
Occasional Book: I

PATRONAGE, PROMOTION, AND POLICY

TWENTY years ago the Royal Commission on Medical Education criticised clinical career structures, "which seem hitherto to have been haphazard and in many respects unsatisfactory".¹ *Doctors and their Careers*² is an extensive study of medical careers commissioned by the Department of Health and Social Security from the Policy Studies Institute. Little change is apparent: "Far too much is still left to chance and personal patronage, and far too little attention is paid to a realistic assessment of . . . suitability for a variety of specialties as well as the future manpower needs of medicine in all specialties".

Isobel Allen's starting point, that soon 50% of medical graduates will be women, not only raises questions about medical career structures and manpower planning in general, but also conditioned the form and analysis of her study, and extended her previous research into the careers of top women in the Civil Service, industry, and the BBC. Despite much experience of social research she struggled in the quagmire that doctors call a career structure, and was not impressed by what she saw; "... this report, which [took] the careers of women doctors as its point of departure, [ends] by stressing the need to look closely at the careers of all doctors and to recognise that, unless changes are made . . . the medical profession will not be able to continue to provide the service to the community which has been its traditional role".

The study is based on the responses of 640 male and female doctors who graduated in 1966, 1976, or 1981. Although careful and extensive quantitative analyses provide the book's statistical meat, qualitative data, with many direct quotations, provide the seasoning, give the study its power and impact, and demonstrate a worrying fount of medical disillusionment.

Women doctors undoubtedly have career problems. However, this study shows that, excepting the provision of part-time training posts (and the neanderthal attitudes of some male doctors), the difficulties are inherent in the system, and afflict men in substantial numbers as well. Doctors perhaps do not truly have careers: instead of a

rational progression towards an agreed goal, successive short-term posts result from the immediate exigencies of continuing crisis management.

The book's most disturbing and original section carefully documents the central role of "patrons" and "sponsors" in career advancement. 52% of 1981 graduates saw patrons as very important in furthering a career, and 51% had such a sponsor. Conducted by discrete telephone calls and personal contact, nurtured by perpetual short-term contracts and fear of career blocking in those who dare question it, and secured by a secretive, paternalistic, and closed system, this hidden process manipulates the old-boy network so that the "right" person gets the job; "They appoint not necessarily the best but the one who's not going to rock the boat"; "You succeed in getting sponsors if you are a good toe-the-line sycophant . . ."; "All the poor people who come for interviews when the jobs are already promised . . . They're dragged from all over the country and they haven't a hope". As Isobel Allen says, "There can be no doubt that it contravenes any equal opportunity policy, but there was no evidence of anyone seriously challenging it . . . [It] was so deeply ingrained in . . . custom and practice . . . [that] anyone challenging [it] would be seen to be taking on a very powerful structure". If these allegations are correct then the process is scandalous; only further carefully collected evidence will produce a verdict of guilty, but the case for the prosecution is impressive.

Also well documented is the disillusionment of many junior doctors, expressed often in pubs, hospital messes, and at dinner parties, but rarely aired in public. 30% of doctors regret studying medicine, feeling trapped by overly demanding careers which demand long, antisocial working hours and excessive personal sacrifice for too uncertain a future, or insufficient professional rewards. Recent graduates in particular looked enviously at non-medical contemporaries with better life-styles and more personal and professional satisfaction.

The strengths of this study are that it has been done, been done quickly, and published fully. It will provide starting points for many future investigations, and secondary analysis could also answer many further questions. The main weakness is in the overall form. Although very experienced, the single author is inevitably not omniscient, and an absence of personal experience and knowledge of the numerous publications on medical training is always apparent; however, the sharp, eagle eye of a perceptive outsider exploring the eccentric and bizarre habits of an introspective and closed subculture is adequate recompense. More serious criticism is of the absence of real attempts to analyse structure, process, or mechanism within the developing lives of these doctors, or in relation to the community's changing needs. The photograph is perfectly focused, but is necessarily static. This form was, however, implicit in the DHSS's original commission. The questions raised are big and important, and the report itself is being given star treatment by the DHSS—press conferences, seminars attended by the Health Minister, policy responses, and strict press embargoes before publication. Such treatment by a government that declines to instigate Royal Commissions, and has wilfully ignored *The Black Report* and *The Health Divide*,³ inevitably induces suspicion of this report's true purposes. While discussing medical school careers advice the author says, "It must be asked whether this is really the way to plan the future pattern of medical manpower". True, but the question must also be directed at

the study itself. If conceived as a basis for policy then the questions, recognised by the DHSS as complex, require more comprehensive study by those with broader experience of the areas covered. *Doctors and their Careers* would have been an excellent Appendix to a Royal Commission on Medical Education, Careers, and Manpower Planning; on its own it is no substitute.

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1. Royal Commission on Medical Education 1965-1968: Report. London: HM Stationery Office, 1968.
2. Allen I. Doctors and their Careers. London: Policy Studies Institute. 1988. £24.95. Any Room at the Top? is a paperback summary of the report, price £4.95 from the same publisher (100 Park Village East, London NW1 3SR).
3. Black D, Morris JN, Smith C, et al. Inequalities in health: The Black report and the health divide. London: Penguin Books, 1988.

Occasional Book: II

THE UPRIGHT AND THE HORIZONTAL

PATIENTS are, by the very nature of their role, submissive. Doctors assume that a patient's view of medical performance is likely to be uninformed and uninteresting, so do not invite such opinions. When a patient volunteers a comment short of frank adulation it tends to puncture the doctor's fragile self-esteem and is likely to be construed as a complaint, to be dealt with defensively, or simply ignored. Yet clients of any service do have novel insights and constructive suggestions to make.

This concept underlies an unusual and perspicacious monograph by Sir Cecil Clothier, the 1987 Rock Carling fellow.¹ Sir Cecil is no ordinary patient, and his views emanate not only from the hospital bed but also from his wide experience as advocate and judge in medicolegal cases, and especially from six years as Health Service Commissioner. His teasing about some absurd professional attitudes owes much to his wry observation of similar behaviour in his own profession.

It is central to his thesis that a patient with a serious illness demonstrably submits by removing his clothes and assuming a horizontal posture, while all around him are vertical. "The verticality of mankind is recently acquired, precarious and easily disturbed, and the fallen are at a terrible disadvantage with respect to the upright." Despite having submitted, the patient still has responsibilities in the delivery of health care—" . . . kind and appreciative receiving is as important as warm and generous giving". So harm may come to this delicate doctor-patient relationship from a doctor's egocentric clinical detachment or a patient's self-centredness. Sir Cecil strongly believes that it only takes one to make a quarrel.

We are reminded that as we get more senior we are less likely to be criticised by (or to heed criticism from) our families or our entourage and that only continual self-examination will ensure that we maintain appropriate standards of thoughtfulness and consideration. Sir Cecil considers that measurement of these (and other) aspects of medical care is difficult but clearly agrees with current professional thought that methods of measuring quality of medical care are desirable and necessary. His fundamental point is that doctors, busy practising medicine based on firmly held principles, may forget that patients are sensible, intelligent beings (even when near-unconscious in intensive care units), though with a variable grasp of medical technicalities, and moreover have a point of view about their