ISSN 1669-9106 MEDICINA (Buenos Aires) 2024: 84: 000-000

Editorial

TOWARDS A COUNTER-PEDAGOGY OF CRUELTY IN MEDICAL RESIDENCIES

EDUARDO L. DE VITO[1,2]

[1]Instituto de Investigaciones Médicas Alfredo Lanari, Facultad de Medicina, Universidad de Buenos Aires (UBA), Argentina, [2]Navarrabiomed, CHN, Universidad Pública de Navarra (UPNA), Pamplona, Navarra, España

E-mail: eldevito@gmail.com

In this issue of Medicina (B Aires), Dra Carolina Roni's group analyses the mistreatment of medical residents in Argentina[1]. This problem is of significant concern in health training and is extensively researched worldwide. Mistreatment practices include derogatory and abusive treatment by superiors, as well as unjustified work overload, which negatively affect both the physical and emotional well-being of residents and the quality of medical care.

The authors consider mistreatment as a socio-educational practice legitimised within medical residencies, which perpetuate hierarchical structures linked to verticalism and authoritarianism in medicine and health sciences education. This reality justifies the analysis of hostile pedagogies in medical staff training. The study results show a high global prevalence of mistreatment, broken down into dimensions of educational, psycho-emotional, discrimination, physical mistreatment and sexual harassment[1].

These findings align with other studies showing that mistreatment and excessive demands during residency lead to high levels of stress, burnout, and depression[2]. A hostile learning environment impairs the quality of training and, as a consequence, affects patient care. Rigid hierarchies and institutional cultures perpetuate abusive practices, discouraging residents from seeking help[3,4]. Furthermore, racism also influences many aspects of the trainees' experience, often manifesting itself in covert and institutional ways[5]. Strategies have been proposed to implement and teach an anti-racist curriculum in medical education[6].

The negative effects of bullying, discrimination, harassment and sexual harassment on the well-being and productivity of surgical residents are well documented, but unfortunately, little has changed in the last decade. A systematic review of 25 studies involving 29,980 residents revealed that 63% experienced bullying, 43% experienced discrimination, 29% experienced harassment and 27% experienced sexual harassment. Women reported these behaviors more frequently. Thirty-seven percent of residents suffered burnout and 33% anxiety or depression. The main perpetrators were assistant surgeons and senior co-residents. Sixty-one per cent did not report for fear of retaliation, and 56% of those who did report had a negative experience. These behaviors are associated with burnout and mental health problems[7]. A recent study found that female surgeons were 3.5 times more likely to report harassment compared to men, and residents twice as likely compared to other staff[8]. Similarly, 97% of residents surveyed across various specialties, predominantly surgical ones, reported being victims of mistreatment[9]. It is undeniable that, at least 50 years ago, such practices were accepted in the name of achieving academic excellence. Today, however, these practices are ethically and morally unacceptable.

Cognitive dissonance, vicarious learning and symbolic violence in medical residencies

Garcia RP and Garcia MP,[10] propose several psychological theories to explain the origin of mistreatment in medical residencies: 1) both

the abuser and the victim justify and accept the mistreatment, despite the fact that violence is socially rejected (cognitive dissonance),[11] 2) residents tend to imitate the abuse they observe (vicarious learning)[12] and some become abusers out of fear of being abused themselves, 3) abuse is linked to the hierarchical structure of hospitals. Residents accept their subordinate place without questioning the violence, which is seen as part of the established 'order'. As they rise through the hierarchy, many repeat the abuses they "once endured" (Pierre Bourdieu's symbolic violence). Additionally, the text highlights that this mistreatment legitimizes sexual harassment and gender-based violence, as they are often perceived as part of the training, with men typically occupying positions of power[10].

Contributions of Paulo Freire and Rita Segato to education

Paulo Freire (1921-1997), an influential Brazilian pedagogue, educator and philosopher 13-15 and Rita Segato (born in 1971)[16-18], a prominent Argentinean anthropologist and feminist, share a critical approach to education that addresses ethics, the humanisation of care, power structures and violence in education. Freire sought to reform education to empower students, while Segato emphasises how education can be an instrument of oppression. Although neither focused on medical education, their ideas can offer a robust framework for reflecting on these issues in medical schools.

