DO YOU HAVE ANY REGRETS ABOUT ENTERING MEDICINE?

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In Brief • En bref

Do today's students have any second thoughts about their decision to pursue a career in medicine? Gabriel Leung, who graduates in June from the University of Western Ontario, considers the problems and dilemmas that have confronted him and his classmates during their short careers and muses on the uncertain future today's physicians face.

Les étudiants d'aujourd'hui ont-ils des doutes au sujet de leur décision de chercher à faire carrière en médecine? Gabriel Leung, qui obtiendra son diplôme de l'Université Western Ontario en juin, se penche sur les problèmes et les dilemmes auxquels ses condisciples et lui ont dû faire face au cours de leur brève carrière et présente quelques réflexions sur l'avenir incertain des médecins d'aujourd'hui.

Hospital closures and mergers. Midwives and nurse practitioners. Cutbacks in health care budgets. Resistance to a two-tier system. Portability of licensure. Fee-for-service versus salaried positions. What pervasive issues!

Mike Harris's Bill 26. Bob Rae's social contract. Ralph Klein's private clinics. Gary Filmon's regionalization of health care delivery. David Dingwall's rhetoric on the Canada Health Act. What diverse jurisdictions!

With problems, dilemmas and reforms as exhaustive and dramatic as these, more than a few medical students — especially those about to graduate — are pondering what the future holds. Will family physicians be salaried, as suggested by the Kilshaw report? Are specialists going to be restricted to employment within a hospital, as Ontario's Bill 26 has indicated? On the one hand, will there be a mass exodus of doctors to the US, lured by attractive incomes and driven away by endless unfavourable social and health care reforms? On the other hand, what about our ultimate *raison d'etre* in medicine: to take care of the sick and the needy, our patients?

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One bright, sunny September morning in 1992, a group of budding physicians-to-be gathered in the private cafeteria of University Hospital in London, Ont., for their formal introduction to the venerable world of medicine. (Much has changed since then, including the name of the hospital! Because of a merger, University Hospital is now called the London Health Sciences Centre.)

The atmosphere was lively, the people enthusiastic. All of us had a genuine and irresistible urge to dive right into the school year to fulfil our Hippocratic dreams. The buzzwords that are now in vogue — "two-tier system," "privatization" and "hospital restructuring" — had not yet drummed up enough momentum in the medical community or the lay media to catch our attention. We were too preoccupied with learning the basics of anatomy, physiology, biochemistry and so on, the memories of which are too painful to recall. Some of us were trying, in vain, to remember whether sodium goes in or out of the ascending limb of Henle's loop, while others strained their brains memorizing all the branches of the brachial plexus.

Other dominant thoughts at the time included consideration of future career plans. As is typical of all first-year medical classes, 90% of us either wanted to be neurosurgeons or cardiovascular surgeons, or pursue some other larger-than-life specialty. Now, as we make our choices for the Canadian Resident Matching Service during fourth year, this is of course no longer the case; more than half of us will eventually turn out to be primary caregivers. However, 4 years ago it didn't even cross our minds that not only the locale of practice but also our specialty could be dictated by the provincial minister of health.

Today it is difficult to feel upbeat and enthusiastic as I crawl out of bed when the alarm beckons at 6 am to tackle another 12 hours at the hospital, part of the clerkship experience. It requires a great deal of faith to remain optimistic that what you are doing is intrinsically worthwhile, that the public is sympathetic and will be interested in what you have to say.

As we journey through 4 years of medical school, we grow used to wit-

Gabriel Leung, a fourth-year medical student at the University of Western Ontario, hopes to pursue a career in family medicine and health administration.

nessing agreement after agreement that serves no one well: not the government, not physicians, and certainly not the public. We become immune to seeing doctors' financial well-being erode, just as our own much-needed clerkship stipends are withdrawn. When a government that represents the collective spirit of the place where we live and toil exhibits near total contempt for physicians, residents, medical students and for health care in general, for that matter, something else comes into play.

You could call it anger, despondency or hopelessness, all of which are very hard to fight. They kill enthusiasm and interest. They create a reluctant health care system of disgruntled doctors who have been forced and coerced into labour. A reduction in both the quality and quantity of care is the inevitable consequence.

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Medicare is one of the defining characteristics of our country. As Tom Courchene, a professor of economics at Queen's University, noted, medicare has become Canada's symbolic railway, acting to unite the country in the 20th century in the same way steel rails did in the 19th century.

Powerful words. Because medicare is so heavily laden with intrinsic meaning and so intimately tied to the history of most Canadians, it is not surprising to find health care issues dominating our media. The health of medicare itself has become a major focal point. As new graduates who will be entering the health care system, we share many common concerns with other Canadians, but we have our own unique worries as well.

As the late Emmett Hall, one of the fathers of Canadian medicare, declared: "Doctors cannot be a law unto themselves, nor should the state have the right to conscript their services." Yet by implementing billing-number restrictions by geographic location and linking them with hospital privileges, the Ontario government has violated both the Canada Health Act (CHA) and the Canadian Charter of Rights and Freedom. The CHA decrees that physicians be provided with "reasonable compensation" for services rendered, and that agreements between physicians and the government be honoured by both sides. Through Bill 26, the Ontario government has failed to fulfil either condition, cancelling the 1991 Economic Agreement and the 1993 Interim Agreement, as well as refusing to pay any portion of physicians' Canadian Medical Protective Association dues.

Mobility rights, as enshrined in the charter, have also been attacked, a violation that affects not only young physicians but also their spouses and children.

More fundamental, however, is the common concern regarding the universality of medicare. The concept of "equal access to all" has been held sacrosanct by most Canadians, and particularly by the present generation of medical students. Contrary to the popular belief that all doctors are self-serving entrepreneurs, the vast majority of us in training today entered the profession for one simple reason: to help and to serve. It worries us tremendously when governments start delisting services and closing beds, for in the end nobody is going to suffer more than the patients themselves.

We are open to alternative payment methods. We try to practise evidence-based medicine as much as possible. We generally support the roles of other paramedic professionals. We are willing and eager to pitch in and help solve health care problems.

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Do I have any second thoughts about choosing medicine as a career? I have been asked that question a lot, especially as the end of my undergraduate training approaches and residency looms.

Financially, medicine has seldom looked less attractive, and the lifestyle is becoming increasingly unpalatable. At the same time, there has never been as little public sympathy for physicians or the medical profession.

With all the negatives, I have had to shift my attention to medicine's positives, and to how privileged I am to be working in a profession that enriches my life in so many ways, that keeps me alive emotionally and intellectually.

Nothing is more gratifying than a baby's first cry, or the gentle smile on a mother's face as you deliver a baby to her waiting arms. All the frustrations of the day, financial and otherwise, end when a patient utters the simple words "thank you" after an appendectomy.

Medicare will always change. Reforms can be made without endangering the system; they might even make it better. So long as change is brought about in a civilized manner with basic tenets intact — that patient care is paramount and respect toward each member of the health care team is upheld — we should embrace the challenges with open arms. In fact, we must double our efforts to help the system heal itself.

Do I have any second thoughts about entering medicine?

The short answer is no. ■

With all the negatives, you have to shift your attention to medicine's positives, and to how privileged you are to be working in a profession that enriches your life in so many ways, that keeps you alive emotionally and intellectually.