

# The medical student syndrome

It is often said that “a little learning is a dangerous thing,” but being super savvy can’t put us at the brink of harm, can it? Each year as thousands of students commence their medical degrees, they begin a journey that puts them right in the firing line...of learning.

These newbies, together with the wizened older years, are bombarded with pathological pathways and strings of symptoms for hundreds of diseases. This information torrent, apart from resulting in a significant loss of sleeping hours, may land students in the path of something far more sinister: Medical Studentitis. Nowhere to be seen in ear-marked Handbooks of Clinical Medicine, this critter is far more devious: lurking in lecture theatres, skulking in seminar rooms and stalking unsuspecting students down hospital corridors.

It all begins pretty harmlessly. Throbbing at the temples is a simple tension headache of course. But immerse a simultaneously tired and inquisitive mind into a few more lectures on brain tumours and suddenly that innocent throbbing doesn’t seem so innocent anymore. Unfortunately, it doesn’t stop here. That feeling of malaise, clingy cough, quickening respiratory rate and postural dizziness has you frantically calculating your CURB-65 score. Even that twinge of discomfort around the navel seems no less than a clear manifestation of referred pain to the periumbilical T10 dermatome signifying appendicitis. To top it all off, the inextricable fatigue you feel can only lead to one conclusion – you are most certainly hypothyroid.

## Medical studentitis

So what is going on here? Have medical schools across the country let loose some virulent organism to test the integrity of their batch? Or have the medics let their fantasies run away with them? The Medical Student Syndrome is often viewed as comical by relatives and non-medics alike, who laugh it off as a mere phase in the life of hyper self-aware student studying in the era of access to unlimited medical information. In actual fact, this mysterious syndrome has plagued the likes of medical students for decades. As far back as 1908, neurologist, Dr George Lincoln, reported “medical instructors are continually consulted by students who fear that they have the

diseases they are studying.”

Why should this be? One idea concerns a shift in the way we think as we progress through our studies. We learn to think in a different way which colours our perception and interpretation. We are taught to begin examining patients by inspecting from afar. With hawk eyes the clues we glean from scars to skin rashes act as stepping stones in the path of our diagnostic quest. This is no more apparent than in neurology. As soon as the patient walks in for consultation, the astute neurologist has internalised the festinating gait, unilateral tremor and expressionless face, which betray the diagnosis.

As medical students, we try to emulate this to enhance our clinical acumen. A reported symptom or clinical sign is no longer viewed as a single entity, but rather the manifestation of an underlying disease process characterised by a unique pathophysiology. As our quest into the intricacies of the human body progresses and our eagerness to derive answers soars, we become increasingly aware of the subtlest of changes concerning our body dynamics. This anxiety is precipitated by the niggling fear we have of contracting the very diseases we so meticulously study. Eventually, the knowledge we have accumulated may be projected directly onto us. We become our own patients.

Another theory behind the development of the Medical Student Syndrome revolves around a theme that commonly plagues young medics – uncertainty. On the wards, when presented with a skewed clinical picture or atypical results, we feel as though we are struggling against an oncoming tide. In these situations, it seems as though some of the pieces of a jigsaw puzzle have been sucked into the Hoover or the contents of several boxes haphazardly thrown into a single one. Thus, our inherently diagnostically primed minds seek refuge in categorising and labelling. It is this same mentality which characterises our response to perceived changes in our own health. Not only are we more in tune to the nuances of these changes, the urge to categorise and label them is insurmountable.

Yet as aspiring clinicians, as we have learnt rigorously to build up our repertoire of knowledge, so too must we learn to embrace uncertainty. Relish the diagnostic

challenge. We must be malleable and realistic in our approach to medicine, accepting that sometimes, two plus two equals five or that there may not even be an answer to the conundrum.

## The future

So what does the future have in store? For a minority, the Medical Student Syndrome may be a continuous source of torment leading to long-term repercussions on peers and family members. Increased advice-seeking behaviour in the form of visits to medical professionals may drain healthcare resources through unnecessary investigations and procedures. However, it is equally important that worried students are not unduly brushed aside and left to succumb to the anxiety alone but rather reassured and supported.

Thankfully for most, the Medical Student Syndrome is a transitory phase. It passes as swiftly as nuggets of crammed information depart the revising brain!

Thus it can be concluded that whilst the manifestation of the Medical Student Syndrome is indeed peculiar, it is nonetheless a unique experience that paves the way for many a student’s initiation into the medical arena. Ultimately, it is a vivid reminder as to why the old adage of “doctors make the worst patients” couldn’t be closer to the truth!

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