust-covered book on the edge of my desk that always seems just out of reach. To my colleagues who frequently face a similar choice, I implore you to commune with Adam II. We have all chosen a moral

and virtuous profession, and it is through deliberate cultivation of our inner character that we may truly become the best versions of ourselves, not only for us but for our patients. This is the way to fuel the flame that brings meaning to our work and to our lives.

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