

Towards being a Scientific Doctor and the Dangers of the Dublin Disease*

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One of our saner medical philosophers Richard Asher said: "The whole art of medicine depends on the stimuli that enter the mind of the physician (or that structure corresponding to a mind in the surgeon) the processes that go on in that mind, and the material produced by that mind, as a result."

It is helpful in considering the research doctor to concentrate on these three fundamental processes. Greatness, whether applied to the individual or to major advance is dependent on these associated functions.

That which enters the mind

Under this heading we must direct our attention to what we teach the research doctor and how we train him. Do we teach our doctors research technique? The answer in general terms has to be that we do not for the very simple reason, that with a few exceptions, we are not capable of teaching research technique, being ourselves untutored in scientific method. Clinicians must not react to this criticism by putting up the inevitable defence — "I am a service doctor; that is what I was trained for and that is what I am good at". Fair comment but the addendum that "these research allecadoos couldn't tell a tonsil from a thyroid" further the case not at all. If clinicians are not themselves inclined towards research, they must not deny the species space in which to ripen. They must appreciate their worth. Let the clinical doctor not forget that his knowledge and ability to practice his art is dependent on the research of his predecessors. There is another reason why students and graduates should be knowledgeable about research technique and scientific method, and that is so that they can appreciate and judge critically the ever-expanding volume of scientific work in medicine.

So much for the moment for teaching. Perhaps of even greater importance in considering that which enters the mind of the scientific doctor is the training with which he is provided. There are two very important defects in our system. Firstly, Ireland can only provide a very limited training for the scientifically minded doctor. However, as the country's academic stature grows — and it is developing — this deficiency can be overcome by placing promising graduates in centres of excellence abroad.

The second fault in the system is not so easily overcome. If it is accepted that a proportion of doctors should be trained to become research workers, there must be room for them in the career structure. At present the hospital and academic career structures are such that extraordinarily few doctors can find secure tenure in full-time academic scientific work. This is to the detriment of the profession. Where are the readers and lecturers with consultant status? Not very long ago the plea might have been — where are the full-time professors?

Ireland is very much behind the times in academic development. Professor Leslie Witte² in his Harveian Oration given over a decade ago estimated that apart from professors, a professorial unit to be effective needed also — "at least two senior assistants, and a non-medical graduate with security of tenure, in addition to two or three junior assistants who will maintain the infusion of new blood and provide the next cohort of trained workers". He went on — "There will also be a number of attached workers on research grants of one kind or another, many of them working for a higher degree". Leslie Witte was outlining the professorial unit as it existed in Britain, and in many other European countries. There is a lack of will in the profession here to influence Government towards accepting the need for an alteration in the career structuring of academic posts to provide the occupant with consultant status. The fault rests with the profession and not with the Government which will respond only when pressure is applied.

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That which goes on in the mind

Let us assume that the mind of our scientific doctor has been prepared by exposure to knowledge and experience during the training period. This, at least, fulfils Pasteur's aphorism — "Fortune favours the prepared mind". But the scientifically-minded doctor is going to need more than a mind prepared by crude medical or scientific knowledge. His mind must be, above all, capable of discerning — or as Sir William Hale-White once remarked — "It has been truly said that for one person who can see, fifty can think". It is the quality of being able to see that will make the research worker excel. This gift can be cultivated by a broad knowledge of scientific endeavour, and by an appreciation of other disciplines and of the humanities. No mind should be constrained within the strait-jacket of its own discipline, or it will wither in its own sterility. The scientific doctor should have other characteristics as well — his personality should be vibrant and receptive; his character generous and above the petty jealousies that so bedevil the progress of lesser men; above all he must have integrity and a sincere commitment to pursuing the goal of achievement through research. The researcher must not take his status for granted. If he or she is fortunate enough to be granted full-time academic status, the luxury of a more leisurely existence must not be snatched as an opportunity to further some other gainful sideline; it is for the development of his intellect, and for the enrichment of the minds of those around him.

If clinicians view academe with some scepticism it is because they can point their fingers at many full-time academics and ask in vain for the produce of their scientific endeavour. It is difficult for academic authorities to establish a means of accountability within its departments when in effect the government of the institute is to a large extent in the hands of the heads of these departments. But accountability there must be, and it is long overdue in Ireland.

Now let us assume that our young doctor has been prepared adequately for the role of a research worker, and let us assume that the produce of his young mind is promising and that he is casting his eye towards Dublin as the place in which he would like to work and live. There is one very important step to be taken — he or she must vaccinate his or her mind against the Dublin Disease.

The Dublin Disease

This syndrome has not hithertofore been described and this journal is therefore privileged in being the first to publish the results of a study conducted over a 20 year period. The scientific and statistical methods are impeccable and details are available on request from the author.

