



VIEWS & REVIEWS

ACUTE PERSPECTIVE

David Oliver: Doctors need intergenerational solidarity

Two popular books followed the latest financial crash and austerity drive: *The Pinch*¹ and *Jilted Generation*² urged those under 35 or so to protest against the self interest of baby boomers. Born from 1946 to 1964, boomers had allegedly saddled younger generations with public debt, student tuition fees, job insecurity, and an unreachable housing ladder—while boomers were growing asset and pension rich.

Working, taxpaying boomers didn't conspire to deprive future generations; nor did they alone cause a banking crash. But age discrimination cuts both ways. Protection of retirement entitlements, inheritances, and healthcare, alongside cuts to education and working age benefits, arguably do disadvantage younger people.

Amid recent industrial unrest³ over contract changes for junior doctors in England, I've witnessed hints of intergenerational conflict in medicine.⁴ Cynics might even say that it's a deliberate ruse by the government to divide and rule our profession.

For instance, in letters to newspapers, the surgeon Claire Hopkins replied to her father, the retired surgeon Russell Hopkins, that the current job is unrecognisable from the one he did.⁵ Several older doctors fed reactionary comments to columnists such as Dominic Lawson, questioning the current generation's professionalism and work ethic.^{6 7} Des Spence hinted in *The BMJ* at a misplaced sense of entitlement among juniors.⁸

The "you don't know you're born" flak has been thrown back, with younger doctors confidently telling older ones who were actually in the job in the 1980s or '90s what it was like (much easier than nowadays, apparently).

This isn't constructive. Roles and conditions evolve over a long junior and senior career for us all. Looking back at my 27 years, we've simply traded one set of pros and cons for another. Hours, rotas, staffing, and on-call pay were worse. But the volume and complexity of patients, the range of interventions, and public expectations were lower.

"Run-through" training was less secure back then, and people got stuck in training grades. We had far less formal support, supervision, or protected training time. But we had free degrees

and hospital accommodation. And, once a fully accredited specialist, you had more security, autonomy, and respect; less regulation; and relatively better pay and pensions. That was the reward in sight after tough training, and we knew it.

Soon, with the proposed new consultant contract,⁹ we'll risk new discord between older and younger consultants as those who've taken on leadership roles over many years lose a chunk of income in scrapped clinical excellence awards, while younger consultants will hit the top of the scale a few years in.

No good will come of this competitive, "who had it worse" behaviour. Each medical generation faces its own challenges. We need intergenerational solidarity right now, not an unseemly scrap.

Competing interests: see www.bmj.com/about-bmj/freelance-contributors/david-oliver.

Provenance and peer review: Commissioned; not externally peer reviewed.

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