

Our profession in today's NHS

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“The profession is a disease... You should see her apartment- it's like no one lives there. She's been there over a year, and she still hasn't unpacked her stereo.” – Samuel Shem.

I was nineteen and sitting in a monochrome office in a brutalist tower block of a university hospital. The senior registrar's office had no wall art, a small flatpack bookshelf of textbooks, a third-hand NHS issue desk and a PC humming quietly, intruding on the lonely silence. The utilitarian space belonged to my CTA (clinical teaching associate), a new post created that year, which allegedly gave medical students greater access to the reality of training by linking them with a registrar. This contact was meant to be more attuned to the demands of medical school and more able to tailor regular, specific, teaching. After six months though, this was my second meeting with her.

My registrar was warm and engaging. She wore trouser-suits similar to those I remember my mother wearing in the late nineties and she kept her short hair tightly cut. Her voice was often quiet and low but when amused by the subject matter could lift into native Glaswegian melodies. She had chosen a career in psychiatry early, and was well on her way to making serious strides in her field.

I had come to see her because I needed guidance. I felt sure that my worries could be easily assuaged by someone with more wisdom and experience, someone who could help me find the doorway to a healthy career. I had simply to step through.

She was late to the meeting and I could hear her rush across the weak floors of the corridor outside before she entered the room. She hurried in, hanging up her overcoat and casting aside her briefcase whilst making her excuse.

“Sorry I'm so late. I had to detain a gentleman who had started a small fire but it's all right now.”

She sat down at her empty desk and turned to me.

“How are you, anyway? Is everything alright? We haven't seen each other in a while have we? What rotation are you on now? Get on okay with your exams? And when are your next ones?”

I was used to this form of greeting from doctors by now. Perhaps it's a lifetime of trying to distil information, but a simple hello could always turn into a data mining expedition to fulfil the meeting pro forma.

I answered her questions in order. The good doctor took the history and I gave the answers that sailed us through the algorithm. Both parties initially satisfied that there were no major concerns and after a few minutes we both relaxed. She asked if I'd seen my PT and I told her I had but had not been impressed.

“Oh! Why's that?” The algorithm faltered.

“Well...” I started, “I just don't think she really cares about what's worrying me.”

“Ok...” she breathed, gears shifting, “and what is it that worries you?”

“If I'm honest. It's the work. It's the unimaginable volume of things I need to do. I feel like at this stage of things I'm already behind. Not only do I need to think about a specialty choice, I need to start working on my CV to show that I'm worthwhile for that specialty. I've got so much revision to do to just to stay afloat in exams and I feel like I'm not learning anything on the wards. I'm either forgotten about at the back of a ward round or trawling through notes for case-reports.”

Honestly, I feel like I'm moving faster than I've ever moved and going nowhere. All of this adds up and I feel like I'm becoming less and less of a person. I see less and less of my friends and family and all my outside interests are withering. I'm just not sure how I manage all this and balance a world away from the hospital too. I just want to know what I need to be doing to not feel tired and busy all the time?"

She paused for a moment.

"I understand what you mean Neil... unfortunately.... that'll only get worse. You just have to keep going." She paused for a moment longer and I wasn't sure what to say. Before I could respond she asked me a question I was sure wasn't on the pro forma.

"Do you enjoy reading? When I was in your shoes there were two books I read, and I think you'd really get a lot from them." She turned to her desk and wrote down the titles and authors and handed me a yellow post-it. I took it, unsure of what to expect. Was the answer hidden in the pages of books I wouldn't find in the medical library?

"Read these. I'm happy to meet again whenever you like. Even if it's just tea and a chat."

I thanked her. She smiled, I smiled back, then left the tower and entered the biting February air. On the way home I wondered how it had taken until right before I left that I noticed the photo of her daughter safely tucked to the corner of her desk.

Melvin Konner published *Becoming A Doctor* in 1987 and Saumel Shem sent the now infamous *The House of God* into the world in 1979. Reading both that winter, however, I felt that little had changed since then. The monsters and myths painted in Shem's work came to life for me every day on the wards and Konner's insight shone like sunlight through the hospital library. Both had seen what I'd seen before and had the wisdom to write it down so that young and frightened students decades later could know they were not alone.

