Learning Medicine

Choosing a specialty

PETER RICHARDS

Books about careers in medicine traditionally devote a chapter specifically to the position of women in medicine. This I shall not do. Women have equal opportunities to enter medicine, to qualify, and to undertake preregistration posts. They are as suitable as men for almost any career in medicine, orthopaedic surgery perhaps being one exception because it may require greater physical strength than most women possess; on the other hand, women are perhaps better suited than men to some specialties such as family planning.

Most women marry within two years of qualifying as a doctor and most have a family. Their problems arise partly from living in a country which provides far less support than many other Western nations for married women with young children who want to continue to work full time; partly from living in a society which by and large expects the woman's professional career to come second to her husband's; partly from having chosen a profession which has many specialties that are unsuited to part time training; and partly from the difficulty in providing geographically convenient training posts in those specialties which are suitable for part time training.

Part time training

Married women have to decide how to combine home and family life with a career. Most look for a specialty which is suitable for part time training and even for part time employment in due course, and this requirement means a specialty with a minimum of out of hours emergency duty. Part time training is necessary partly because of the lack of kindergarten facilities and the high cost of domestic help, an expense which the taxman unreasonably will not allow as a professional expense. It never ceases to surprise me that women, who have great political power, do not use it to create conditions which will minimise the conflict between home and profession. It also amazes me that the nation does not take greater care to nurture its highly and expensively trained doctors.

The National Health Service has failed seriously to come to grips with part time postgraduate training and employment of the large and increasing number of women entering medicine (about 40% of all entrants). The years of active motherhood will become a prodigious waste of national resources if a satisfactory solution is not quickly found. Doctors tend to marry doctors and so compound the problem. It is not so much a matter of who does the cooking and washing ("both" is the only reasonable answer) but who jumps first when it comes to applying for a career post and what are the consequences of this geographical tie for the employment of the other partner? It is also a matter of who looks after elderly parents.

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Several provisions have been made to help women retain professional involvement through years of heavy family responsibility. These are a step, but only a small step, in the right direction. A retainer scheme for married women provides an opportunity for them to undertake some specially arranged clinical sessions and to attend postgraduate teaching sessions; a small retainer fee (currently £130 pa) is paid towards expenses such as registration with the General Medical Council, subscription to a medical defence organisation (insurance against claims for professional liability), and subscription to a recognised professional journal. When the doctor has more time a part time supernumerary training post may be created in the specialty of choice at a convenient hospital; the operative word is "may" because considerations of national career prospects in that specialty, of finance, and of daunting bureaucracy may well delay a decision for a year or more. It has been said that women will be at a disadvantage until part time training and subsequent employment become professionally acceptable; the contrary view, that women will be at a disadvantage for as long as they believe that part time training can ever be the equal of full time training, may be nearer the mark.

Pursuing specialist training

A specialty needs to be chosen within two or three years of graduation and sights set on an appropriate route to a permanent career post. Most students qualify with little idea of the wide range of career opportunities open to them, an ignorance which reflects badly both on medical schools for not opening their students' eyes and on students for being so remarkably lacking in curiosity about their own future.

Careers fairs are held annually in several parts of the country to display the attractions of different specialties and to offer advice from doctors in all major specialties on a personal and informal level. Advice is available in medical schools from postgraduate subdeans and in each district general hospital from the clinical tutor. Each region of the National Health Service also has a regional postgraduate dean, who is responsible for coordinating postgraduate training and advising individuals, mainly through the clinical tutors. Each royal college also has nominated regional advisers to whom trainees can turn. Overseas graduates can go for advice to the National Advice Centre run by the Councils for Postgraduate Medical Education of England and Wales, Scotland, and Northern Ireland.

Career decisions depend on many factors but a clear idea of the very wide opportunities available is the first necessity. Professional preference is only one consideration, a consideration all too often conditioned by the fact that most teachers of clinical medicine are general physicians and general surgeons, who, wittingly or unwittingly, give the impression that these are the only two worthy careers. House officer posts are also more or less confined to these specialties.

