REFLECTIVE PIECE

Trolley boy

THE LAST TWO MONTHS OF 1972 were terrific. I had survived the first pre-clinical year of an undergraduate medical degree course, with boring subjects which were revisions of secondary school chemistry, biology and physics. Seeing real-life patients, as a medical student, was still 2 years away.

That summer, my vacation job was working as a 'trolley boy' at a Sydney teaching hospital. It was a great way to finish the year. I had something to do. I was feeling useful and engaged with the world. On top of this I was earning some money.

Being a member of the workforce felt so good after years of studying and swotting for exams. I enjoyed the people and the movement. As simple as it now seems, it was all-encompassing. I loved being on my feet, navigating wards, lifts, outside areas, operating theatres and the ever-revealing nature of yet more faces, places and paces.

The patients were all different and it didn't take long to work out if they needed some conversation or just a silent journey. From their side of the trolley or wheelchair, I saw and felt a lot of sickness and sadness.

My sense of the nurses was that they were the people who really ran the show. As a young man, to me they were busy, bossy, beautiful and kind, but at times, very firm. Back then I must have been in awe of their compassion and professional control in being able to deal with the tides of human suffering.

I didn't see much of the doctors or medical students. When they appeared, they seemed to be in groups – arcs of white – coated people, looking down on sheets of paper and manilla folders. Sometimes they did speak with the patients and nurses. They asked questions and gave instructions. Apart from this, they seemed to be mainly addressing each other in another language.

Having the responsibility and reward of looking after the transport of my own patients was marvellous.

In February 1973, I returned to university as a medical student. It took another 2 years before we were allocated to our teaching hospitals and introduced to patients on the hospital wards. I was pleased to be matched with the hospital where I had been a trolley boy. I became one of those white-coated medical students I had previously seen over the summer of 1972.

One day in early 1975, I was standing in an arc, wearing my white coat, around a patient bed. There were about eight of us, fourth year medical students with a hospital-based physician as our tutor. In the bed was a woman, a nameless person who we called 'the patient'. Our instructions were unambiguous. We were there to learn how to take a full and accurate medical history. One of the other students was undertaking this task. The rest of us, including our tutor, were observing.

This was half a century ago. My recollection of the event, and its influence on my life, was shaped and sustained by what I perceived, felt, thought and did that day.

The clinical details of the patient's history were that she had a cancer diagnosis and was to be operated on the next day. The imperative was to scour her memory and retrieve all the available details of her medical history leading to the diagnosis.

The woman that I saw was sad-eyed, pale and politely but softly spoken. And as the questioning drilled on, she became quieter, then teary and then hesitant. My student colleague also hesitated, but our tutor, seemingly oblivious to the woman's distress, signalled that more questions were needed to complete the task of getting a complete history.

What I then did was both spontaneous and cautious. In a deferential tone I said something like:

> *Excuse me, doctor, I can see that our patient is upset. Could we please continue in the tutorial room down the corridor?*

His answer was short and sharp: 'No'. But somehow this changed what was happening. Her tears finally became more obvious to everyone. We stopped. There were no harsh words exchanged. Nothing else was said. We did go into the tutorial room and continued our lesson by receiving a mini lecture about medical questioning.

This experience has stayed with me.

I know it changed me. Now, with the retrospective maturity of age, I realise that her unacknowledged suffering was colliding with the ways I worked as a trolley boy. The person-centred and professional responsibility of moving sick people around the hospital was such an engaging role. It challenged me and helped me to grow professionally and personally. Yet here I felt that I was being forced into a straight-jacketed, short, white coat role of indifference.

This poor woman's predicament and what happened in that tutorial violated my sense of being. It felt so wrong to be happening in the very place that was meant to provide care.

This was not what I signed up for. I took a year off.

I spent the rest of the year living in an inner-city group house and worked as a research assistant in the state public service. I engaged in some creative activities like going to art-house movies, trying pottery and I joined an amateur theatre group.

