

“sacrifice,” offered to the “power” of the doctor to heal (a kind of magical thinking to keep misfortune away).⁴

The sociological critique is not as materialistic as first seems; this is just as well. For the reduction of gift giving to instrumental exchange can obscure important messages: the man relapsing into mania may bring an extravagant gift; the elderly widow, dying, might say “goodbye” with one,¹⁹ as might the suicidal patient¹; the erotomaniac patient might send their doctor a single theatre ticket,²⁰ and the disgruntled patient may give their doctor a medical textbook. The wealth of meaning surrounding the gift may repay reflection.

What is to be done?

The most appropriate advice is to take nothing for granted and reflect upon the gift and its timing. A polite refusal may be preceded by reference to the ethics of medical practice or could emphasise that declining a gift does not equate to rejecting the patient. Whatever the outcome, a thank you note is appropriate.⁴ Keeping a record of all gifts offered or received and discussing the matter openly with colleagues promotes transparency.

The intangible

Finally, doctors and their colleagues receive other “gifts” from patients all the time,²¹ without the donors’ awareness, such as the vicarious satisfaction the doctor derives from their patients’ recovery or the deep impression they leave behind when showing great courage in the face of suffering—as with the elderly

man who walked in retention through snow, on Christmas Eve, until he reached the emergency department.

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Physician, know thyself

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graph TD
    MS[Medical student] --> Crazy[Crazy]
    MS --> Sane[Sane]
    
    Crazy --> AS[Attention span?]
    AS --> Sig[Significant]
    AS --> NE[Non-existent]
    Sig --> Psy[Psychiatry]
    NE --> EM[Emergency medicine]
    
    Sane --> HW[Hardworking?]
    HW --> V[Very]
    HW --> NSM[Not so much]
    V --> Att[Attitude?]
    NSM --> Att
    
    Att --> Nice[Nice]
    Att --> DM[Doesn't matter]
    Att --> Mean[Mean]
    
    Nice --> PA[Patient asleep]
    DM --> PA
    Mean --> PA
    
    Nice --> PD[Patient dead]
    DM --> PD
    Mean --> PD
    
    Nice --> Surg[Surgery]
    DM --> Surg
    Mean --> Surg
    
    PA --> Ana[Anaesthesia]
    PD --> Path[Pathology]
    Surg --> AL[Afraid of the light]
    Surg --> AD[Afraid of the dark]
    
    AL --> Rad[Radiology]
    AD --> TB[Think big]
    AD --> TS[Think small]
    TB --> Derm[Dermatology]
    TS --> Oph[Ophthalmology]
                
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As a resident physician working in a large academic medical centre, I am in frequent contact with medical students, many of whom feel apprehensive about choosing their future medical specialty. Students complain that they need balanced career guidance extending beyond “my specialty is the best” expressed by many doctors. Inspired by my interactions with residents training in all major specialties, I have created an algorithm to guide students’ choice of specialty on the basis of their personality characteristics. The algorithm has been well received at my institution by students and residents alike, many of whom exclaim: “That is so true.”

I provide the algorithm in the hope that it will be equally useful to the journal’s readers.

Boris Veysman *resident, Yale School of Medicine, New York University, New York, USA*
(boris.veysman@med.nyu.edu)