



SIX YEARS SHALT THOU LABOUR...

by Eoin O'Brien

"What's that called?" said my son, pointing to a tendon in his foot, as I consoled him after he had twisted his ankle.

"I'm afraid I don't know," I replied unthinkingly.

"But I thought you were a doctor," said he, in some amazement.

In fact, so did I.

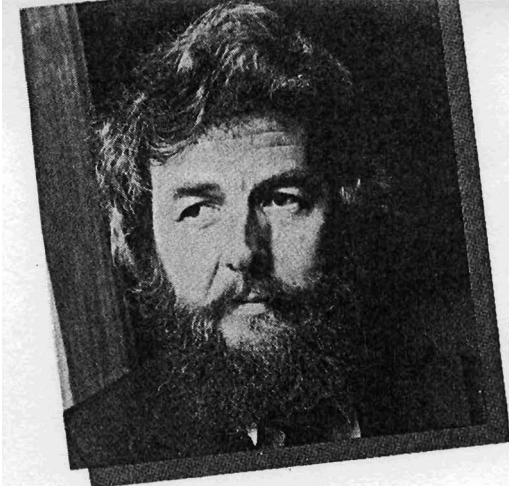
My son's concept of a doctor as an individual capable of answering any question relating to the body is perfectly understandable; he is, after all, a "lay boy", and moreover is

only seven. When, however, medical men of mature years, who also happen to be the ones who structure medical school curricula, arrange for the trainee doctor to be packed full of nonsense during six long years, so that he may subsequently, at least in theory, approach my son's ideal of omnipotent knowledge, should we not question their suitability for the educational task at hand? You see, I, of all people, should have been able to give my son the correct answer to his question. I began my medical career in dentistry, and after two years of anatomy instruction, it was indeed a foolish dental student who did not know every anatomical detail of the foot, the likelihood being that in the examination his knowledge would be tested in this extremity rather than (as would seem more appropriate to any reasonable individual) on the anatomical peculiarities of the skull. It can be said with some truth that times have changed, but have they changed all that much? We continue to put our medical students through six long years of apprenticeship and, if anything, today's curriculum contains more irrelevant detail than did mine. Moreover, the student is under the constant pressure of continuous assessment with less time for recreation, relaxation, and development of the whole man so essential to the development of a good doctor. Doctors are expensive to produce but they are needed, if not here, elsewhere in the world. We are endeavouring to cut back on the student intake so as to reduce the doctor output. There is, in my view, no reason why we cannot train in four years doctors every bit as competent as those passing out of medical schools today after six long years.

Looking back on my medical student days, there is only one period that now seems important to me, and that is the time I spent (much of it in residence) as a clinical clerk in the Richmond Hospital. I recall those happy times vividly. There on the wards by the bedside, in the casualty and outpatients and in the theatre, was the doctor in me formed. The residency period should be increased rather than contracted (as is the practice in some schools) and the student should be freed from lectures and other commitments so that he can, by becoming a member of the team to which he is attached, absorb medicine at first hand. (The same applies to his apprenticeship in general practice, a welcome concept in training which was not accepted when I was a student.) Presumably the trainee pilot spends much of his time in the cockpit, as does a musician at the piano, but medical students are actually being taken further and further away from the bedside and practical training.

I can scarcely remember anything from the physics and chemistry that were crammed into me during the pre-med year; I suppose I could answer a few very general questions on these subjects, but I suspect that I had thrown out most of this year's toil by the time I started to walk the wards. Biology did have some relevance, and a study of the amoeba, dogfish, and frog did at least introduce one to the methodology later to be applied to the human species. The standard of science has improved in our schools, and I cannot see any valid argument for retaining pre-med, which saves us our first year.

