



VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Vocation takes doctors only so far

David Oliver *consultant in geriatrics and acute general medicine*

Berkshire

The word “vocation” is often raised in letters or online comments responding to stories about doctors and our training, terms, and conditions. But is it a useful concept or a justification for treating us poorly?

Remarks such as “It’s supposed to be a vocation” are used to criticise doctors who want decent pay settlements, more flexible or family friendly hours, or reduced clinical sessions to avoid punitive pension liabilities. It’s never long before someone says, “But they took the Hippocratic oath!” This is no longer the norm in every medical school (despite the myth), although its principles are still relevant to the ethics of modern practice.¹ The subtext is that selfless dedication to patients and our profession should come before any self interest.

The origins of the word “vocation” date back to at least the 15th century. For instance, Old French *vocacion* or Latin *vocationem* meant a personal calling to an occupation or profession that a person was particularly suited to. Although its origins were in religious ministry or orders, by the early 20th century we started to see more secular references to a person developing their skills in pursuit of a career.² Even in that earlier religious sense we must remember that being a monk, nun, or priest offered relative stability, status, and education alongside the charitable works and ministry—so having a “vocation” was never purely altruistic.

Not everyone who picks medicine does so for purely vocational reasons.^{3,4} Academically capable young people, and their parents and teachers, know that a medical degree is a better guarantee of a secure, well paid, high status career than most. Entrants may be fascinated by the science and the research possibilities. And the realities of the job may not live up to expectations: some find themselves looking enviously at friends from school or university who seem to be enjoying better paid, better supported, or more stimulating work.

Not just healthcare

A sense of vocation doesn’t apply merely to healthcare or other key public service roles such as teaching, emergency services, or the military. Nor is it the preserve of charity and campaigning work. Precarious, highly competitive, and often poorly paid jobs—in academia, scientific research, journalism, the arts, or

professional sports—rely on people being prepared to take big risks to pursue their dreams. I wouldn’t argue that a calling to any of those roles justifies accepting an impossible workload, bullying from management, or poor terms and conditions. It’s why we have trade unions, a national living wage, and employment law.

In the UK most doctors, nurses, and other health practitioners are state employees. We’re working for and effectively paid for by the public, and we accept that. The nature of our work is often critical to people’s lives, work, wellbeing, and even life and death. Yes, the public will read stories of practitioners retiring early, reducing their hours, leaving the system, or speaking out against worsening terms and conditions or punitive pension changes.^{5,6} They’ll hear of us trying to manage our workload to avoid burnout, mental or physical illness, or compromised safety from fatigue or short staffing.^{7,8} They may even see us protesting in the streets, organising on social media, or threatening industrial action.⁹

None of this lessens our sense of vocation or commitment to our professions, the NHS, or patient care. So, vocation shouldn’t be used as an excuse to treat people badly when they sometimes put themselves or their families first. With no clinicians, there will be no NHS.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

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

- Green B. Use of the Hippocratic or other professional oaths in UK medical schools in 2017: practice, perception of benefit and principlism. *BMC Res Notes* 2017;10:777. doi:10.1186/s13104-017-3114-7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5747024/>. 29284529
- Online Etymology Dictionary. Vocation. <https://www.etymonline.com/word/vocation>.
- Health Education England. Real-life stories—why I chose medicine. <https://www.healthcareers.nhs.uk/explore-roles/doctors/why-study-medicine/why-i-chose-medicine>.
- Naqvi J. Survey shows why doctors choose medicine and the challenges they face. *Washington Post* 2017 Apr 10. <https://www.washingtonpost.com/news/to-your-health/wp/2017/04/10/survey-shows-why-doctors-chose-medicine-and-the-challenges-they-face/?noredirect=on>.
- Taylor R. Doctors reduce their hours to avoid punitive pension tax bills. *Times* 2019 Aug 1. <https://www.thetimes.co.uk/article/doctors-reduce-their-hours-to-avoid-punitive-pension-tax-bills-7jrnw2wts>.
- Legraien L. Over half of GPs plan to stop practising before retirement age. *Pulse* 2019 Jul 10. <http://www.pulsetoday.co.uk/your-practice/special-reports/retirement/over-half-of-gps-plan-to-stop-practising-before-retirement-age/20038994.article>.

- 7 Lee D. The NHS must stop putting patients first. *Health Serv J* 2019 Sep 13. <https://www.hsj.co.uk/workforce/the-nhs-must-stop-putting-patients-first/7025928.article>. (Login needed.)
- 8 Bawa-Garba: timeline of a case that has rocked medicine. *Pulse* 2019 Apr 10. <http://www.pulsetoday.co.uk/news/gp-topics/gmc/bawa-garba-timeline-of-a-case-that-has-rocked-medicine/20036044.article>. (Login needed.)

- 9 Junior doctors' row: the dispute explained. *BBC News* 2016 Apr 6. <https://www.bbc.co.uk/news/health-34775980>.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>