

# LETTER TO THE EDITOR (FEBRUARY 16, 2021) CONCERNING THE PAPER “MINDFULNESS IN HEALTHCARE PROFESSIONALS AND MEDICAL EDUCATION”

Dear Editor,

The detailed review by Chmielewski et al. [1] made us reflect on our own experiences of mindfulness and mental wellbeing at medical school.

Whilst undertaking an optional module in mindfulness, we identified a key limitation that students who do not actively seek support and self-growth miss out on such opportunities. Several studies have shown that medical students compared to the overall student population are less likely to seek help for their mental health needs, in fear of stigmatization and academic reprisal [2]. Incorporating compulsory programs early on within the medical curriculum will destigmatize help-seeking and highlight the importance of self-care in professional development. This will instill healthier and safer outcomes as doctors and, by extension, their patients.

Mindfulness has received a lot of media attention in recent times. However, it is still unclear how exactly mindfulness influences health, and to what extent it can be utilized as a therapeutic tool. Some studies report that mindfulness can even have adverse effects; several individuals have stated that mindfulness exacerbated pre-existing psychological problems or led to amplified negative feelings [3]. Moreover, some participants reported feeling demoralized when practicing mindfulness where it did not produce a prompt or significant impact. This identifies the importance of effectively trained facilitators in delivering mind-

fulness sessions, providing reassurance and handling often unprecedented outcomes. As we acknowledge that mindfulness can generate negative effects in certain individuals, we support that more in-depth analysis into mindfulness must be undertaken prior to widespread implementation into medical curricula.

It should be borne in mind that, due to the uniqueness of each individual, there is no singular approach applicable to all. As such, mindfulness may be effective for some in managing their psychological and physical burden, but not all will benefit to the same extent. Consequently, we believe a solution in assisting the diverse medical student population is through programs that incorporate aspects of mindfulness alongside other support strategies. One 4-year program for healthcare students, the Physician Healer Track (PHT) Program [4], utilized elements from mindfulness, cognitive behavioral therapy, motivational interviewing, and non-violent communication. Unlike other programs that exclusively encouraged mindfulness, PHT had a low dropout rate of 1%. This indicates that using a combination of therapeutic techniques motivates participants and caters for a diverse community.

Similar to Chmielewski et al.'s findings, a considerable amount of literature identified significant emotional distress amongst medical students as well as other allied healthcare professionals. Trials have reported positive

outcomes via mental health support programs, including mindfulness practices; this unfortunately has not yet translated into real-life solutions to foster wellbeing [5]. Currently, a state of “emotionally blunted” doctors [6] exists, together with an increasing risk of emotional burnouts amidst the pandemic.

Medical students are experiencing additional stressors from difficulties in accessing medical education, while many of them are volunteering as frontline staff under pressured circumstances at the same time. As such, we believe the demand for wellbeing support has never been greater and, alike Chmielewski et al., we encourage the widespread provision of wellbeing enhancing techniques inclusive of, but not limited to, mindfulness.

**Key words:**

**mindfulness, medical education, medical students, depression, mental health, healthcare**

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