The Dublin Disease has been so named, not because it is confined to this metropolis, but because the effects of the illness have been most devastating in the environs of Anna Livia. The condition exists to be sure in other Irish cities — Cork and Galway being notable examples — and epidemics have been known to occur in America. It is however, rare in virulent form in Great Britain. Originally it was thought to be confined to the male sex and never to occur before 35 years of age. Both these assumptions are now known to be incorrect. It is however, unique in being confined, as presently described, to the medical profession. A typical case report will serve to illustrate the condition, though there are 50 cases in this study spreading over three generations.

The young doctor, usually male, graduates with honours in a number of subjects and proceeds to a professorial non-consultant hospital appointment. During this period he is ambitious, idealistic, to the left centre in politics, well-behaved, occasional promiscuous and given betimes to bouts of bacchanal debauchery during which he vents his spleen on the medical system in Dublin, on his boss in particular, and in moments of great excess to his boss in person. A remarkable feature is his ability to survive such incidents. He is vehement in his disapproval of private practice although the acquirement of a mate seems to weaken his stance on this principle. He willingly makes personal and family sacrifices in the furtherance of his career and is successful in obtaining coveted positions abroad. Here he endears himself to all with whom he comes in contact. He acquires specialist research training and publishes prolifically in the international journals. He is invited home to project his work, and his image, and ultimately he applies for and succeeds in obtaining a consultant appointment in a teaching hospital. It is now that the first signs of the Dublin Disease become manifest. The symptoms are insidious at first. He asks the management committee for space, secretary and some equipment — modest requirements compared to what he has been accustomed. His requests are usually ignored and sometimes refused outright. He begins to complain. He is seen to throw up his arms in characteristic gesture when talking to his younger colleagues, and he begins to view his older colleagues with suspicion. When intemperate his cholera knows no bounds, and his language is not at all scientific.

A small notice appears in the 'social and personal' column of the *Irish Times* stating that he has taken rooms. The Department of Health has long recognised the syndrome, and is indeed culpable in masking its symptoms by palliative medicine. The Board of Management having held out for a prescribed length of time eventually purchase for their new arrival an expensive Japanese diastroscope in the use of which he has excelled abroad and his colleagues begin to refer patients to him. The hospital management notices with complacent relief that he is no longer making a nuisance of himself phoning, and writing for space and equipment. His medical colleagues observe that he is generally of a more contented mien, a little more corpulent in stature, dressed very nattily, and moving about the city on a smooth set of wheels. They are glad to see that he is settling in.

At parties he is now heard to utter that research in this country is pointless, we are too small, even if we had the funding we wouldn't have the numbers. Doctors from Dublin visiting his centre of training abroad are asked by his disappointed mentors — "What ever happened to Dr O'Nobel — he never seems to publish and he did show such promise". How could they know that he has succumbed to the Dublin Disease. This disease is common and its consequences tragic for Irish medicine. Its cure rests not with the individuals afflicted but with the academic and governmental institutes of this country. If we wish to protect our bright young doctors from what Gogarty once called the "babble of the market", we must then recompense them adequately for their labours in academe. It is pointless to criticise anyone for seeking in private practice a reward that is vastly greater than anything that might be obtained in the public or academic sector. Doctors, in common with

the rest of mankind can resist anything except temptation.

Now let us assume that stages 1 and 2 of Asher's dictates have been met — namely that what has gone into the mind of the young scientist has been influenced judiciously and that his mind has been intelligent enough to assimilate that knowledge, and come up with an observation or discovery of note. One might then say — well what more is there to it — now all he or she has to do is spew out the results at an international meeting, and subsequently in a prestigious journal, and then the individual and his institute can sit back and wait for glory. It is not so simple — Asher's third dictate must be heeded.

The material produced by the mind

Graduates are rarely instructed in the art of communication. This inability to communicate is apparent at an early state. It can be detected in the undergraduate examination essays — how awful they are, and the awful practice continues unabated into the postgraduate sphere. What a pity that the examinee cannot be subjected to the misery that is the lot of the examiner. How much he would modify his technique. Let students picture their favourite — or better still their not so favourite examiner — lolling in his garden on a beautiful Sunday afternoon in spring. The sun, the birds, the fragrance of the flowers, the warmth, and perhaps a little vintage burgundy assail the senses, and induce a torpor that sets a troubled soul at ease. In short the sort of day in which, to quote Samuel Beckett, it is difficult to keep God out of one's thoughts. But out he must go for there on the table are 100 essay questions awaiting correction for Monday morning.

I received during my undergraduate training in this College two salutary lessons — both in the art of communication, and both from one man — the kindly and enigmatic Professor of Physiology, Frank Kane. He greatly disliked the habit of constant note-taking during his lectures, but students being students would not heed the advice of this, in their opinion, eccentric little man. One day in the midst of a lecture on Starling's law, he went — "the force of contraction of the heart muscle made the rats die and the stench was awful." He then stopped his talk and asked a Trinidadian beauty, to read her notes which, like so many others in the class, contained his exact words.

