

The secret lives of doctors

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For a few people, the main theme of their working lives becomes obvious in early childhood. Picasso's first word was "piz"—a diminutive of *lápiz*, the Spanish for pencil. Given a chess set and the rules of the game at the age of 6, Bobby Fischer immediately taught himself how to play and soon had time for nothing else. And it is hard to imagine that the boy Mozart was often asked what he planned to do when he grew up. It is true that some discover their talent a little later. Matisse, for example, trained as a lawyer and took up painting only while convalescing after appendicitis. Still, I doubt if there was much talk of a career in jurisprudence after that.

All these, of course, were undoubted geniuses. Their gifts, once discovered, were so prodigious, so overwhelming, that they had no choice but pursue them. The rest of us aren't like that. Instead, we have to scratch around, wondering what to do, wishing our meagre talents were less earth-bound. For some, the scratching around ends in a medical degree.

Although the practice of medicine is by no means a dishonourable way of making a living, there's something decidedly uninspired about it. On the whole, people don't become doctors because they were destined to do so but because they weren't good enough at anything else. Perhaps that is too harsh a judgment. It is more likely that the things that they really wanted to do were too risky. They may have dreamed of becoming rock musicians, professional footballers, poets, theatre directors, mountaineers, novelists, or round-the-world yachtsmen, but sense prevailed. After all, the great advantage of becoming a member of a learned profession is that you can both earn a decent wage and persuade yourself that you are making a useful contribution to the public good, even if you are no better at it than anyone else.

Of course, it is possible to choose a life where the day job finances your dream. T S Eliot, for example, worked in a bank for many years—although, to be fair, it isn't entirely clear that he needed the money. But the day job has to be selected carefully, and being a junior doctor isn't the right

choice. It is too time consuming and too emotionally demanding to allow room for much else. So the dreams, if not abandoned, are left unnourished. After the junior doctor's job comes a pram in the hall, a mortgage to pay, parents' evenings, and committees. In a few years the dream has withered. As compensation, the brighter ones take up medical politics or research. The dimmer ones toil away resentfully.

"However, I've no plans to give up any of my other work and luckily I don't have to: what would I do? I've never been one for hobbies." So reported the *Times* a while ago in an interview with a senior member of the medical profession about to be forcibly retired from the NHS at the age of 65. This, always supposing that he hasn't been misquoted, is the terminal stage of the process. He has quite forgotten that he ever had a dream. Worse, he has worked in medicine for 40 odd years and, apparently, never in all that time has he encountered anything that he'd wished he had had the time or opportunity to pursue. Has it never occurred to him, looking at a magnificent building, to regret that he didn't know a bit more about architecture or, listening to a moving piece of music, to fantasise about learning to play the fiddle?

The counterexamples, by contrast, are wonderfully cheering: doctors who, with varying degrees of commitment and skill, paint, sing, or play in a band; doctors who parlay their medical skills into an entrée into the sporting world; doctors who get up at five in the morning, not to catch up on their continuing medical education, but to give themselves a couple of hours to write. What they actually do doesn't really matter. They have managed to escape the loop and avoid membership of what Thoreau called the mass of men who lead lives of quiet desperation.

It seems unlikely that these doctors discharge their medical responsibilities any better because of their non-medical activities. Yet, were I to fall ill, I think I would prefer to be looked after by someone with enough imagination and intellectual range to sustain a life outside the clinic. I would



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like a doctor who knows from his or her own recent experience that the world is full of interesting things to do: not someone who can't think how they are going to pass the time after they retire. Why? Well, because that sort of doctor will have grasped the fact that life is full of contingencies and that wrong choices are easy to make. So she would have the nous to see that there was nothing to be gained by blaming me for my own condition even if (especially if) I had cancer of the lung, cirrhosis of the liver, or HIV infection. What is more, such a doctor would surely react graciously, rather than be angry or affronted, if I declined the treatment they offered or decided not to take their advice.

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This article was first published in the *BMJ* (2008;336:1044).