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 accoladoos couldn't tell a tonsil from a thyroid" furthers 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 Witts 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 Witts 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 a medical or scientific knowledge. His mind must be, and 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.

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

The Dublin Disease

This syndrome has not hitherto 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 spanning 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, and often left centre in politics, well-behaved, occasional promiscuous and given belimes to bouts of bacchanalian debauchery during which he vents his spleen on the medical system in Dublin, on his boss in particular, an in moments of great excess to his boss in person. Remarkable feature is his ability to survive such incidents. He is vehement in his disapproval of private practice although the acquisition 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 posts 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 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, secretaries and equipment — modest requirements compared to what he has been accustomed. His requests are usually ignored and sometimes refused out of hand. 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 temperate his choler knows no bounds, and his language is not at a scientific.

A small notice appears in the 'social and persona 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 it by symptoms with palliative medicine. The Board of Management having held out for a prescribed length of time eventually purchase for their new arrival an expensive Japanese diagnostoscope 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 an 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. Dublin visiting his centre of training abroad are asked by his disappointed mentors — "What ever happened to D'O Nobel — he never seems to publish and he did so much 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 the country. If we wish to protect our bright young doctors from what Gogarty once called the "bathe 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 examination essay — 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 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 things — "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-
College may, in fact, be in an unique and privileged achievement in this country. Unilateral expansion of the intellectual development is now mandatory. The significant step forward. departments are fully developed, nor medical faculties of our universities would not be position in which to advance medical research ability 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 significant step forward. departments are fully developed, nor medical faculties of our universities would not be position in which to advance medical research ability and acceptance in academic society. Now the College must not permit the proliferation of under.

College are for the greater part finest, a centre of excellence requires, bad, and anything which does wish for it - it has therefore imperative that the planning far more considerably greater than going to attract these men and women, it must establish terms; and these must be developed without delay. The body-building phase is over and an era of academic 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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