

A Resident's Perspective on Academic Bullsh*t

As a resident, I was intrigued by Rice's recent discussion of "bullsh*t" in medical education in the *Journal of Graduate Medical Education*.¹ The author presented a unique paradox of intentional deception and misrepresentation in a field that strives to uphold high moral standards. In such a moral field, Rice's references to misrepresentation as "a maladaptive behavior" and acts that "rob trainees of essential feedback and guidance" seem natural. However, reviewing the literature pertaining to "academic bullsh*t" reveals a surprising acceptance and respect for it.

As residents, we frequently hear the phrases "see one, do one, teach one" and "never look uncertain in front of a patient." While these traditions seem to be waning in favor of a more accepting stance toward the education process, perhaps there remains an underlying appreciation for a certain degree of "bullsh*t" for the sake of composure or perceived confidence.

Even more interesting is the admiration within the literature for bullsh*t that is well done or especially brazen. An example of this is Frankfurt's book *On Bullshit*, where he asserted that "academic bullshit may be both unavoidable and beneficial."² He explained that the behavior "animates what is best in academic rhetoric" and that it allows a student to "represent oneself as one actually aspires to be."² For example, if an intern who has inserted only 3 prior intravenous catheters is tasked with starting 1, and is asked how many he or she has done, the intern could reply "many" or "only a few." While arguably an exaggeration, the prior response is what Frankfurt described as "speaking out of a better self," while the latter is more honest but undermines both the intern's and the patient's confidence.² An article by Perry, "Examsmanship and the Liberal Arts," also presents academic bullsh*t as a valuable skill.³

As a female anesthesiology resident and former surgery intern, I am struck by Rice's observation that bullsh*t puts women at a disadvantage, due to "evidence that female medical students are more likely to underestimate their abilities compared with

males."¹ In *Fighting for Life: Contest, Sexuality, and Consciousness*, Ong concluded that bullsh*t is gender specific.⁴ Like Frankfurt, he drew connections to gamesmanship, which he related to traditional masculine traditions dating back to medieval "flitting" and primitive ritualistic boasting, situations in which male "bullshitting" contributes to social superiority.⁴ Perry also expressed respect for masculinity in bullsh*t, stating "we tacitly express our respect for the bullster's strength. We recognize a colleague. If he knows so well how to dish it out, we can be sure that he can also take it."⁴

According to Rice and the literature, the act of bullsh*tting in academics puts candidates at an advantage. They also agreed that the behavior is predominantly male, suggesting a possible connection to the modern gender gaps in specialty selection and salary. Given the attributed benefits, and the difficulty in pinpointing or eliminating such a subtle and deeply entrenched behavior, perhaps it is time for women to adopt Frankfurt's advice and accept his "recommendation not just to bullshit but to be very good at it."²

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References

1. Rice J. On bullsh*t and medical education. *J Grad Med Educ*. 2017;9(5):574–576.
2. Frankfurt HG. *On Bullshit*. Princeton, NJ: Princeton University Press; 2005.
3. Perry W. Examsmanship and the liberal arts. In: Hunt D, ed. *The Dolphin Reader*. 6th ed. Boston, MA: Houghton; 2003:60–71.
4. Ong WJ. *Fighting for Life: Contest, Sexuality, and Consciousness*. Ithaca, NY: Cornell University Press; 1981.