

## Why Quitting Medicine Is Hard

This is a message to any medical doctor who is unhappy with their career. The individual reasons for this dissatisfaction will vary. Whatever the issue, it is important to ask, “Is the problem correctable?” If yes, then you must act and secure your happiness. If no, you must consider other options. One uncomplicated choice is to stay in medicine and practice somewhere else. However, you may also be unhappy in your career because you don’t like medicine. Maybe you are burnt out or no longer feel challenged. Then again, maybe you just don’t want to do it anymore or explain (for the 7,000th time) why a patient doesn’t need antibiotics. This means your options are now down to pursuing a nonclinical medical career or leaving medicine altogether. Regardless, if you don’t like clinical medicine, then why are you still doing it? Perhaps reality is teaching you a lesson: that once you’re in medicine, it’s hard to leave it. This begs the question: why is medicine so hard to quit?

Because you’ve already put in so much work and you’ve come so far—how could you ever throw it all away or sell out? Because you don’t want to give up your prestige or your paycheck. Because you don’t want to disappoint your family or fail to provide for them. Because your identity is married to your clinical career, and you don’t believe in divorce. Because your fear and inertia are greater than your discontent. Medicine is hard to quit because it is easy to stay.

The first consideration is that making a career transition is perfectly reasonable, especially if you are moving into something that you have a greater passion for. Understood this way, you are not throwing anything away but are instead bringing the education, experience, and skills you already have to another field. Your achievements and accomplishments go with you. And you will always be a doctor. This is a distinction that no one can take away from you after you have earned your degree. Quitting medicine does not mean that you are weak or selfish; it can mean you are wise enough to currently engage in self-preservation to secure a happier future for you and your family.

The second consideration is that people are more than things, so it would be foolish to presume that things—like money, clothing, or accolades—could ever satisfy you. They may temper your appetite for a time, but then they invariably lose their ability to sustain. Frame your situation differently: Do not ask, “How much will I lose if I go?” Instead, ask, “What more will I lose if I stay?” Seriously consider the worth of your time, your health, peace of mind, and your quality of life. When I began seeking advice about transitioning into a nonclinical medical career (from urgent care), I asked a mentor, “How can I afford to leave?” He smirked and said, “Don’t you realize how underpaid physicians in your field are? *You can’t afford to stay*. Think about all the money you will continue to give away if you don’t make a change.”

The third consideration is that if you do quit medicine, you never quit on creating value and being productive. Quitting does not mean giving up. What it does mean is redirecting your time and effort to more fulfilling ventures. Therefore, always move ahead *to*, never away *from*. Perpetual escape indicates you will always be on the run with nowhere to go. Anyone who works in the medical field knows that many patients are simply unwilling to put in the effort to get better. So then why should a physician be unwilling to put in the work to build a better career?

No physician ought to underestimate themselves when they consider their abilities applied outside clinical practice. If you have what it takes to become a medical doctor, then you already possess

the intellect, perseverance, and skills needed to excel in any other field in life. With a clear focus, hard work, and persistence, you can do almost anything you set your mind to. Robert Tew once said, “Sometimes what you’re the most afraid of doing is the very thing that will set you free.”

Just because a physician is unhappy in their current career does not mean the best solution is early retirement or an indefinite vacation. It would be a mistake to think that *all* labor is drudgery and that you should do whatever you can to withdraw. Labor is a good thing; it gives you purpose and enables you to serve those around you with your good works. The point is that joy in your career is possible, and I think any person can and must rejoice in their work. So if you are unhappy in your clinical medical career, begin with a thorough analysis of the person who is the most invested in transitioning—that’s you. Ask yourself,

- Why am I seeking a nonclinical career?
- What type of career would make me genuinely happy?
- What is stopping me from transitioning into the career that would make me happy?

If you do decide to quit medicine, you will obviously take more steps. You will explore what you want to do, prepare for it, and then transition. In the end, whatever choice you make, that is what you have decided to do. I wish you well, and always remember that medicine is hard to quit only if you don’t know where you are going.

*Dr. C. H. Elijah Sadaphal*