

Doctor as a Role Model- Obstacles in its Way

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A doctor can be analyzed as a health provider (from the patients' perspective), as a medical school teacher (from the undergraduate students' perspective), and as a supervisor (from the postgraduate students' perspective). Any superlative of exemplary personality traits can be enlisted in this regard.

From the patients' standpoint, kindness, empathy, skill, honesty, and similar attributes are among the traits that make a professional a role model. From the undergraduate students' perspective, punctuality, availability to listen to students' queries, and enthusiasm for the subject are some of the characteristics that budding medical students look for in a teacher. As a supervisor, trainee doctors expect a role model to be a person with a positive attitude, compassion for patients, integrity, skill, and commitment to their specialty.

On a personal level, to be a role model, a professional must develop a wide range of capabilities. He or she needs to be positive about their work, enthusiastic, compassionate, and open. They should model reflection and facilitate reflection in others, articulate and discuss values, make the implicit more explicit, and remain learner-centered in teaching. A role model should allow time for discussion yet be concise, engage in personal and professional development activities, show respect to colleagues, and work to improve workplace culture and values.

However, in the prevailing scenario of cut-throat competition, is it a plausible expectation for a doctor to embody the full package of a role model? Can role models still serve as an effective means of imparting professional values, attitudes, and behaviours? The important question is whether the values entrusted to a

doctor, as a role model, will continue to stand them in good stead in future clinical practice.

Obstacles to being a good role model are evident in our setting. Individual limitations such as impatience or inflexibility may pose challenges. Work-related factors also take their toll—long duty hours, burnout, work-life imbalance, and a high-stress environment can lead to behaviour falling short of expectations. A lack of adequate resources, limited support systems, negative societal attitudes, and insufficient appreciation or compensation from senior authorities can hinder even the most dedicated doctor. In such circumstances, how can one expect him or her to serve as a role model?

Flaws in medical education, such as insufficient supervision or lack of training for clinicians on how to be role models, further undermine this capacity. Practices contrary to professional norms serve as a hidden negative curriculum, counteracting formal teaching and good clinical practice models. Institutional pressures—such as unreasonable performance targets—are distracting, while community mistrust or negative perceptions of doctors can be demoralizing. Limited access to professional resources and inadequate support systems make it even harder for doctors to overcome professional challenges, leaving very little space to work efficiently.

The values, attitudes, and behaviours that define a balanced doctor should remain a lifelong learning goal for physicians working in different capacities and settings. Yet, being a role model remains a conundrum, as there are neither training programmes nor objective tools to measure it. Often, this label comes as a surprise—sometimes flattering, sometimes burdensome. Keeping medical practice and knowledge aligned with society's evolving expectations and values is a continuous struggle.

Transforming medical practice from one that is paternalistic to one that is self-aware and responsive to society's and patients' needs is a difficult assignment.

Therefore, society, patients, and students should not expect all of the aforementioned qualities to be demonstrated without limitation. Nonetheless, if one is willing to strive, there can still be a level playing field, despite all the hurdles.

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