The major career decisions are: medicine or surgery? and in hospital or outside? Some fortunate people decide on their

careers as students ("fortunate" if they have made a realistic decision), more decide as housemen, and most decide in the next year or two while undertaking general professional training in senior house officer posts. Most of senior house officer posts are not part of a specialist training programme but offer general training and experience. They are vital feet finding posts which are hard to get now and may become fewer as a result of current policy. An excellent series of articles, first published in the *British Medical Journal* under the title *Letters to a Young Doctor*,[1] discussed the practical steps to be taken in shaping a career after qualification.

Market forces

For years too many doctors have wanted to specialise in disciplines such as general medicine and general surgery and too few in, for example, pathology, radiology, geriatrics, and mental handicap. They have also wanted to live in green pastures, not in inner cities. Some idea of the prospects for a consultant post in different specialties can be obtained from an annual review published in *Health Trends* if this information is supplemented by details of the DHSS's programme of expansion in numbers of consultants.

Although a consultant post is the usual goal of a doctor working in hospital, there are career posts in the associate specialist grade which carry less responsibility. Many doctors, most of them general practitioners, also work part time in hospital on a sessional basis as clinical assistants or hospital practitioners.

Doctors are not in short supply overall, only selectively in some less popular specialties and in large cities. Sooner or later human resources will catch up with the need, if only because posts will become increasingly hard to find as the output of the medical schools increases. In the words of George Bernard Shaw, "up to a certain point, doctors, like carpenters and masons, must earn their living by doing work that the public wants from them."

These articles, together with some further chapters, have now been published as a book under the title *Learning Medicine*. The book may be ordered from the Publishing Manager, *British Medical Journal*, BMA House, Tavistock Square, London WC1H 9JR, price £4·00 (£3·50 for BMA members), including postage.

Reference

[1] Rhodes P. *Letters to a Young Doctor*. London: BMA, 1983.

Reading for Pleasure

Forced inactivity brings increased pleasure

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Fortunately, reading has for me almost always been pleasurable. The excitement of discovering new facts, the enthusiasm stimulated by a strong narrative line, the empathy or antagonism aroused by the author's characters are but some of the experiences, for the most part enjoyable, although sometimes disturbing, produced by the printed word. Unsatisfying reading may be due to poor writing, but skilled and artistic constructions may fail to move or instruct the unreceptive reader. I still recall struggling with Shakespeare's *Coriolanus* at high school and unsuccessfully trying to make sense of *Krebs Cycle* at medical school, both tasks which were never achieved, no doubt leaving me that much diminished. A busy professional life may preclude reading for pleasure, though I suspect that outside pressures and demands are often blamed for limiting your enjoyments, when a little more foresight and planning would enable you to indulge more freely in your chosen interests.

Recently, however, my appetite for the written word was sharpened again by a period of enforced inactivity. Quite suddenly I developed an haemolytic anaemia, severe enough to keep me in hospital for several weeks while the haemolytic process was being reversed. Together with other medication, I was taking largish doses of prednisolone, which succeeded in stopping the precipitous fall of my haemoglobin concentration, and after a fortnight or so the erythrocytes lost by lysis were being more than replaced by new ones. The steroids I was taking produced what may have been a rather spurious feeling of well being, a great help when it came to coping with the often tepid and saltless hospital meals. Former mundane activities such as shaving, taking a shower, or even breathing deeply were appreciated more keenly than ever before, and, as my recovery proceeded, reading, too, became that much more pleasurable.

Unashamed escapist literature

At first unashamed escapist literature took my fancy: a journey into the past rereading some of Dashiell Hammett's novels, including *The Maltese Falcon* and *The Dain Curse*, contrasted interestingly with an extended exploration of Dick Francis's gripping and always informative thrillers set in the horse racing world. Participating in transatlantic and local mayhem, learning about more methods of fraud and fiddling than were dreamt of in my philosophy, helped to take my mind off what was going wrong with my own haematopoiesis. By the time I was able to return home to a longish period of convalescence my need for rather passive escapism had diminished considerably. For a long time I had looked forward

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