The choice of psychiatry as a specialty: why do we need to pay attention?

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Letter to the editor

Dear Editor,

Several studies were conducted in an attempt to determine the factors that guide medical students' specialty choice. The main factors studied include style and quality of life, financial rewards, social prestige, as well as personality characteristics and psychological profiles1. Besides these factors, the choice of psychiatry as a specialty is motivated by aspects that include: quality of education in the area during medical graduation, interest even before entering graduation, intellectual challenge, importance of doctor-patient relationship, integration opportunity with other areas, and experience from personal or family experiences of psychological and/or psychiatric problems2-4.

Regarding the presence of psychiatric disorders among physicians, it is know that the suicide rate in these professionals is higher than in the general population1. Nevertheless, there are few studies that have tried to explore the associated risk factors. Considering the medical specialties, psychiatrists have high rates of suicide when compared with doctors in other specialties5, which points to the need for a careful look at this population.

The purpose of this letter is to present secondary data from a study that aimed to evaluate the relationship between anxiety, social cognition and academic performance among medical students. The study design was cross-sectional and data collection was carried out among medical students from the Barretos School of Health Sciences (FACISB). This degree course was created four years ago with an annual inflow of 60 students. In the socio-demographic and academic questionnaire, besides data such as age, sex, marital status, race, and first medical specialty option, the following questions have been answered, (i) “Do you have or had any psychiatric symptoms or disorder?” and (ii) “Do you do or have done some psychiatric treatment?” . This study was approved by the Research Ethics Committee (identification: 959.395) and all participants signed an informed consent form.

From 240 students, 80.3% (n = 194) completed the questionnaire. Regarding the socio-demographic data, the average age was 21.1 years (SD = ±2.33), 67.0% were female, 97.4% were single and 91.8% reported being white. Considering the questions related to symptom/disorder and psychiatric treatment, 21.1% (n = 41) of students reported having or having had some symptom or psychiatric disorder, and 19.1% (n = 37) reported that are currently doing or have already done some psychiatric treatment. Table 1 shows the odds ratio between these questions and the choice of psychiatry as their first specialization option.

Table 1 shows that there is a greater chance of choosing Psychiatry among students who have or had psychiatric symptoms/disorder and/or are doing or have done psychiatric treatment. Specific studies to evaluate the medical specialty choice had already shown the association between the choice of psychiatry and the experience of personal, familiar or close people psychological/psychiatric problems2-3. Our study pointed to the same direction.

Medical students generally have high rates of anxiety, depression and even suicidal ideation5,6, and, as mentioned earlier, psychiatry is among the medical specialties with higher suicide rates6, so it seems imperative a special attention to this group. It seems necessary a reflection by the medical schools as well as a monitoring of students through mentoring programs, to discuss the doubts and motivations of the specialty choice.

It should also be emphasizing the need for more research to explore factors associated with students' motivations in choosing the specialty, as different aspects permeate this important decision. Furthermore, others possible confounding factors should be evaluated in future studies to confirm these findings in Brazilian medical students.

Table 1. Odds ratio between choice of psychiatry specialty as first option and self-report of current or lifetime psychiatric symptom/disorder and psychiatric treatment

<table>
<thead>
<tr>
<th>Questions</th>
<th>Medical students</th>
<th>Odds ratio</th>
<th>CI [95%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had some psychiatric symptom or mental disorder?</td>
<td>Psychiatry as first option</td>
<td>3.732</td>
<td>1.266-10.999</td>
</tr>
<tr>
<td>Yes</td>
<td>7 (17.1%)</td>
<td>34 (82.9%)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>8 (5.2%)</td>
<td>145 (94.8%)</td>
<td></td>
</tr>
<tr>
<td>Have you ever done some treatment for psychiatric symptom or mental disorder?</td>
<td>Psychiatry as first option</td>
<td>5.016</td>
<td>1.622-15.510</td>
</tr>
<tr>
<td>Yes</td>
<td>6 (22.2%)</td>
<td>21 (77.8%)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>9 (5.4%)</td>
<td>158 (94.6%)</td>
<td></td>
</tr>
</tbody>
</table>

Conflicts of interest

The authors declared that there are no conflicts of interest.

References