Was not the division of medical education into pre-clinical and clinical years most unfortunate? On the one side is a group of more or less full time teachers who rarely, if ever,



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have any contact with patients, and on the other are the part time hospital teachers who rarely if ever communicate with their pre-clinical colleagues. Each side stagnating in apathetic isolation gives but little thought to what is best for the doctor in the making. Only recently have medical educators questioned the validity of this arbitrary division, and it seems to me sound sense to integrate, for example, the teaching of anatomy with that of radiology and surgery. And while talking of anatomy, it is with the greatest resentment that I look back on two years spent in memorising list after list of useless facts to satisfy examiners in a minor specialty, which had somehow over the ages acquired educational status out of all proportion to its worth. Even had I become a surgeon, the anatomical knowledge acquired in my student days would have been discarded before I embarked on specialist training, the purpose of which would be to teach me the whole subject once again in greater depth. I do not know if there still exists the divide between physiology and applied physiology but, if such does exist, I for one fail to see the wisdom in this dichotomy. Should not all subjects be *applied* to illness, which is after all what we are setting out to alleviate, and does any subject better lend itself to this than physiology? Which brings me back to this question of integration of disciplines. The student should be brought into contact with the patient as soon as possible, and by that I mean in his first year at medical school. How much time is wasted in attempting to apply, for example, physiological and pathological concepts to illnesses which are but distant myths?

Another aspect of this retrospective analysis seems to be, if anything, a greater problem today than when I was a student, and that is the "empire building" mania, which is the result of each professorial department being given almost total autonomy in its development. So it happens that a discipline of relatively minor importance may, by virtue of the energies of its seemingly well-motivated professor, demand from the students an inordinate lecture attendance, and impose upon them examinations of an exemplary standard. Failure to satisfy the examiners in these minor subjects may well have the same disastrous consequences for the student as if he had failed one of the major disciplines. It is difficult to see how this problem can be resolved, but every medical school must view critically any proposed expansion of the curriculum, and ensure that a delicate balance is maintained between subjects of major and minor importance—the balance not being constant, but changing as development may modify society's requirements from its doctors. Careful planning and judicious allocation of time to each subject according to its importance, the integration

of teaching between disciplines where indicated, and the avoidance of repetition in the curriculum, could save another year.

Further savings might be possible if we could change our attitude to knowledge, which for the most part we equate with our ability to memorise, an important but exaggerated aspect of medical education which is clearly demonstrated in our dedication to the MCQ examination. I remember a fellow student who, alas, did not survive much beyond the half; he was a little older than most of us, and had an intelligent disregard for the medical curriculum. He studied, but not too often, preferring to indulge himself in Wagner, Racine, and an occasional woman, not necessarily in that order, of course. What studies he did were directed towards spotting the questions most likely to arise in the examination and towards this end he attended diligently the last lectures of the term. With the occult assistance of an out-of-work gypsy fortune-teller (whose professional lack of success with the crystal ball, he assured us, was but a reflection on her utter devotion to more earthly matters, the likes of which the rest of us but dreamed of), he had remarkable success in predicting the papers. Never wishing to tax his mind unduly, he would appear at the examination wearing a greatcoat (ultimately to be his downfall on a sweltering June day) which was, in effect, an ingenious contraption in the substance of which were secreted away the answers to the selected questions. A great believer in the potential of the dawning electronic age, he had for many months earned the sympathy of his teachers by wearing a hearing aid through which he hoped to have transmitted information which would permit him to pass with ease not only the papers, but also the viva. Why is it necessary for the student to carry around in his small cerebrum the contents of a library? He must, of course, be capable of retaining basic knowledge on some of the many topics that constitute medicine, but is it not more important that he should know how to find knowledge than that he should retain it indefinitely, which, we would all admit, is quite impossible? It would be better to spend more time in showing the student how to find information and, having found it, how to assess it critically—some of our examinations could be well directed towards this end. In practice is it not experience (a very different phenomenon from mere learning) that permits us to cope with most medical problems? And, when we do come up against the occasional rarity, do we not seek help from the literature or a specialist colleague?

A firm, wise, and diplomatic director (I nearly said dictator) of medical education, be he called dean or whatever, could, if given a free hand in readjusting the balance of power among the different disciplines, not only shorten the medical course to four years without lowering the present standards, but he could also return to medical students some of the recreational time which was their right until recently, so that they might develop with a healthier outlook on life. Let us end with the words of William Stokes who advocated a liberal education for medical students: "Let us emancipate the student, and give him time and opportunity for the cultivation of his mind, so that in his pupillage he be not a puppet in the hands of others, but rather a self-relying and reflecting being." ■