Preface

Thinking about the nature of medical practice in current times brings to mind my own days of medical training- both graduate and thereafter residency. There was no prescribed subject of medical ethics as such in the entire undergraduate curriculum, neither was there a charter or rulebook for resident doctors as exists in many leading institutions and countries nowadays. We were all fiercely competitive, enterprising and highly motivated students and most of us had taken up this line of study for one of the following three reasons- first, we were toppers in school and had excelled in the life sciences, namely biology and to some extent chemistry. Second, we had a family background in medicine to inspire us and support our drive and motivation or a vacancy to fill in since there was no doctor in the family, and we were expected to fetch much needed laurels to our clan in this regard. Third, and probably the chief propeller for our talents, skills and enthusiasm was the fact that the majority of us were seeking a passport for better opportunities for study and work in the West, namely the United Kingdom and the United States of America!

This was indeed the dream of many a young Indian science graduate back then, and here also the reasons were well founded. Medical services in India were mostly in the government sector or independent private practice. The first one assured one of a ‘permanent job’ and the second one the prospect of unlimited wealth- both at extreme ends of a spectrum. The government job would pay very poorly and also render one liable to be sent to remote or rural areas, or both- away from family and a social circle. A private practice was usually permissible as the pay was paltry, but then all such doctors were not keen to practice as well as work at a job- there were those who really were interested in having a life of their own though the returns would be somewhat poor. Those who did both would leave at home an unhappy wife and children unfamiliar with and deprived of the love and affection of their father. Only the women physicians perhaps were able to keep a job and be happy as they would have their husbands to fend for them. In private practice, one started low, with just a stethoscope and a writing table. By and by, in variable amounts of time taken to do so, one would progress to a well equipped consulting room, then a small outdoor clinic with an attached dispensary, and in due course of time, to a large nursing home or a small stand alone hospital. Patients came, some got better, some lingered on with their ailment till it was time to take leave of the world, and a few died in the early days of treatment. In all this time, the doctor’s name and fame continued to grow till one day he himself died of a ripe old age...........

Does this sound like a fairy tale?

Indeed it does, but such was the reality just a few decades ago. If we speak to some of the people of that generation too, there is hardly a mention of a ‘bad’ doctor or ‘evil’ doctor or a doctor who was simply out to make money, even though a good number of them did die rich and leave a huge legacy for generations to come. And we would never hear of a doctor being sent to jail!
Were the doctors back then too good, or their patients too gullible?

The answer to this question might unlock the overwhelming riddle of what is better known as the health care industry in these times. The riddle that keeps humanity suffering in spite of the so called advances in the science of health, the riddle of the care we all desire but are instead denied, and the greatest riddle- the one that has made an industry out of a once ‘noble’ calling.

Let us try to answer it nevertheless. Did we have better doctors to treat us in the early part of the last century? We had the family doctor of course and sometimes we had to go to the hospital for a surgery or childbirth. Most of the time we got better, but sometimes we became worse and some even died. But then everyone would have to die some day, is it not, so we finished the last rites of the deceased and went on with our lives. How often was it that we blamed the doctor for not trying to do better than what he already had done? Indeed, we all went home and were at peace in the firm belief that all that could have been done had really been done. Therefore, how modern medicine is actually perceived by the health consumer today could be an enlightening experience for a medical professional. I knew I had stirred a hornet’s nest when I posed the question to some of my friends outside the professional sphere and I had to provide the answers as satisfactorily as I could. It did of course open up a Pandora’s Box of ideas and information for me, something new that I was discovering on an almost daily basis.

*Hippocrates- father of medicine- is believed to have remarked- “the life so short, the craft so long to learn.”*

Indeed, one lifetime is not enough to know everything about the complex and multi-dimensional subject of medicine. In Hippocrates’ time, moreover, longevity was limited and medicine was less of a science and more like arcane witchcraft. Few people could achieve mastery over the subject, let alone practice it. A “good” doctor was someone with years and years of experience, and therefore, wisdom. Even today, when one is so much better informed about health, one prefers to seek treatment from a much experienced “senior” doctor- with white hair, white coat and plenty of wise words- probably keeping in line with the fact that “each patient carries his own doctor inside him”, as observed by American author Norman Cousins in “Anatomy of an Illness”. It would be fairly easy to read all books on medicine within a short span of time, but virtually impossible to acquire the “healing touch” in as much. This fact also explains why medicine is such a multilayered subject and doctors so misunderstood. Leo Tolstoy was perhaps not wrong when he commented in “War and Peace” that “though the doctors treated him, let his blood, and gave him medications to drink, he nevertheless recovered.”