Freire argues that oppression and dehumanisation are inherent in traditional educational systems, where students are viewed as passive recipients of knowledge. This can contribute to a school culture that favors cruelty and insensitivity. It highlights that education is not neutral; it always reflects the ideologies and power structures of society13-15. Discrimination in schools, whether by ethnicity, gender or class, serves as an extension of the social inequalities that Freire sought to dismantle. His emphasis on dialogue, empathy, and solidarity is particularly relevant in the fight against bullying, as it promotes an educational environment characterized by mutual respect and critical understanding[14]. These principles encapsulate Freire's radical vision of education as a profoundly political and ethical act, designed to empower individuals and transform oppressive social structures.

Segato has developed the concept of 'counter-pedagogy of cruelty', which describes how certain cultural practices teach normalise violence, inequality and dehumanisation from an early age[16-18]. This concept has significant educational implications and relates to Freire's ideas. Segato argues that society teaches cruelty as a form of domination, especially in patriarchal contexts where violence is used to establish hierarchies of power. This pedagogy of cruelty socialises people to accept and reproduce violence, dehumanises them, and teaches them to perceive others as objects or inferior beings, thereby facilitating the justification of violence. This pedagogy instills in people a passive acceptance of structural violence and inequality. This process is manifested in traditional educational practices that reinforce gender roles, racial hierarchies and other forms of discrimination. Segato also points out that the pedagogy of cruelty teaches violence as a legitimate method for resolving conflicts and maintaining power. This is seen in how violence is naturalised in interpersonal relationships and in politics.

In short, both authors address how society reinforces inequality and violence. Rita Segato explains how cruelty is taught and normalised through social practices and discourses, while Paulo Freire proposes a critical and humanising education to challenge these tendencies. They agree on the need for an education that humanizes, respects dignity, and promotes an active critique of the structures of power and violence present in any educational setting, including medicine.

From the perspectives of Freire and Segato, medical education should aim to dismantle power hierarchies and foster a more equitable relationship between doctors and patients. Freire would advocate training future physicians to recognise and challenge power structures that can lead to institutional violence and dehumanisation. Unraveling power relations and the status of women in patriarchal medical settings could help to understand mistreatment as a phenomenon linked to gender identities in these spaces.

The empirical data presented by Dr. Roni and her group[1], together with the contributions of other authors, provide sufficient evidence to recognise that the problem extends beyond the medical-educational sphere. The mistreatment of residents and the normalisation of abusive practices in their training can be understood, in part, as the result of a system that encourages extreme competition, rigid hierarchy and personal sacrifice for the sake of efficiency. Medical institutions, operating within this capitalist framework, often replicate models that value profitability over the human welfare of both health care workers and patients[19,20].

An adequate theoretical framework must address these issues as structural factors, rather than isolated incidents. Phenomenological and ontological approaches provide a deeper perspective by exploring subjective experience and the essence of the problem. They complement the analysis of the social and occupational structures that contribute to these dynamics.

A phenomenological view of violence in medical residencies

Data from Carolina Roni et al. reveal that 95% of medical residents in Argentina have experienced some form of mistreatment[1]. This alarming statistic prompts us to consider how these experiences are not only lived individually but are also interconnected with the formation of their reality and professional training. Psycho-emotional and educational mistreatment, identified as the most prevalent in the study, can be analyzed through the lens of phenomenological intentionality. Residents do not merely endure violence passively; rather, their perceptions and experiences of these situations profoundly influence how they interpret their surroundings and their professional roles.

From a phenomenological standpoint, the mind-body relationship in hostile environments generates experiences of alienation, which undermine their capacity to cultivate empathy and compassion, essential qualities in practice of medicine. Such experiences can result in a form of emotional insensitivity, posing a significant risk to their future as professionals and individuals.

An ontological view of violence in medical residencies

From an ontological perspective, it is possible to analyse how the physician's identity is constructed within a context of structural violence. The introjection of violence, as discussed in Dr. Roni's article, refers to a reproduction of the "being-in-the-world" of the influential 20th century philosopher Martin Heidegger. This occurs under a hierarchical and authoritarian framework that shapes the existence and identity of the physician. This violence is not incidental; rather, it is integral to the ontological structure of the training system, which could be called an "ontology of mistreatment". In this context, the identity of the resident is molded into a hostile and punitive being (akin to Jean Paul Sartre's being-for-other), thereby limiting their ability to cultivate authenticity and a genuine vocation of care.

Within this framework, violence is not regarded as a mere accident in the training process, but as a fundamental aspect of the ontological structure of medical training. The resident is not acknowledged as a free and autonomous individual; instead, they are subjected to conditions of subordination and mistreatment that adversely affect their existence and perpetuate hostile environments for future generations. This ontological violence signifies an act of dehumanisation that obstructs the full expression of their being, hindering the complete development of their vocation to care.

