Health-promoting environments must address institutional harm

S'attaquer aux préjudices institutionnels dans les environnements favorables à la santé

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Do et al. offer a courageous and necessary contribution to our understanding of wellbeing in medical education. By naming the learning environment itself as a source of harm, they challenge the dominant narrative that poor wellbeing is the result of individual failure or a lack of resilience. Instead, they call for institutional accountability—an approach that resonates deeply with both my public health training and lived experience as a medical student.

When I expressed vulnerability and asked for support, I was met not with care, but with scrutiny. My challenges were treated as risks to manage rather than needs to understand and support. "Professionalism" became a mechanism of control, more concerned with compliance than compassion. Medical education is not only a determinant of learner health—it often deepens harm when students show signs of struggle. Institutional responses too often pathologize distress and silence those who voice it, reinforcing the very conditions that make us unwell. This is best understood as structural violence—systemic harm that disproportionately affects learners with lived experiences such as disability, neurodivergence, or trauma histories.

Health-promoting learning environments must go beyond wellness initiatives. They require trauma-informed, psychologically safe systems where institutional processes respond to distress with empathy, not discipline. They demand a reimagining of professionalism: one rooted in trust, relational accountability, and human dignity.

If we are serious about transformation, we must ask: What kind of professionalism punishes vulnerability? And what kind of culture are we building if it does?

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Reference

 Do V, Lewis M, Flynn L, Sonnenberg LK. Sick by design? Why medical education needs health promoting learning environments. *Can Med Educ J.* 2025 Jan 13;16(1):123-4. https://doi.org/10.36834/cmej.80471