Of course, any doctor would bristle with indignation at such a statement, but the truth remains that medicine, and doctors, would always be viewed with suspicion. And right from a young age, this culture of antagonism is widely prevalent, as the celebrated author of children’s books- J.K. Rowling, in “Harry Potter and the order of the Phoenix” exclaims- “Doctors? Those Muggle nutters that cut people up?” Is it because, as American writer Jodi Picoult feels, “doctors put a wall up between themselves and their patients; nurses broke it down.”? After all, medicine is really about experience- both of the doctor in terms of skill and wisdom, and of the patient in the context of satisfaction and wellness. The process of gaining skill and wisdom is for the most part by way of multiple, sometimes repetitive, experiences over a prolonged period of time.

“Every man is the sum total of his reactions to experience. As your experiences differ and multiply, you become a different man, and hence your perspective changes. This goes on and on. Every reaction is a learning process; every significant experience alters your perspective.” Hunter S. Thompson, American
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journalist and writer, perhaps describes what might be the essence of a doctor’s training-learning by experience.

In medicine experiential learning occurs through regular or periodic contact with patients in a real life scenario, thus imparting practical knowledge and acquisition of basic skills-both soft skills and procedural skills. Since patients are expected to visit hospitals and health care centers for their needs, doctors in training must be present at these places in order to glean knowledge and experience. Most hospitals provide services round the clock so the most ideal place for such training is a hospital, as compared to other health care centers like community or day clinics, nursing homes and hospices, though a part of the training may also be carried out in these centers.

In order to provide services round the clock, health care personnel including trainee doctors must be available at all times or “residing at the hospital”. Trainee doctors are mandatorily resident doctors so that they can become familiar with each and every aspect of health care delivery. Hospital services are composed of diagnostic and therapeutic services and are broadly known as the para clinical and clinical services respectively. Thus resident doctors are those pursuing a specialization course in any of these clinical or para clinical specialties after their graduate medical qualification. The subjects that are typically considered the broad clinical specialties are General Surgery, General Medicine, Obstetrics and Gynecology, Pediatrics, Orthopedics, Psychiatry, Dermatology, Ophthalmology, Otorhinolaryngology, Family Medicine, Community Medicine, Pathology, Radiology, Medical Microbiology and Clinical Pharmacology and to some extent Forensic Medicine. In many countries and institutions, even the subjects that constitute the basic sciences in medicine, namely Anatomy, Physiology and Biochemistry, have clinical applications that may be provided as hospital services for patients, for example genetic studies and counseling, sleep studies and biochemical tests. Thus students seeking to specialize in these areas also contribute to the population of resident doctors. The important and common link through all these services is the presence and availability of training and teaching staff which make up the qualified faculty in the respective departments.

Life as a resident leaves a permanent imprint on the individual, not just by virtue of obtaining a professional qualification, but also in the way his or her character and personality are molded. As the emerging doctor enters the workforce his or her caliber and competence are judged by the training he or she has received in all aspects of medical practice. Ineffective training delays or hampers the capacity to be a productive member of the community. The fact that the practice of medicine is constantly in flux, in addition to being complex, may further be affected by the quality of new doctors joining the workforce. To optimize medical and health care practice, therefore, resident medical training must also be optimized.

As much as standards are set, policies made and regulations followed in the vast arena of health care services and education, one must also take into account how doctors themselves feel about their role in society, particularly doctors that have newly qualified and joined the health care delivery workforce. Even though their training may have been of good or high standard, it is perfectly possible for them to experience difficulty, cynicism and frustration as they finally put their education to use; for the doctors whose training could have been better, the problems are much worse. Part of the conundrum is perhaps the mismatch between the expectations from being a doctor and the ground reality in which doctors have to function.

There are plenty of reasons for this mismatch and this book tries to look at all these, something not attempted before in medical literature. Here is a profession that is ostensibly “noble” by virtue of its capacity to make real and dramatic changes in the lives of people, as well as lucrative given the rich dividends reaped in terms of both income and satisfaction, never mind the tremendous amount of time
and resources invested into it in the first place. When the investment exceeds, or seems to exceed, the returns thereof, the balance tends to tilt away from the attractiveness of medicine as a career. After the relatively long course of undergraduate medical school another saga of struggle begins for the quest of specialization with the intense period of residency. Quick returns in terms of monetary and emotional satisfaction are not always present. Graduate doctors, resident doctors and even practicing doctors discover soon enough the separation of their dreams from the realities of medical practice. Given the fast paced and technology driven life of the present era, the gradual erosion of moral and family values, and the disintegration of society into the haves and have not’s, and one has the perfect recipe for everything going wrong with the medical profession.

