Is this what we really want?

James Harrison

Consultants now arrive at their destinations clutching shiny certificates of completion of specialist training (CCST). General practitioners still continue to emerge from vocational training schemes. Yet to speak of having a vocation in today's postmodern world is risky; some might say anachronistic. Just before his death the iconoclast playwright Dennis Potter, in an interview with Melvyn Bragg, mentioned his own sense of vocation as a writer. He lamented that the very word, derived as it was from religious language, seemed ill at ease in our secular world.

In a previous era another troublemaker, the great Protestant reformer, Martin Luther, struggled to liberate the idea of vocation from its strictly monastic context. For him, there was more to life than becoming a monk. To have a calling or "station" in life was a God given privilege, endowed with honour and responsibility. Whether you were a farmer, shoe maker, husband, or wife, there was a role to play, a sacrifice to make. Indeed, suffering for the good of others might be necessary.

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Today's young doctors peep into the world of general practice to discover an ever opening chasm walled by rising patient expectation and mounting workload. They smell the reek of burnout in the air. Media and government "initiatives" fuel the increasing demands made by all. Perhaps the hospitals look rosier or at least safer—better the devil you know. Yet the nagging doubts remain. Why get a job with responsibility that takes up all hours? Why not get a "McJob" and have time for a life. Douglas Coupland's Generation Xers have a healthy disregard for convention and conformity. They may be the sensible ones, who see beyond the treadmill and the merit award. For them, long term commitments feel claustrophobic and imprisoning. Truth is what you make it and medicine is one job option among many.

The postmodern free market also encourages

patients to demand the best services, and governments to expect value for money deals. If indeed doctors did offer everything on the basis that patients (and governments) would not ask too much then that bluff has been well and truly called. Of course, the doctor's vocation as total availability was always a myth. It just happened to get enshrined in a 24 hour contract for general practitioners for ever, back in 1948. Perhaps, then, it is time to put to death that false idol, the god of "patient need." Yet in so doing we open up a new problem: how to redefine our calling, our new vocation, without losing the proverbial baby with the bath water. For to give is to receive. To share in the hopes and fears of patients can be a priceless inspiration and privilege. The danger of seeing the work of medicine in transactional terms alone is that we risk moving conceptually from vocation, through career, to job and, finally, employment opportunity. Is that what we really want?

It may be that we are now reaping the consequences of a failure to nurture and to listen to our younger colleagues. If we have been too preoccupied with our own affairs then we have failed to notice the world moving on. Generation Xers will work hard, but want flexibility, training, career breaks, and a say in how things are organised. They will buckle down to the task, but expect time off, and a fair reward for work done. They are not the "slackers" of popular report, but neither are they prepared to sacrifice themselves in vain attempts to win futile earthly glory. The paradox of Generation X is its unwillingness to be thought conventional, while holding many values which we should applaud.

Some suggest that tomorrow's doctors will be glorified technicians with communication skills. Whatever model of doctoring emerges, the question still remains: "Why work?" Is the week's struggle only the means to escape for the weekend? Do we earn purely to fund the foreign holidays, pay the school fees, and wait for the pension? Or can we renegotiate our station in life as a true calling, a vocation freed from abusive practices, but still fulfilling and, at times, requiring and involving self sacrifice? Such a theme may run contrary to the spirit of the age but would, no doubt, receive approval from Messrs Luther and Potter.

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Beards, academia, and anaesthesia: a controlled study

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One of us (BP) believes that beards, a natural state of affairs, signify wisdom. The other thinks that they are dirty, suiting woolly minded academics disinclined to arise for the morning ablutions. A controlled study was needed.

Subjects, methods, and results

All 62 readily identifiable male professors, readers, and senior lecturers and 83 NHS consultants in anaesthesia unwittingly took part in a controlled study. The NHS group was randomly selected from a seated block at a recent anaesthetic scientific meeting, data being recorded on the back of its programme (2B blunt pencil). Academics' details were recorded into an electronic

spreadsheet (Excel version 6 running on an IBM compatible PC with 120 MHz Pentium processor). Facial hair was defined as a recognisably maintained beard or moustache. Designer stubble was ignored, and data were compared with a χ^2 test with significance set at the 5% level.

Of the 62 academics, 21 (34%) wore beards or moustaches, compared with only five of the 83 (6%) NHS consultants ($P < 0.01$; relative risk 5.62 (95% confidence interval 2.24 to 14.1)).

Comment

Against expectation, academic anaesthetists, who are old enough to secrete sufficient androgens to maintain a