Almost six years later, I'm a specialist trainee. With more grey hair, a loving wife, and a few more exams under my belt, I still suffer many of the same fears. I'm writing as a means to escape the two audit projects I should be doing, and to keep myself from preparing for the Masters I ought to apply for. I should be reflecting on the shifts I had this week, or revising for the college exams that are rapidly approaching. My wife reminds me almost daily that I need to contribute more to laundry, the dishes, organising of our new home. We have moved each summer of the last four years.

I've got a block of annual leave coming up and I'll use it to wade into my revision, see my family, including my dying grandmother, and hopefully get out for a long run. The time will be cut short by the rota gap left by a colleague's need for compassionate leave and I'll have to cover a couple of shifts. I tell myself that this will be a good opportunity to grab a few workplace-based assessments.

All of this has the potential to sound complaintive, but I can only insist it is not. It's matter of fact. Why complain about that which cannot be changed? Why push against the immovable object of careerism in medicine? It would be Promethean, and ultimately, only degrade my own state of mind. I have goals for my career and for becoming the kind of doctor I admire. I have responsibilities to those I love, and to my patients. I have work to do, and complaining about it won't get it done.

As a child I never dreamed of spending evenings teaching myself how to use SPSS, or weekends looking at how I could complete audit cycles most efficiently. As a young-adult, I never imagined a world without the things that made me feel connected to people and my community. I never hoped to uproot my home every year and lose my native accent and so many pieces of who I am.

Konner argues that this is essential. In the conclusion to his memoir of his medical training, he lays bare that physicians must be “abnormal people”. No normal person could do what we do. He finds that people fall into conformity and uniformity of attitude and spirit because they must in order to survive. In the late 1980s, survival meant sleepless and murderous hours, the inhumanity of treatment (to patients and colleagues alike), and to the overall social sacrifice made to serve in the ranks of Doctors.

In the 21st century, we differ only in that the god we serve is not the ward or disease or even the patient but rather the job, the “game”, the career. In a neo-liberal world and a third-way NHS it makes sense for our service to turn its face towards careerism in the name of progress. Patients are treated better, our service is more efficient, and the draconian ways of moulding trainees can be washed away in the tide of administrative excellence. How can a consultant or a hospital, the ethos suggests, be seen as cruel or unusual if the same rules apply for everyone? Better yet, how can your failure to progress be anyone’s fault but your own.

In the wake of the Junior Doctor Strikes necessitated by a violent reshaping of work, training, and pay there has been an awakening of professional discourse on the problems our service faces. Many are rallying against conservative politics, others identify with alternative methodologies. Some give in all together and seek a better working life abroad. Very few, though, point the finger at what has removed us not only from the patient but from each other and our sense of solidarity. Especially when careerism is something we are unarguably vulnerable to as doctors. Identity and career become indistinguishable.

I am hopeful for the profession, but only in the sense that I am hopeful that this house of careerist progress we have built is falling down. More and more we are opting out. The floods of UK trained doctors leaving the country or refusing to directly engage shows no signs of slowing with only 42.6% of doctors entering training after FY2 in 2017. A careerist believer would suggest that this is a sign of people taking more time to prepare themselves for a long and fruitful career. The voices in corridors, however, are sounding with expressions of fatigue, frustration, or feelings of disenchantment with the volume of extra work now seen as mandatory.

If we are to survive as a profession in a struggling service we must (perhaps ironically) do a great deal of work in an ever-shortening timeframe. We must look at the increasing role of flexible/LTFT training. We must look at alternative measures of professional development than “publish or perish.” We must look to a genuinely pedagogical and nurturing ethos to training that is currently only paid lip service to and often under the guise of CV gain.

Most importantly we must stop pretending that this nature of self-sacrifice is so important to us as a profession. I firmly believe that our greatest strength as practitioners is not our knowledge-base, our publication rate, or our QI projects. But our ability to be human in the face of inhuman challenges. Our sense of humanity is what drove us here. It must be the thing that drives us forward in a profoundly inhumane present.

My wife looks at me from across a coffee shop table. She reminds me we haven’t a lot of time left before I need to be back on duty tonight. There are groceries to buy and dinner to make. I insist that I need time to answer emails and fill in my portfolio but she closes my laptop for me. We walk home and talk about maybe going for a jog but I know we won’t have time. I’ll most likely get home in time to only shower and eat, before beginning my commute. I might have time for a coffee though, and maybe I’ll put on a record. We unpacked the stereo last week.

