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How about some courage?

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For those nearing the end of their careers in medicine, there is a profound unease that all is not well with a profession from which they have derived much pleasure, and both intellectual and emotional rewards. It is not clear whether it is simply a variety of circumstances which have conspired, however unintentionally, to produce this sense of doom, or whether there is some master plan hatched in the Department of Health and encouraged by disaffected or detached members of our own profession. The European Working Time Directive, Modernising Medical Careers, the consultant contract and guidelines have been introduced with the justification of improving the delivery of healthcare and, encouraged by short-term financial and quality of life gains, we have swallowed the bait, hook, line and sinker. Of course, it was a laudable objective to reduce hours of work which were at times excessive but there are few successful professionals who have not worked hard to achieve success in later life. There is now real anxiety about the competencies of young doctors in the more practical specialties, not to mention the significant loss of contact between mentor and trainee, and the fragmented pattern of care without an opportunity to determine whether one's original diagnosis in the acute receiving unit was correct. Is it not better to be looked after by a tired but experienced doctor than one who is wet behind the ears and likely to remain so?

The best method of training in medicine is surely to serve an apprenticeship with doctors whom one respects and with whom one wishes to work – a hypothesis not in favour with the growing number of medical educationalists who, encouraged by the General Medical Council, are determined to champion the 'touchy feely' aspects of medicine at the expense of subjects which are important in everyday practice. So our current students are frustrated by their lack of knowledge of anatomy, physiology, clinical pharmacology..., having spent countless hours learning *in vacuo* how to break bad news, something which rapidly comes with experience. So, on the one hand, there is an acceptance that medical education is a continuum from cradle to grave, but on the other hand there is an unwillingness to allow young doctors to learn on the job. Indeed, by developing the ill-considered Modernising Medical Careers, there is a good chance that newly qualified doctors will have little choice of the spread of subjects they experience in their first two years, and decreasing choice of where or with whom they will work. No doubt this is all very neat and tidy for workforce planning, but not very sensible and it is in the best interests of neither patients nor doctors. At the same time, the consultant contract and the proliferation of guidelines are forcing senior staff into the role of just another employee. It should not be forgotten that patients go to hospital to see a doctor, and everything else flows from that consultation. Is it any wonder that young consultants feel as if they are on a treadmill with little time for contemplation about more difficult cases, little time to attend meetings, and little time for interaction with colleagues in other disciplines? Guidelines which were designed principally for their educational value are in danger of assuming a medico-legal importance far beyond that which was ever intended by their protagonists. Simply because no two patients present in the same manner, guidelines, by their very nature, are the antithesis of the art of medicine. It is to be hoped that the more experienced will continue to honour guidelines more in their breach than in their observance. This is surely what the patient would expect; an holistic approach to his or her particular problems, not a slavish adherence to this or that specialist society's most recent consensus. A good doctor needs to be eccentric in thought and deed from time to time if medicine is to progress.

It was Robert Louis Stevenson who wrote:

> 'There are men and classes of men that stand above the common herd: the soldier, the sailor, and the

> shepherd not unfrequently; the artist rarely; rarelier still, the clergymen; the physician almost as a rule. He is the flower of our civilisation ... Generosity he has such as is possible to those who practise an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important ... cheerfulness and courage.'

I sense that the medical profession is lacking both courage and cheerfulness at present. It is difficult for younger doctors to air their irritation at the constant erosion of their traditional role without jeopardising their financial progress, and the criticisms by senior doctors are dismissed as their wallowing in the past. But what about our elected representatives in the medical Royal Colleges, the British Medical Association and the General Medical Council? Why are they so quiet and, therefore, seemingly supportive of all these changes which their constituents do not seem to want and which are threatening the doctor–patient relationship, the very essence of good medical practice. Is it that there are too many Colleges to sustain a unified voice? Surely it is not that the personal aspirations of our leaders inhibit frank exchanges with government?

The Colleges have been very effective in the field of postgraduate examinations, but there is much more to maintaining standards. Doctors wish to be treated as professionals by government, to determine clinical priorities rather than to have politically driven targets imposed, and to practise a high standard of medicine facilitated, rather than influenced, by management. Consultants are still held in high esteem by the public* but, unless the Colleges are stridently protective of the doctor–patient relationship, doctors will lose the trust surveys show they enjoy and begin to rub shoulders with their adversaries, the politicians. And then Fellows will begin to question the relevance of the Colleges. The emasculation of the General Medical Council should serve as a warning.

So let us have a little more courage, perhaps even a little anarchy, from those with corporate influence so that cheerfulness, so important in tending the sick, can return to the wards and corridors of our hospitals.

Based on a lecture, 'The Art of Medicine', which was delivered to the new Fellows of the College in Edinburgh on 28 July 2006.

* See a recent survey conducted by the BMA: www.bma.org.uk/ap.nsf/Content/MORI05?OpenDocument&Highlight=2,MORI,poll