

Reflections on a medical education

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As my undergraduate medical education draws to a close, it is timely and interesting to reflect back on the first six years of what has become an intimate part of my life, for no-one can complete even a fraction of a medical degree and remain untouched.

From the first few days as a determined yet naive health sciences student to the last few as an elective student overseas, I've gone from having a rudimentary understanding of the human body, coupled with a few preconceived ideas, to appreciating its functioning and a deeper understanding of the way health and humans interact. Yet I remain in awe of it and my inability to change the final destination. I can do my best to delay the inevitable, but that inevitable will still arrive. My duty, therefore, is not just to prolong a life, or alleviate suffering, but also, and I would suggest more importantly, to make that life a better one.

In a modern Hippocratic Oath, Lasagna (1964) states: "I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug". It reads like a paragraph from a Patient, Doctor & Society handout, and yet the farther I get into medicine, the more I realise it's true.

If we measure our success as doctors, not by the medical gains we make for our patient, but by how satisfied they are with their treatment, we often find that the less competent but friendlier doctor is better regarded by patients than the more competent but emotionally distant one. Perhaps it is a case of "the deluded happy", "ignorance is bliss", or "what you don't know won't harm you", but the lesson is the same.

We can gain immense job satisfaction in performing our clinical duties competently, unearthing the rare diseases, and using the latest treatments, but we must not lose sight of the fact that this means little to patients if they are left feeling like just another among many. Of course, we do all struggle at times. Who hasn't experienced the hypochondriac, the drug user, the chronic bronc who won't quit smoking, the neurotic parent, the plain weird? And yet, they too, deserve our understanding and compassion, even if we must duck away from time to time to vent frustration!

Medical training is not just about patients though, it is also about us, the doctors-to-be. I have observed not only my own development into a young doctor, but also that of my own classmates. With them, I have had some of the funniest, saddest, weirdest, most boring, most exciting, most challenging, and most stressful moments of my life. And we have become the closer for it.

Each of us would probably only count a minority of the class among our good friends, and yet between each of us exists the bond of being a doctor-in-waiting, and the privilege of that position. Perhaps that is why so many doctors end up marrying each other: not only because of the time spent together, but also because of the ability to empathise with the lot of our confreres. The medical community does truly exist.

The community might be alive and well, but we each have a responsibility to carve our own paths outside medicine. Medicine can easily become all-consuming, a leech that sucks away our other-life blood. We could just as easily measure the success of a doctor by his or her ability to keep a balanced life. Tradition plays a strong part, but a legacy of high divorce and suicide rates is not one that we need inherit. How satisfying will it be, in the years to come, to learn not only of our classmates' achievements in the field of medicine, but also out of it!

So to my fellow classmates, I say: "Reflect on what you've learnt and experienced! Revel in your achievements! Go out and conquer the world!" But have a life while you do it ... ■

Matt is an Otago graduate, now working as a first-year house surgeon at Hawkes Bay DHB. He enjoys writing, and a bit of poetry on the side. Matt is also a rugby fanatic, enjoys warm weather and hiking. He is currently trying to learn German ...