Kane's other lesson to me was to be of greater importance than all the knowledge I so readily learned — ultimately to forget. It was his policy to set for us a Christmas exam after which he would take us aside individually and discuss — not so much the results which were usually dismal but our method of presenting our very meagre store of knowledge. I recall that his comments to me went something like this — "You have what I might call a quaint knowledge of physiology, and a commendable talent for improvisation that may be a distinct advantage, but if you were to blend this characteristic with an intelligent technique who knows you might yet qualify." He advised me to have compassion for the unfortunate examiner, to pity his terrible plight, to remember that he might be ageing and that his sight might be failing and that it was a foolish student who expected him to read through pages of nonsense seeking the rare jewel of knowledge therein. He advised me to make his task easy — by structuring my answer. Ever since I have done essay questions

according to his format — "I propose to answer the question under the following headings — 1 — 2 — 3". "You see", he said, "In this way the examiner doesn't have to read all the nonsense you write, he just marks you for the knowledge you have and subtracts for that you obviously don't possess."

How is it that we neglect to place the subject of communication on our curriculum? As a profession we are so dependent on it. We write an awful lot of letters — most of them awful. We need to be able to present ourselves to our peers, and yet we come out of medical school incapable of writing a curriculum vitae. When it comes to presenting the results of our research work on the stage or in a journal the effect is very often pathetic.

If money is to be invested in producing scientific workers they must be capable of communicating their observations. This is not easy. There are many excellent books³⁵ on the subject but these are read only by those already competent. There have been post-graduate courses but again these usually preach to the converted. There is a very real place for instruction in the art of communication at undergraduate level. At least it should be possible to make the student aware of the limitations of communication, and to instruct him how to present his knowledge be it for an exam, a talk, a publication or simply for a curriculum vitae on which his advancement is so dependent.

The Role of R.C.S.I.

Two decades ago this College was a school that merely produced doctors — doctors who were competent, very competent — in the practice of medicine. It was not and did not pride itself on being an academic institute in the generally accepted meaning of that term. Few of its graduates aspired to academic status. Indeed few could do so. The university doors were barred to licentiates who were not eligible for post-graduate degrees. Indeed special permission had to be sought to sit for membership examinations of the Royal Colleges. The academic departments were run on a part-time basis to provide undergraduate education with little thought being given to post-graduate development.

The graduates then fitted nicely into Shaw's scheme of things⁶ — "As a matter of fact" that wise Irishman said "the rank and file of doctors are no more scientific than their tailors; or, if you prefer to put it the reverse way — their tailors are no less scientific than they". And he doesn't stop there — "it does happen exceptionally that a practising doctor makes a contribution to science; but it happens much oftener that he draws disastrous conclusions from his clinical experience because he has no conception of scientific method, and believes, like any rustic that the handling of evidence and statistics needs no expertness." What wisdom there is in this statement.

Four significant events have changed the course of the College. The new building showed the Higher Education Authority and others that there was still life in the old girl and much credit must go to Harry O'Flanagan for this achievement. Next came a demand from the graduates who sought the same opportunities as graduates of other medical schools. They sought entrance to Academe and the College wisely read the signs and there followed what I shall call the marriage with UCD, which now grants to our progeny respecta-

bility and acceptance in academic society. Now the College has begun to fund research, and this is a very significant step forward.

The body-building phase is over and an era of intellectual development is now mandatory. The College may, in fact, be in an unique and privileged position in which to advance medical research and achievement in this country. Unilateral expansion of the medical faculties of our universities would not be permitted to any significant degree by other disciplines that would see their own development as being just as important as that of medicine. The College has no such restraints on development. However, if it is to become a centre of excellence — and that is, I hope, what all would wish for it — it has to realise that the cost is going to be considerably greater than that of erecting buildings, and the planning far more complex and critical. It is, therefore imperative that it deploys its funds wisely. A centre of excellence requires, first and foremost, people of excellence. The College must appoint those who have shown through their labours their academic worth, and their ability to achieve excellence. Now if the College is going to attract these men and women, it must establish an environment in which excellence can thrive. Francis Wood wrote in 1966 "I tried to make a place where the finest, most intelligent young gentlemen would want to come to work and stay... Anything which contributes to this purpose is good; anything which interferes with it is bad, and anything which does not affect it is unimportant". The College could do well to adopt these sentiments.

In their present state, the major departments of the College are for the greater part deplorable in academic terms; and these must be developed without delay. The

College must not permit the proliferation of undergraduate professorial departments until the major departments are fully developed, nor should it merely increase the numbers of its academic staff by, for example incorporating other institutes under its academic umbrella. The people needed must be sought carefully to fulfil the contingencies of a well-planned academic programme. The College must avoid haphazard and seemingly convenient expediences which may be to its long-term detriment.

The first step is to provide the major departments with in addition to whole-time professors — readers, senior lecturers, and research fellows, many of whom will have to be given security of tenure, which calls for some rethinking in the relationship between the academics and hospital consultants. And then there has to be, in addition, money for research itself. These are costly ambitions but this institute has shown itself more than capable of overcoming what seemed at one time to be insurmountable odds. If it now turns its talents and ingenuity towards its intellectual development it can, and will become a relevant force in our science of healing the sick.

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