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Letters to a Young Doctor

"Know then thyself"

PHILIP RHODES

If you have explored sufficiently the possible careers in medicine during the two years after graduation you should have in mind an image of the subject that you want to pursue: what it is and what it does and how. You then have to try to match this with the image that you have of yourself. This is the hardest part of all. Getting a balanced view of yourself and your capabilities is never fully possible. You have to make a guesstimate, and there are then three possibilities—that you have it right, that you have overestimated yourself, or that you have underestimated your capabilities. Your academic record will give some idea. It is not very sensible to delude yourself into thinking that you have a high intellectual capacity when your academic grades have been weak, which probably cuts you out of an academic career or a career in research. A steady achievement of high grades and winning many undergraduate prizes may, however, be a positive incentive for an academic career.

What is harder to weigh in the balance has to do with your own personality. The terms that have been used about personality types are introvert, extrovert, convergent and divergent, outgoing, withdrawn, and so on. There is a place for all of these types in medicine, and there is no set pattern for doctors. Nevertheless, very broad patterns may be determined. For instance, some new graduates find that they are uncomfortable in dealing with patients. This can be overcome, yet it would probably be unwise for such people to go into general practice or one of the major clinical disciplines, whereas basic medical sciences might suit such people, or laboratory work in pathology, or radiology, or anaesthesia. All of these specialties have a large clinical component but this is not so obtrusive and all-consuming as in clinical subjects. The emotional component which may be

disturbing to some is usually absent. Again, with experience this can be overcome if the will to do it is there.

Perseverance may be well rewarded in time, but there obviously are fewer barriers to doing well in a career when your internal struggles are at a minimum. This is why it is best to have congruence between the subject and its practice and your personality and academic capability. Progress can then be made with less effort. It is well to make a distinction between work and labour. The first may be hard but enjoyable; the second is toil and lacking in pleasure, even in the final achievement. A career must surely have elements of enjoyment in it. It takes up so much time and lasts for so long.

Some people worry whether they will have the manual aptitudes for surgery. This need not deter anyone. Some may be good at carpentry, but this may be no guide at all for the pursuit of the craft of surgery. The skills needed to be a surgeon are a thing apart from all others, and they may be learnt by experience, by thinking about them, and by application. The bars to a surgical career are more emotional than physical: it appeals or it does not. And there are many branches of surgery that require different kinds of skills, so that those who fancy a career combining mind, eye, and hand should find something to suit them. But it is demanding because it causes high levels of anxiety that are frequently repeated. Robustness in mind and physique is required, and this is not the perquisite of everyone. There is, however, room for all the talents in medicine. None is necessarily more important than the others in contributing to the medical common weal and in benefit to patients.

Strength of purpose

The general intellectual level of doctors is high. As students they are selected essentially for their academic achievements, which at A level are usually higher on average than those of entrants to other university faculties. Medical students go

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through a course that maintains a high academic standard, covers a large range of subjects, and rigorously tests stamina and persistence over a long time. This all requires personal characteristics of resilience, adaptation, perseverance, and emotional stability in the face of real hard work and sometimes tribulation. Such tried and tested people are capable of doing almost anything they wish to, provided that their will and motivation are sufficiently strong.

It may be said with some truth that those who fail in doing what they wish to in medicine show only that they have lacked the strength of purpose, so that they have not "scorned delights and lived laborious days." In short, they have not desired their imagined goal with sufficient intensity that they were willing to sacrifice themselves to it. This does not matter. There are many philosophies as to how life should be lived, and it is impossible to generalise and say that only one philosophy is right for everyone. If you want badly enough to be a brain surgeon then you probably can be if you will drive yourself, eschewing many

other things that other people of your acquaintance may think pleasurable and desirable. Only you can decide how much the desired end justifies the means.

If you know what you want to do and put in the effort to achieve it then almost nothing will stop you. But when you are not so sure you must weigh the chances more carefully—trying to assess your academic intelligence, your personal characteristics, and your disparate goals in life. If you take on all the opposition you might fail to get what you want. If you pick the opposition with some care to see that it is not too great then your chances of your particular variety of success may be the greater.

Your aim will be to become either a consultant or a principal in general practice, for these are the only two career grades in the National Health Service. There may be a few other aims, which I will discuss in later articles, but numerically they are relatively so few that the general statement is essentially true. So I shall consider these two careers separately in the next few articles.

Essentials of Health Economics

Part IV—Organising health care resources

G H MOONEY, M F DRUMMOND

In part III of the series¹ we outlined the contribution of economists to policy planning. In this article we examine their input to the organising and planning of resources in health care. For example, economists have played a major role in the drafting of the recently issued guidance from the Department of Health and Social Security to health authorities on how to mount economic appraisals of capital schemes.² In fact they have been instrumental in gaining acceptance for the need for such appraisal.

The essence of the economist's role not only in an appraisal of such options but in health care policy more generally is illustrated as follows: "The approach advocated in this guide is not a rigorous form of cost-benefit analysis in which all the advantages and disadvantages are reduced for comparison to money terms. Nevertheless the framework proposed should enable the merits of alternative courses of action to be systematically compared and to be quantified wherever possible to reduce the degree of subjectivity involved. Inevitably there will be some factors which can only be assessed in a subjective manner but the framework enables these judgments and their implications to be made explicit."²

Creating a framework for appraising choices

The systematic framework is again important. Economics can only be decision aiding and not decision making, since health care planning and policy making are inevitably subjective. Being aware of that and making the necessary trade-offs explicitly and hence more rationally is the function of economics. Thus, in the context of appraising capital schemes a framework needs to be created which will allow the costs and benefits of different schemes (in whatever form) to be assessed. Indeed, one of the central yet simple themes of economics is that the range of choice is frequently much wider than may be apparent at first glance. Thus an acknowledged shortage of acute beds (and that already means a choice has been made) in a particular area might require choices concerning: (a) new, upgraded, or redesignated beds; (b) total number and numbers by specialty required; (c) location (within or outwith the area and, if the former, choice of precise site); (d) timing (when to build); (e) speed of completion (rate of development); and (f) how to cope with uncertainty (owing perhaps to possible demographic changes). Even if none of these dimensions of choice is present there is always the "do nothing" option. Thus one of the most fundamental yet simplest messages of appraisal is: Hobson was not an economist and Hobson's choices are very infrequent phenomena in the world of economics.

Manpower planning

Appraising the options in capital schemes is at an early stage of development, as is the planning of the main health service resource, manpower. Given the importance of both medical and nursing manpower it is disturbing how little has been done on this front, particularly with nursing.

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