In 1976, I went back into fourth year medicine. I joined a new cohort of students, and I was placed with the same tutor as before. Nothing was said about my distressing experience on the ward last year. There were no particular experiences that stand out in my memory as distressing, but the instructions to interrogate, ignoring any non-verbal cues the patient may be showing, were just the same.

The sense of deja vu resonated strongly with me. I felt disillusioned and decided to quit. For good. I wrote a letter of resignation and sent it to the dean of the faculty. I was no longer a medical student. I was a dropout.

The rest of the year was like no other. It was a very difficult time. I moved back home. My parents were distraught. Then my father

organised a job for me with the company he managed, based in one of the gritty outer western suburbs of Sydney. It was in the industrial area where rival bikie gangs had shootouts in hotel car parks. The role involved factory work and truck driving. It was dirty and demanding, especially the truck driving. But somehow it both deconstructed and reconstructed me. With the help of family, friends and relatives, I thought deeply about my predicament and life. I realised, from being a trolley boy, that I really did want to be a doctor, but not like the role models I had witnessed in the hospital.

But people didn't do what I had done. Taking a year off was okay. But quitting and then wanting to come back seemed to be a prodigal phenomenon that was peculiar to me.

Had I burned my bridges? I decided to find out, so I made an appointment to see the dean. When I entered his office in November 1976, the first thing that I noticed was my resignation letter. Rather than using paper, I'd written my 'resignation' on a card. And on the front of the card was a picture of loggers at work (Figure 1). And now I saw this card on top of a pile of manila folders. I worked out later that they contained all my past exam results.

A shameful self-recriminating voice erupted in my head, saying,

> *How could you be so stupid to communicate such an important decision with this card?*

I sat across a large table from the dean. Then his first words were something like,

> *I liked getting your card, I don't get many from students. I particularly liked it because I have a great interest in woodwork and making furniture.*

What happened next was remarkable. Behind the table was a long wooden sideboard, which he advised me he had made himself. With great pride, he talked in detail about the wood, and how he had built it.

He then went on to say how his interest in doing things with his hands led to an early interest in surgery. But it was his interest in medical education that really engaged him now.

Figure 1. Engraving of loggers at work in Australia.
From the Picturesque Atlas of Australasia, 1886.

Then he said,

> *So that is my story. What is going on with you?*

So, I told him the story of being a trolley boy and how distressed I felt in the hospital tutorials. I remember being as accurate and honest as possible in sharing my reflections. He didn't interrupt.

When I finished my story, he pointed to the pile of folders on the table in front of us and said:

> *I see you haven't failed any subjects. You can't change things overnight, but it is possible, over time. The decision regarding your return is not mine alone. Your situation is unique. This must go to a whole university council meeting.*

He then asked me if I was clear that I wanted to return to medical school and become a doctor. I responded clearly that I was to both these questions. He then said,

> *I will recommend to the university council meeting this month, that you may return. On three conditions.*
> *[1] I need a clear response and commitment from you.*
> *[2] You must pass all your assessments and exams.*
> *[3] I do not want to hear even a squeak about you, until you graduate. Then, work to become the doctor you want to be.*

I solemnly responded, indicating that I would. In early 1977, I re-enrolled in fourth year medicine. I kept my promises to the dean and graduated.

I also acted on the dean's counsel and became the sort of doctor that I wanted to be. I qualified as a general practitioner, worked as a family doctor and have been fortunate to have had several roles in medical education. Throughout my career these initial stumbles have never completely left me. They have persistently reminded me to combine person-centered care with clinical competence and professional role-modelling.

I have now retired from clinical practice and look back on these experiences, almost in disbelief. It wasn't easy disconnecting from the usual pathways of going through medical school. But when I reconnected, I was clear with my decision. That doesn't mean I have forgotten the lessons from these days. Being a trolley boy and a truck driver are not the usual components of a professional apprenticeship. They were formative, real-life influences and I think they made me a better doctor.

I also remain grateful for the legacy of that sad-eyed woman in the hospital bed and the wisdom of the dean. Because without them, this story would never have been written.

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