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Commentary and Opinions

The hidden curriculum

Le curriculum caché

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Medical school comes with a formal curriculum—a neatly organized roadmap intended to transform bright-eyed students into competent doctors. But no one really learns medicine from textbooks and lectures. The real education comes from something often insidious: the hidden curriculum. The one no one acknowledges, yet everyone absorbs.

It starts small. You're told to prioritize self-care—burnout is real, resilience is key. Then you step into the hospital, where self-care means having a coffee before your 14-hour shift and remembering to urinate before sundown. You watch your seniors move through the wards like overworked ghosts, surviving on caffeine and the vague hope that maybe they will get to clinic on time.

It's not always a spoken rule, but you learn fast. Skipping meals is normal. Running on four hours of sleep is fine. Feeling guilty for taking leave? Expected. A consultant jokes, "lunch breaks are for people who don't have real jobs," and the message sinks in.

Then there's the romanticization of barely functioning wards. A department that was permanently understaffed? That's just how things were. A rotation where you worked twice your contracted hours? What a great experience—you really learned resilience! The term "minimum safe staffing" keeps getting redefined downward, and nobody questions it because dysfunction is the norm. The worst rotations become badges of honour, not red flags of systemic failure.

And it's not just self-sacrifice that gets ingrained. The hidden curriculum also quietly teaches you that being a good doctor means never showing weakness. Got a question? Google it discreetly—better to risk a questionable diagnosis than be caught asking something "basic." Admit you don't know something? Enjoy the public inquisition on ward round.

At some point, imposter syndrome moves in and starts paying rent. No matter how much glowing feedback you receive, the hidden curriculum trains you to downplay your own achievements. Top percentile in exams? Probably a fluke. Survived a brutal rotation where two doctors did the work of five? Well, it wasn't that bad. Got a genuine "well done" from a consultant? Clearly sarcasm.

Why wouldn't you feel like an imposter? Medicine sets the bar so high that even when you're doing well, there's always a way to discredit yourself, a dysfunctional habit courtesy of the hidden curriculum. You just kept multiple unstable patients alive and taught a junior? Okay, but did you get all your discharge summaries done? A MET Call turned Code Blue resulting in ROSC? Great, but remember that one time you mixed up the heparin dose?

Of course, the ultimate sign of being a "real" doctor is enduring all of this in silence. Five new admissions, ten consults, and a patient whose systolic is lower than your handover sheet's page count? How resilient. Call in sick? Someone else will have to cover. Take leave? How dare you abandon your team. Resilience, subservience, silence. I think we can all agree only one of these is a trait we want to see in doctors of the future.

Slowly but surely, medicine teaches you to prioritize everyone but yourself. By the time you look around, you've become the senior who hasn't had a lunch break in three years, who cancels plans instinctively, because medicine has trained you that your family and personal life is a side project, not a priority.

And then the cycle repeats. The next generation arrives, bright-eyed and hopeful, and you find yourself—horrifyingly—repeating the same lines that were fed to you. "Oh, it's not so bad." "We had it worse." "Just push through."

If this all sounds bleak, it's because it is. Unlike a 4000-year-old Sumerian clay tablet, this curriculum is not set in stone. If over time we wove these details into the fabric of medicine, then surely, stitch by stitch, we can unravel it and re-fashion it

It starts with calling it out by rejecting the ideas that exhaustion is proof of dedication, that asking for help is weakness, that doctors are somehow immune to the same basic needs we tell our patients to prioritize. It starts with role modelling better habits—consultants who take breaks, openly admit when they don't know something, and treat juniors like humans rather than unpaid labour.

We don't need more resilience lectures or "wellness" initiatives that put the responsibility on individuals to survive a system designed to wear them down. We need real cultural change, one that stops rewarding self-destruction as a marker of competence.

Medicine is hard. Some sacrifices are inevitable. But if we're not careful, we teach the next generation that the only way to be a good doctor is to stop being themselves. And that is a lesson none of us should be proud to pass down.

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