

# So you want to be ... a medical oncologist

We are all influenced in our choice of career by senior doctors that we come into contact with as medical students or junior doctors. I had such an influential encounter as a student at Barts. Professor Gordon Hamilton-Fairley was a new breed in a fledgling specialty which was burgeoning in the USA as a result of dramatic advances in the treatment of patients with haematological malignancies, especially Hodgkin's disease. His appeared to be a rather maverick world, the treatments could not be found in any textbook and patients were scattered the length and breadth of the hospital.

The medical oncology team lead a nomadic existence wandering the corridors of that royal and ancient institution seemingly oblivious of the normal mores that held sway at that time and with a total disregard of the constraints of the ward-based firm. They called patients by their first names and encouraged them to return the informality. Later during my training at the Marsden I discovered that the boss was not 'Sir', 'Prof' or even 'Dr X' but Ray, Trev or Mac. These guys had no traditions, no precedence and no history to bog them down. In short, they were glamorous and when I discovered that the medical establishment seemed to regard them as a bunch of cowboys, that settled it. This was the specialty for me.

Alas, medical oncology has now become part of mainstream medicine. Those heady early days when the rules were made up as we went along are long gone and we are subject to the same rules and regulations as the other specialities.

There is, however, a special flavour to medical oncology. Many departments still retain the informality of those early years and the principle of treating patients according to the latest data in the literature, not what is written in some 'authoritative' textbook, still pervades the specialty.

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The nature of cancer medicine is close team working and it is an absolute requirement if optimal care is to be delivered. Professional title and rank are of little consequence, the 'team' is sacrosanct and everyone's opinion is important. If you are smugly proud of being a doctor and the type to get the hump because the boss takes the view of a junior nurse rather than yours, you had better stay away. The stresses involved in looking after cancer patients take their toll on members of staff if hierarchy becomes more important than the individual's right to be listened to, not just heard.

Supporting each other and breaking down the professional barriers between doctors, nurses and other members of the team are some of the joys of working in this specialty. You have to work at getting and maintaining good relationships with your colleagues – poor interpersonal relations within the team result in substandard patient care. If you like to keep yourself to yourself both professionally and personally, this is not the specialty for you. A willingness to share one's clinical views, academic prejudices, ethical values and inner feelings are a prerequisite for any young doctor wishing to saddle up and join the posse.

Oncology is a unique blend of laboratory science, academic medicine, clinical skill and psychosocial awareness. An oncologist is required to be up to date with the latest advances in cancer biology and the latest clinical trials while at the same time being able to sensitively break terrible news to patients, their husbands and wives, brothers and sisters, fathers and mothers. What is more you do it day in day out, in every clinic and on every ward round, and you must pick up the pieces in their time when they are ready, not when you happen to have a window in your diary.

This coming together of rarefied academia and the most basic of clinical skills, namely communication, is not unique to medical oncology, it is just that this mixture is one that is constantly present and part of every consultation. In other specialties perhaps



the mix is less pervasive and not quite so all encompassing.

Doctors who like their medicine to be black and white and not to change too frequently, should steer away from our every-changing vista. If on the other hand you like to completely change a treatment recommendation overnight as the result of new data freshly analysed then this is the specialty for you. If you enjoy reading the results of translational research and attempting to immediately apply that in your clinic, then sign up now.

These high flown academic ideals are, however, only part of what you will need to equip yourself to be an oncologist. Do you derive satisfaction from breaking even the most terrible news well? Do you take pride in managing a death and the resulting bereavement in a way that lessens the trauma rather than erasing it? Do you throw yourself into treating the untreatable, comforting the incurable and befriending the dying? You do? Then saddle up with the rest of the cowboys around the ole camp fire. **BJHM**

## KEY POINTS

- Medical oncology is a team speciality.
- Assessment of the literature and keeping up with the results of the latest trials is an absolute requirement for medical oncologists.
- Interpersonal and communication skills are a prerequisite for the delivery of optimal patient care.
- Medical oncologists need to take a keen interest in developments in cancer biology.