Demand until breaking: Are we educating resilient physicians or just teaching them to survive?

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Medical training has turned exhaustion into a requirement and suffering into routine. Today, rather than educating physicians, the system teaches endurance until breaking. No one enters medical school thinking they might lose themselves along the way. Yet extreme fatigue, constant pressure, and silence in the face of suffering have become so common that they no longer surprise us. If becoming a physician requires breaking yourself first, then the problem is not you—it is the system.

In recent years, society and academia have associated medicine with extreme sacrifice, prolonged work hours, and a culture that normalizes exhaustion as an unavoidable part of the process. For years, we have confused vocation with wear and tear, and resilience with suffering. Today, however, it is unavoidable to ask who truly benefits from this model: are we training resilient physicians, or merely exhausted ones?

Two ways of understanding what it means to "be a good doctor" coexist. The first—one many of us know deeply—prioritizes academic overload, constant competition among peers, and the minimization of personal well-being.

The second, more attuned to the current context, proposes something different: it demands excellence, yes, but without neglecting comprehensive education that recognizes mental health, rest, and support as essential components of learning.

Because we cannot ignore that those in training are also people, with limits, emotions, and basic needs.

We have grown within a traditional medical model centered on limitless demands, a reality that has shown alarming consequences. Numerous studies have documented high rates of anxiety, depression, and burnout syndrome among medical students and trainees. Within this framework, exhaustion is not only normalized—it is praised. The implicit message is clear: those who cannot endure the pressure "are not made for medicine."

In Mexico, the continued use of this educational model has already exacted a cost we can no longer afford. Recent cases of suicide among medical residents are neither isolated nor inevitable; they reflect a system that pushes those in training to the brink. Behind each case are students enduring endless shifts, normalized humiliation, and constant pressure from supervising physicians, all accompanied by an institutional silence heavier than any exam.

These are young physicians who learned that asking for help is seen as weakness, and that fatigue is dismissed with phrases like "that's just how medicine is." Students who kept working when they could no longer go on, because stopping was not an option. Because no one taught them that their mental health also matters.

Talking about suicide is uncomfortable; it remains a taboo subject. But silence is far more dangerous. This is not only about individual decisions, but about environments that wear people down, isolate them, and dehumanize them. When mistreatment is justified as training and rest is punished, damage accumulates. And sometimes, that damage becomes unbearable. Accepting these deaths as part of medical training is not vocation—it is negligence. A medical system that loses its students to exhaustion and despair is a system that has forgotten its essence.

Conversely, those students who manage to endure this model—the ones often labeled as "strong"—are not necessarily strengthened by it. Rather than building character, this approach erodes empathy, fosters cynicism, and increases the risk of clinical errors, affecting not only the future physician but also the patients they will care for.

In contrast, there is a model grounded in the understanding that resilience does not arise from constant suffering, but from balance between academic rigor and personal well-being. This approach promotes skills such as teamwork, emotional regulation, asking for help in a timely manner, and recognizing that no one can handle everything all the time.

Schools and hospitals that have invested in wellness programs, mentorship, and more reasonable schedules do not produce weaker physicians, but professionals more committed to their vocation.

The difference between these models is clear. One produces physicians who may function in the short term but are emotionally depleted. The other forms physicians capable of sustaining their vocation throughout their lives. And in a world marked by collapsed health systems, pandemics, and ongoing crises, what we need least are physicians who are broken inside.

Continuing to justify the traditional model under the argument that "this is how it has always been" is no longer acceptable. Normalizing suffering does not make us better physicians; it only makes us more vulnerable. Caring for those in training, on the other hand, is a public health strategy, because mentally healthy physicians provide more humane, ethical, and safe care.

At this point, organizations such as AMMEF cannot remain at the level of discourse alone. As an association representing medical students, it has a real opportunity to drive change: opening spaces to discuss mental health and remove it from taboo status, promoting peer support programs, and demanding that student well-being be taken seriously within schools and hospitals. It can also make visible the exhaustion students experience, listen to their stories, and transform them into concrete proposals. The goal is not to do everything at once, but to begin changing a culture that has long normalized fatigue and silence.

Those of us training to become physicians are not asking for less rigor; we are asking for an education that does not destroy us. Truly human medicine begins in classrooms and hospitals.

For that reason, it is urgent to recognize that a physician in training needs, at a minimum:

1. Decent rest
2. Mental health taken seriously
3. Training free of humiliation
4. Support and community
5. Respect for human dignity

This text does not seek pity, nor does it remain in complaint—it is a demand. We demand that the well-being of physicians in training stop being treated as a matter of "individual resilience" or self-help and be recognized for what it truly is: a public health issue. Educational and hospital institutions must assume their responsibility and stop training physicians at the cost of exhaustion, fear, and silence. Every exhausted student, every resident who breaks, every life lost is a sign that something is failing. Calling suffering "vocation" does not make us better physicians; it only perpetuates a harmful system. The question is no longer whether we need to change the model of medical education, but how many more physicians we are willing to lose before we do.

Mental health cannot remain a secondary issue in medical training. It must translate into clear policies, dignified conditions for study and work, and real systems of support. Because training exhausted physicians is not part of learning—it is a structural failure. And until it is corrected, the cost will continue to be human.

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Afirmación	Nunca (0)	Rara vez (1)	A veces (2)	Frecuentemente (3)	Casi siempre (4)
Me siento emocionalmente agotado incluso antes de iniciar el día.	□	□	□	□	□
Siento que haga lo que haga, nunca es suficiente.	□	□	□	□	□
Me cuesta concentrarme o aprender cosas que antes entendía con facilidad.	□	□	□	□	□
He perdido motivación o entusiasmo por la carrera o la residencia.	□	□	□	□	□
Me desconecto emocionalmente para poder seguir funcionando.	□	□	□	□	□
Me siento incompetente o con culpa, aunque objetivamente no lo sea.	□	□	□	□	□
Estoy más irritable, distante o cínico con pacientes, compañeros o familia.	□	□	□	□	□
Dormir o descansar ya no me hace sentir recuperado.	□	□	□	□	□
He pensado que dejar la carrera o la residencia sería un alivio.	□	□	□	□	□
Siento que mi bienestar no importa dentro del sistema donde me formo.	□	□	□	□	□

Resultados orientativos

0–10 puntos: Cansancio esperado, vigila tus límites.

11–20 puntos: Señales de alerta.

21–30 puntos: Alto riesgo de burnout.

31–40 puntos: Burnout severo. Buscar ayuda profesional es importante.

C.11.1. Self-assessment test for burnout syndrome