Can this be optimized by exploring the system of medical residency where the doctor actually learns to come into his or her own? Can incorrect perceptions and misconceptions be corrected, can renewed vigor and motivation be ignited, can the highest standards of professionalism be inculcated among resident doctors so that their aspirations are preserved, any disillusionment nipped in the bud and they are able to give their heart and soul to a career that needs both of these in healthy doses? There are doctors whom patients wished they really liked and trusted, or doctors who would have been better off doing something else instead, and also one doctor too many, floating around aimlessly in the labyrinth of today’s health care industry. Their “lack of professionalism” could be a consequence of a greater social malady rather than a personal trait. This book is a relook at the systems that are responsible for producing doctors and even though it is like highly complex machinery it can be understood clearly as the sum of its many simple components. Residency is one of the biggest components and has a pivotal role to play in the smooth functioning of the health care machinery.

Therefore, the aims and objectives of this book are principally to look at medicine in the larger context of society and to redefine the role of resident doctors in the health care system. It also seeks to bring medicine to the common man, and it is hoped that the language in which it is written strikes a chord with the lay person. It is also written in a fluid prose style and not in a technically precise and point-wise manner to make for easy reading. For health care to become more relevant to everyone in the modern era doctors and patients cannot be compartmentalized into separate worlds but must be amalgamated into the same universe. The evolution of medicine is constantly in the direction of patient centered medicine from a previous paternalistic model, and patients must be actively involved in their own well being. Since the ultimate aim, of course, would be “healing”, perhaps a better way to model it would be “patient oriented medicine”. Each chapter in this book begins with its own aim clearly stated.

Chapter Two, Medicine Residency Training, provides a brief treatise of the systems by which modern medical care is provided to patients in different countries around the world, the role of the government and private sector, and the pros and cons of insurance.

Chapter Two is all about the fascinating history of medicine. This section gives an account of the earliest moments which led to the birth of medicine to the epoch of modern health care practice, and touches upon the various methods and systems in which disease and illness are treated around the world.

Chapter Three then describes the development of the medical residency curriculum in detail and its importance in both medical service and education. It discusses the somewhat tricky, and sometimes highly sensitive, issue of the methods of selection and elimination by which students gain entry into the medical profession and their continuance into residency and specialization. The setting in which the system of residency can be implemented effectively and a continuum of care provided to patients is also discussed in this chapter, along with current methods of assessment of the performance of residents, which is a hotly debated topic in many countries, with some ideas being highly controversial.
Chapter Four on ‘Ethics and Professionalism’ is the part which is largely familiar to but generally underdeveloped by residents and resident program directors everywhere, that is, the various activities, duties and responsibilities of residents throughout their training period.  
Chapter Five is for residents specializing in a surgical discipline as they have an added obligation towards skills training. Also, irrespective of the specialty pursued, the role of research cannot be ignored and how residents should go about it is elaborated in Chapter Six. Research is a dreaded word among residents already saddled with work and this chapter would hopefully be helpful for them.  
A doctor’s life is one of lifelong learning, and Chapter Seven elucidates the various options for continuing professional development among medical doctors, directed self learning and avenues for higher training.  
The role of management skills and leadership is not lost upon the doctor in the current health care scenario, and Chapter Eight delves deep into this subject with a discussion of the various leadership skills that a doctor must possess and practice.  
Being a mother and homemaker over and above being a medical professional, I am a firm believer in the necessity of a healthy mind in a healthy body- a balance in life and happiness derived from it. Just like the stewardess in the aircraft who utters a note of caution with the words “please ensure that you wear your oxygen mask properly before helping others” I cannot help but be convinced that only a happy doctor can make for a happy patient. Chapter Nine talks about personal issues and how to strike a balance between work and leisure.  
Medicine is seeing sweeping changes across communities and nations. The book ends with a refreshing change. One is particularly fascinated by the amount of writing that doctors have produced, and the different ways in which both practicing doctors and medical residents touch lives and make a positive impact upon society in their avatar as writers and story tellers.  
Moreover, residency is the watershed event in a doctor’s life and in my case it left me with mixed feelings about my choice of medicine as a career. This book is by no means an autobiography, that is, my story alone, because I see many of my colleagues and peers in a similar situation as mine, prompting me to wonder where we are going wrong and seeking a solution to fix it. I have seen many doctors change their career path halfway across their journey, but some even earlier when they were just undergraduate students. The idea was to take up the project of asking all the relevant questions and putting into the appropriate context answers that have come from myriad sources as well as my personal views. No doubt there are many more opinions out there but I write this book with the hope that it will enable me as well as others to give all that we have to this most demanding of careers.  
May be it is not a change of career but a change in the way we look at it that is the need of the hour- an innovation of thought, honest introspection, and the grit and determination to follow our instinct. It is time we- our families and our societies- took a long, hard look at our motivations for taking up medicine as a career. The structure of the medical curriculum and the residency system remaining largely and essentially unchanged, the future health of the medical profession depends on the quality of emerging doctors who would perhaps not only be judged in terms of their professional caliber but by also their abiding interest and commitment to the profession.