Making Doctors: An Institutional Apprenticeship

Simon Wessely

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Medicine and books

Making Doctors: An Institutional Apprenticeship

Simon Sinclair
Berg, £14.99, pp 347
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Read this book. It is written by a qualified doctor who interrupted his career to study anthropology and undertook his field work by returning to medical school to observe the habits and dispositions of those who study and work there. It is in turn fascinating, nostalgic, and, ultimately, depressing.

Simon Sinclair has produced a masterful account of rites of passage, a study of initiation in which the raw recruits enter medical school and progress through its various nooks and crannies to exit as members of the tribe some five years later. During that time they acquire knowledge (a little), take part in rituals (several), and acquire attitudes (a lot). This is called medical education.

Sinclair observes the formal ways in which students are taught—what he calls the official, front stage activities of the ward round and lecture theatre—but he devotes equal time to the backstage activities of the dissecting room and the unofficial activities of the student show and the action in the bar that follows. Sinclair sees medical education as a theatrical experience, whether the formal rituals of the ward round or the raucous rituals of the Christmas show.

For Sinclair, the show went off the rails in the Victorian era, with the transition from the patient as client, in which medical care was dispensed at home, to the patient as case, an inhabitant of the hospital and property of the consultant. The bedside gave way to the ward round, and the hospital consultant assumed the dominant role in medical education which he (it is usually he) retains.

It is Sinclair's analysis of hospital hierarchies that is so particularly dispiriting. There are the good and bad patients. Bad patients are those whose ambiguous status, neither well nor ill, most reflects the students' own ambiguous position. The most reviled are the crock, the fat folder, the somatiser, and the overdoser, who seem to be ill but possess none of the tickets of admission, such as an abnormal radiograph, physical sign, or laboratory test. Psychiatric patients, who can never give a "good history" and who may, through their unpredictable behaviour, embarrass the student in a ward round or exam, are equally loathed, as, by transference, are those who look after them.

The psychiatrist is thus the lowest form of medical life, but is joined in the first circle of medical student hell by psychologists, sociologists, and general practitioners. In Sinclair's jargon, they lack proper Knowledge ("hard facts"), do not give proper Experience (finding physical signs or learning practical procedures), and do not have proper Responsibility (going on as they do about multidisciplinary teams). All medicine is multidisciplinary—how many people contribute to the case of a patient undergoing cardiac surgery?—but it is only psychiatrists and general practitioners who actually acknowledge this fact. The student, desperate to acquire the duties and privileges of the tribe, views those who carelessly give away that status with contempt.

As a psychiatrist, with a soft spot for the tradition of medical anthropology exemplified by this book, I found reading *Making Doctors* increasingly stripped away my delusions about the popularity of our teaching. We encourage students to question simple dogmas and combine this with what we believe to be trendy, holistic, patient centred approaches, like our colleagues in general practice. It cuts little ice with Sinclair's University College students—a particular blow since I used to consider students at UCL to be the most socially aware in London. However, I consoled myself that at least our insistence on empirical research, backed up by convincing statistical evidence, would restore our reputation. It was thus a shock to read that "statistics is above all the subject most disliked by students," since it lacks everything that students respect—no hard Knowledge, no Status, and no Responsibility. Is it too late to start surgical training?

Simon Wessely, *professor, Academic Department of Psychological Medicine, King's College School of Medicine, London*

Rating: ★★★★

The Greatest Benefit to Mankind: A Medical History of Humanity From Antiquity to the Present

Roy Porter
Harper Collins, £24.99, pp 831
ISBN 0 00215173 1

Before I read this, my knowledge of medical history could be summed up in a few sentences. I knew that the medical-industrial complex had become a victim of its own success and that until quite recently doctors could not do much. I had an idea about their professional status, without knowing how that privilege was won and protected. I knew that doctors demand autonomy, but that collectively they make a wonderful political football. Someone had told me that Pasteur discovered vaccination; someone else that it was Turkish folk medicine.

Roy Porter's book gave me the chance to flesh out my paltry analysis. Here was a wide ranging, up to date survey of medicine's place in society. I would find out how medicine got so big, and how doctors can look at things that are so small. I would find out what they did before the antibiotic revolution, and how they got away with bleeding everyone for hundreds of years. I might even get a glimpse of what motivated the heroes and the villains.

Was I foolish to expect such insight from a telescoping of over 3000 years into less than a thousand pages? No, because Porter pulls it off. Read as a narrative rather than reference, his book provides a powerful overview. He is keen to avoid the pitfalls of his project: the "enormous condescension of posterity," the temptation to dismiss prescientific medical traditions. As he puts it, "I have tried to understand the medical systems I discuss rather than passing judgement on them." At the same time, he admits his is a "winner's history," concentrating on developments that have contributed most to the current biomedical beast that holds sway. (He wryly notes that a history written from the patient's point of view would look rather different.)

Surveying developments since the Enlightenment, Porter gains momentum. While he tells us enough about a few of the innovators (especially Virchow) to whet our appetites, biographical material is sparse; his mission is to show the consequences of discovery, to determine when and how it led to real change. Sometimes medical "advances" helped the medical profession, sometimes they helped the state (healthier armies, for example), and sometimes they helped the sick. Arriving at the present day, it is hard to unpick Porter's strands of medicine, state, and society. True, there is a continuity of benevolence in his story, but there is equally a continuity of amorality and benighted collusion. In sum, his key players spend almost as much energy protecting their own interests as they do putting their weight behind farsighted reform.

The book does offer an overview—an "Olympian verdict"—but this is not the same as an oversimplified conclusion. Medicine may have failed to deliver the "greatest good to the greatest number," but there is no conspiracy among medical elites to expand professional dominance. "The medicalization of life could never have become entrenched had not the offerings of practitioners … become accepted as desirable and beneficial." But it does not take a Chomsky to know that what is and is not accepted has little to do with whether it is beneficial. Porter does not try to predict the future, but, at the end of his analysis, his horizon is a little bleak. For optimism, plunder the overview: medicine's triumphs need the substrates of public trust and professional honesty. As long as we have those, there is hope.

Benjamin Hope, *medical student, University College London*

Rating: ★★★