

implications regarding the metabolic defect responsible for the clinical features of Huntington's disease. It also suggests a role for manipulation of the striatonigral neurotransmitter pathway in treatment and presymptomatic testing for this condition.

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## Medical stereotypes and medical realities

Descriptions of various medical specialties by medical students show clear differences, which are described as "stereotypes."<sup>1,2</sup> A stereotype requires not only that people agree on appropriate attributes but also that these attributes do not correspond with reality. As doctors in different specialties do actually differ<sup>3</sup> many so called stereotypes might instead be accurate descriptions of true differences.

In this study the actual reasons for choosing a career in surgery or psychiatry were compared with perceived reasons. Each doctor was asked only one of three sets of questions: about their own reasons for entering the specialty; about the reasons in general that doctors entered the specialty; or about the reasons in general that doctors entered the other specialty (for example, surgeons were asked about psychiatry).

### Methods and results

Altogether 192 doctors were asked to rate the importance of 25 reasons for choosing a specialty on five point scales. The doctors comprised 96 psychiatrists and 96 surgeons; half were consultants and half were registrars who had recently passed the FRCS or MRCPsych examination. Men and women were equally represented in all groups except consultant surgeons. Questionnaires were sent to home addresses with a stamped addressed envelope enclosed for their return.

Altogether 138 (72%) questionnaires were returned. The mean (SD) age of respondents was 30.3 (2.2) years and 30.2 (1.6) years for junior surgeons and psychiatrists, respectively, and 51.7 (7.6) years and 58.1 (7.6) years for consultant surgeons and psychiatrists, respectively.

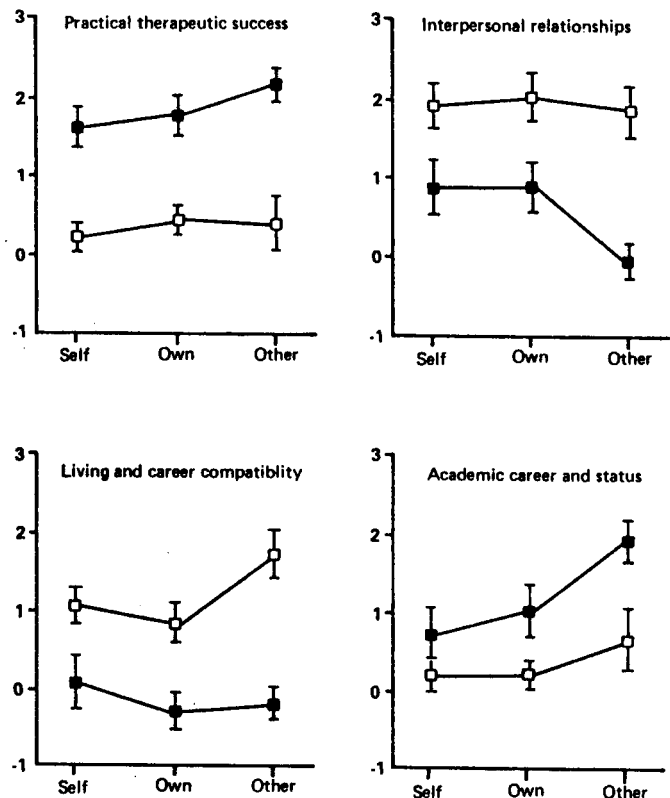
Factor analysis of the 25 career motivations identified four factors (see below) that accounted for 67% of the total variance. Composite scores were derived for each factor and analysed by four way analysis of variance (specialty × group reporting × seniority × sex). No significant effects of sex or seniority were found. Stereotyping was identified by a significant specialty × group interaction.

**Practical therapeutic success** (seven items) measured the importance of effective treatments and technical procedures in deciding the choice of career. These were more important to surgeons ( $p < 0.001$ , figure) with no evidence of an interaction or, hence, of stereotyping.

**Interpersonal relationships** (seven items) assessed the importance of close relationships with patients and the needs of the whole patient and of society. They were more important to psychiatrists ( $p < 0.001$ ), and there was a significant group × specialty interaction ( $p < 0.05$ , figure): although surgeons said that interpersonal relationships were important to them, psychiatrists thought that this factor was not important to surgeons.

**Living and career compatibility** (six items) measured the importance of having reasonable promotion prospects and working hours compatible with family and social life. These were more important to psychiatrists ( $p < 0.001$ ), and there was significant evidence of stereotyping ( $p < 0.005$ , figure): surgeons thought that this factor was more important to psychiatrists than psychiatrists did themselves.

**Academic career and status** (four items) measured the importance of a high academic status and adequate financial reward. These were more important to surgeons than psychiatrists ( $p < 0.001$ ), and there was significant evidence of



Mean importance (and 95% confidence intervals) of various reasons for entering psychiatry (□) or surgery (■) assessed by doctors for their own careers (self), for their own specialty in general (own), and for the specialty other than their own (other). (Specialties in the "other" column refer to the specialty being assessed, not to the specialty of the assessor.) The five points on the rating scale were coded as +3=extremely important, +2=important, +1=slight importance, 0=no importance or irrelevant, and -1=offputting.

stereotyping ( $p < 0.025$ , figure): psychiatrists thought this factor of greater importance to surgeons than surgeons did themselves.

### Comment

Surgeons and psychiatrists differed in the reasons for their choice of career, and those reasons were accurately perceived by other members of the same specialty—that is, there was no "autostereotyping."<sup>4</sup> Stereotyping occurred, however, between specialties ("heterostereotyping"),<sup>4</sup> but it was limited and asymmetric: one specialty stereotyped the other but not vice versa. Thus psychiatrists stereotyped surgeons by minimising the role of interpersonal relationships and overestimating the importance of academic career and status in the choice of career, while surgeons stereotyped psychiatrists by overemphasising the importance of having working hours compatible with personal and family commitments.

In conclusion, although medical stereotypes undoubtedly exist, many so called stereotypes are actually true perceptions of medical realities

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