Conclusion

Dr. Roni's study presented in this issue[1] highlights the urgency of addressing the mistreatment of medical residents, a practice that unfortunately remains deeply rooted in the training structure of the health care system. Together with other studies, it demonstrates the devastating consequences on the mental health of the resident and the quality of medical care received by patients. Immediate institutional interventions are needed to ensure safe and respectful learning spaces where future doctors can develop professionally and emotionally without fear of reprisals. In addition, improving the well-being of medical students and future physicians improves the quality of treatment and care they provide to their patients.

The high rates of abuse and harassment reported in medical institutions indicate that this pattern of mistreatment reflects a broader culture that normalizes it. Therefore, it is essential to propose a transformation not only of hostile pedagogies and educational practices in medical training but also of those present in society at large. This holistic approach is crucial for building a more just and empathetic culture.

References

1. Roni C, Mur JA, Deza R, Fernandez Cedro MI, Reboiras F. Pedagogías hostiles en residencias médicas: un problema estructural de la formación en salud. *Medicina* (*B Aires*). In press.
2. Vipler B, Knehans A, Rausa D, Haidet P, McCall-Hosenfeld J. Transformative learning in graduate medical education: a scoping review. *J Grad Med Educ* 2021; 13: 801-14.
3. Fnais N, Soobiah C, Chen MH, et al. Harassment and discrimination in medical training: a systematic review and meta-analysis. *Acad Med* 2014; 89: 817-27.
4. Hamui-Sutton L, Paz-Rodriguez F, Sánchez-Guzmán A, et al. Violence and clinical learning environments in medical residencies. *Int J Environ Res Public Health* 2023; 20: 6754.
5. Hariharan B, Quarshie LS, Amdahl C, Winterburn S, Offiah G. Experiencing racism within medical school curriculum: 2020 ICCH student symposium. *Patient Educ Couns* 2022; 105: 2599-602.
6. Racic M, Roche-Miranda MI, Fatahi G. Twelve tips for implementing and teaching anti-racism curriculum in medical education. *Med Teach* 2023; 45: 816-21.
7. Gianakos AL, Freischlag JA, Mercurio AM, et al. Bullying, discrimination, harassment, sexual harassment, and the fear of retaliation during surgical residency training: a systematic review. *World J Surg* 2022; 46: 1587-99.
8. Jariwala K, Wilson CA, Davidson J, et al. Canadian National Survey Study of Harassment in surgery-still a long way to go. *J Surg Educ* 2024; 81: 1075-82.
9. Real Delor RE, Ayala Saucedo A. Maltrato a residentes de medicina del Paraguay en 2022: estudio multicéntrico. *Rev Fac Cien Med Univ Nac Cordoba* 2023; 80: 112-8.
10. Garcia RP, García MP. Etiología del maltrato a residentes de medicina desde la teoría de la violencia simbólica. *Rev Fac Cien Med Univ Nac Cordoba* 2023; 80: 301–5.
11. Baron RA, Byrne D. Psicología social, 10ma ed. Madrid: Pearson Educación S.A., Prentice Hall 2005, p 608.
12. Bandura A. Self-efficacy: toward a unifying theory of behavioral change. *Psychol Rev* 1977; 84: 191-215.
13. Freire P. La educación como práctica de la libertad. Madrid: Siglo XXI Editores, 1976.
14. Freire P. Pedagogía del oprimido. España: Siglo XXI Editores, 2023.
15. Freire P. Pedagogía de los sueños posibles: Por qué docentes y alumnos necesitan reiventarse en cada momento de la historia. Buenos Aires: Siglo XXI Editores, 2019.
16. Segato R. La guerra contra las mujeres: Nunca la duplicación de un mal fue la respuesta. España: Prometeo Libros, 2021.
17. Segato RL. Las estructuras elementales de la violencia: ensayos sobre género entre la antropología, el psicoanálisis y los derechos humanos. España: Prometeo Libros, 2003.
18. Segato RL. Feminismos: debates pendientes. Malba Literatura, 2021.
19. Gervais SJ, Bernard P, Klein O, Allen J. Toward a unified theory of objectification and dehumanization. *Nebr Symp Motiv* 2013; 60: 1-23.
20. Hoogendoorn CJ, Rodríguez ND. Rethinking dehumanization, empathy, and burnout in healthcare context. *Curr Opin Behav Sci* 2023; 52: 101285.