

Also human: The inner lives of doctors

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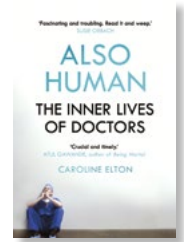
To what extent should our professional roles dominate our lives, perhaps at the expense of personal health? How prepared are medical students and junior doctors for the careers they have chosen? This book challenges readers to reflect on some fundamental questions relating to how medical students are selected, trained and supported through career decisions and career development. The author is a psychologist with many years' experience in advising troubled junior doctors. Certain patterns emerge: graduates who somehow get into and then through medical school despite not really being suited to a medical career; anxiety and depression caused by high expectations, heavy workloads and pressure to pursue 'unsuitable' career paths; and surviving in a hierarchical professional career structure that can be surprisingly unsupportive and sometimes even hostile.

Stories of individual junior doctors, de-identified and published with

permission, describe how some struggle to make the transition from naive altruism to the realities of a busy healthcare system. While some have struggled with a borderline academic performance since the beginning of medical school, others have been very strong academically until 'suddenly' hitting a wall during transition to clinical practice. Both school leaver and graduate entrants are represented. After graduation, clinical service targets are the main drivers of effort, with training happening along the way, and junior doctors must go along for the ride at a rapid pace. This has become an industrial conveyor belt; those who are struggling to stay on are left with few options. It is difficult to get off or change conveyor belts without a sense of failure and shame. Talent can be wasted, and perhaps a substantial proportion of graduates end up in specialties in which they were not really interested. For example, some enter general practice because it offers more flexibility, and not because they have a passion for the role.

Several questions are posed for medical educators to ponder. Given the low attrition rate of medical students and the

almost certain progress of graduates to medical careers, should more be done at selection and in early years to help students work out if they are in the right place? Why increase pressures on graduates to decide sooner on their ultimate career and then follow more compact, inflexible training pathways, when career change may become both necessary and more common as clinical practice evolves? How can we expand the career possibilities beyond clinical medicine for those less suited to clinical practice? This is worthwhile reading for all involved in medical education.



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