cardiac surgery. I had seen it all before, but don't underestimate the shock of seeing someone you love in that position.

He made a good recovery, hampered only by the excruciating pain of the scars on his chest whenever he coughed. Perhaps it was too soon, but after only four months he returned to work and to his normal life.

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The half hour after his arrest will stay with me forever and three years later I still find it painful to attend a cardiac arrest. My uncle gave him mouth to mouth resuscitation while I administered cardiac massage. All the time I was thinking why doesn't the ambulance arrive, why doesn't someone take over and let me leave? I just didn't want to be there. Finally, the ambulancemen arrived at the door but had no equipment with them so had to go back down the four flights of stairs to their ambulance. They returned with a suction pump, which was essential as he had vomited twice and this was obviously making mouth to mouth resuscitation difficult. I am used to equipment breaking down in hospitals as a matter of course but it was unbelievable when the battery ran out and the suction pump stopped. Even worse there was no endotracheal tube available and the bag and mask weren't getting any oxygen to his lungs. We were unlucky; our ambulance crew weren't trained in cardiopulmonary resuscitation so did not carry the equipment. There were two doctors present who could have intubated him but we could do nothing.

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It was a terrible moment when we stopped as by doing so I had to admit that my father was dead. After about 30 minutes my uncle and I looked at each other and knew that to carry on was pointless. I suppose it is some consolation that he knew we were there and cardiac arrests are supposed to be painless. I am also enormously relieved that he did not survive with severe brain damage from hypoxia because that is something I know he would have hated.

Not enough ambulance crews are trained in cardiopulmonary resuscitation. I am told by ambulance drivers that there is no incentive to go on the intubation and intravenous infusion course as they are not paid any more than other crews. I would have thought, however, that the ability to save more lives would be sufficient motivation in itself. I am told that those who do wish to attend the course have to wait a long time as the courses are infrequent owing to financial restrictions. But what I find most surprising is that only the trained crews carry the necessary equipment. In emergencies there are often doctors present who may be able to make use of an endotracheal tube, an emergency tracheostomy set, or even intramuscular glucagon for diabetics. Surely it is now time to re-evaluate our emergency services and perhaps follow the example of the excellently trained paramedic crews in America.

It doesn't make me feel any better, but like all grieving relatives I can't stop thinking, "If only. . . ."

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OPINION

Portents of change

George Dunea

Under a blazing sun and to the strains of martial music the robed faculty marches in for graduation, deans and chancellors up front behind the gavel bearer, lesser mortals in the rear. Past proud parents and wide eyed students they file as blaring loudspeakers play a record explaining what all the various caps and gowns and coloured ribbons stand for. The trick for the faculty members is to end up under the trees—or the next two hours could be sizzling indeed—but outcome is unpredictable because seating proceeds in an orderly fashion row by row. Now the deans and the other dignitaries sit down on the podium and the graduating students step up one by one, stopping briefly at the robing station, the handshaking station, and the diploma awarding station. Some of the women bring their babies to share their glory with them; some students elicit more applause than others despite prior admonitions to save it all until the end. Then the new graduates take a modern version of the Hippocratic oath that makes no mention of slaves' bodies or cutting for the stone; their ever to be venerated teachers rise to the occasion with suitably inspirational speeches; and soon it will be time for soft drinks and cookies on the lawn.

But first the president of the class gives his address, in which he reminds his fellow graduates that becoming a doctor is still a privilege. For where else can you find so much interest, freedom of choice, respect, security, mobility, and the chance to lose yourself in something bigger than your own self? What a privilege to have strangers unburden to you their deepest secrets, to see babies born and help old people to die, to comfort, relieve pain, allay fears, assist at operations, and explore the innermost recesses of the body.

Yet despite the upbeat mood of that sultry July the profession is showing signs of strain. There are problems of image, regulation, reimbursement. Many of the older doctors are voting with their feet, often retiring early in the financial security of their accumulated pension plans. Some say that they are leaving prematurely because practising medicine is not what it used to be. Indeed the bard might have said that they are escaping from the whips and scorns of government bureaucrats, Medicare's wrongs, the proud administrators' contumely, the pangs of litigious patients, the reimbursement delays, the insolence of newspaper reporters, and the spurns of aggressive malpractice lawyers. At cocktail parties or in doctors' lounges the common talk is "I am glad I am not starting all over again and I wouldn't advise my children to become doctors." One physician recently wrote to one of the medical newspapers saying that he was proud that he had talked several young people out of going into medicine. National statistics indicate a considerable decline in the number of applicants to medical school; and along with this comes a decline in the academic standings—fewer As and more Bs and Cs.

Drift to highly paid specialties

Also declining is the number of applicants for training programmes in internal medicine, hitherto the backbone of American medicine but now caught between primary care and the subspecialties. Reflecting the overall unhappiness of practising internists, many internal medicine programmes stand unfilled while residents planning to specialise tend to apply to a smaller number of elite centres. Family practice programmes remain popular still, but more so are orthopaedics, ophthalmology, otolaryngology, anaesthesia, and dermatology as well as occupational medicine, rehabilitation, and physical medicine. It may be largely a matter of money, so runs the conventional wisdom, explaining the drift to the highly paid specialties in terms of graduates' obligation to pay off loans incurred during college and medical school that may exceed $100 000. At the starting salaries of $50 000 a year offered by some of the health maintenance organisations a young doctor supporting a family of three would be hard put to make even interest payments. And who could afford to pay a malpractice insurance premium of $100 000 a year, such as may be required in some of the surgical subspecialties?

Clearly medicine will always remain an attractive profession, a privilege indeed, unlikely ever to suffer from a serious dearth of applicants. Yet recent developments portend change. This is coming imperceptibly and it is too early to predict what direction it will take. Will the doctors' training and education need to be restructured so that medicine does not become a profession only for the rich? Will patterns of reimbursement change so as to no longer favour procedures or will the forces of supply and demand drive the doctors back to the cognitive professions once the lucrative specialties have become filled up? Are we trending towards a two tier system with successful specialists at the top and struggling family physicians providing primary care? And what indeed is the future of internal medicine, this Innere Medizin of teutonic conception that in America has long tried to be all things to all people, generalist and specialist, consultant and primary care physician? Only time will tell, as the market forces transiently distorted by academic surveys and government regulators shape the medicine of the twenty first century.