

Being a junior doctor today

Introduction

'Can you write 1000 words on what it's like to be a hospital senior house officer by Monday?' Prof enquired. Ironically he asked as my three fellow senior house officers and I were in a meeting with the hospital junior doctors welfare officer, discussing our miserable, overworked, under-paid, unappreciated lives. I did warn him that my input may be dark and jaded, but he wasn't listening. He was already gone, eyes glazed over with the warmth of nostalgia, recounting how much 'fun' he'd had when he was a senior house officer. After several minutes the glaze faded, and he slowly wandered off down the corridor muttering something about fun and frivolity before bestowing me with artistic licence to write as I pleased.

From an early age

Ever since I was a little girl I'd always wanted to be a doctor. I was once asked at a medical school interview if I'd wanted to do anything else. I surprised even myself when I opened my mouth and replied, 'No... apart from that time I wanted to marry Evel Knievel'. To this day I'm still at a loss to explain where that came from. Nonetheless, despite this indiscretion, I received an offer of a place within 24 hours. If only I wasn't such an outstanding procrastinator I'd have got my grades, but where would have been the challenge in that? I re-sat my A-levels the following year, but this time received no offers.

Steadfast in the belief that medicine was my vocation, I did a science degree first, before commencing my medical degree at the University of Wales College of Medicine. Five fantastic years later, with lifelong friends made and debts that would likely outlast them all, I graduated from medical school.

Starting out

I started my houseman year in the autumn of 2004 in a large district general hospital in south Wales. Working a one in five with

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long busy days, even longer busier nights, with cantankerous consultants and acopic nurses, I'd never had so much fun. There was an almost tangible team spirit, we all worked so hard and spent so much time together, it was impossible not to make firm friendships. The mess was a place we could relax, air our grievances, make referrals to other teams over a cup of tea and a piece of toast and, of equal importance, plan the social outing for the week ahead. Of course there were nightmare patients, nightmare nurses and nightmare consultants. But there I was, saving lives, being at the cutting edge, making a difference. It was amazing.

My first senior house officer job was deep in the heart of the Welsh valleys. I picked a medical rotation in a small district general hospital so that I might learn medicine at a hospital notorious for being kind and friendly, a place where even the radiologists were approachable. It was a great atmosphere, everybody knew each other, the patients were always related to the nursing staff, be it through blood, marriage or postcode, and they were polite, courteous and grateful. They trusted us fully. You were the doctor and they valued your judgment. How could I not love my job?

Back to London

In my second year as a senior house officer I moved back to London and joined a south London medical rotation in a large district general hospital in suburban middle-class heaven. It was a real culture shock, the majority of patients spoke the Queen's English, and many helpfully attended accident and emergency (A&E) with a copy of their clinic letters from Professor such and such (insert double-barrelled name) in Harley Street. Patients were generally more educated, more enquiring and, more often than not, more demanding than they had been in Wales.

As the year progressed it soon transpired that this new era of 'demand' bridged any social divide that may once have existed – clinics and A&E began to fill with patients brandishing pages and pages of Google-generated searches about the minutiae of

their particular ailments, dictating their management and demanding that they be started on drug x or y. I initially enjoyed this added challenge. Now not only did I have to work hard to appease their initial disappointment at being seen in clinic by 'only' a senior house officer, but I could work that little bit harder at explaining why, for example, anabolic steroids were not generally used to improved cancer patients' appetites, or Viagra wasn't a great choice for a 73-year-old with renal failure and angina. The novelty soon began to wear off.

A&E became a place of high stress, not because patients were unwell and needed emergency management, but with the introduction of the 4-hour waiting time and targets I found that I was constantly involved in hospital politics. At times, despite seeing nine patients in an afternoon, not eating or drinking, I would still end up being bleeped by management or the A&E charge nurse to 'remind' me that there were X patients still waiting.

I distinctly remember one night when I was fast-bleeped to see an 82-year-old woman who had a Glasgow Coma Score of three. She had initially been clerked by a very competent A&E senior house officer who explained that this lady had been admitted with new onset slurred speech and mild leg weakness. She had been seen in majors and was stable and was awaiting a bed in the medical admissions unit where there were six other medical patients that had yet to be clerked. Just before being transferred she became unrousable and was transferred to resus. Within seconds of my entering resus I was approached by the A&E charge nurse enquiring how much longer it would be before the patient could be moved to medical admissions unit as she was 'about to breach'. He was insensed when I explained that I had just walked in and would need to assess her fully before I could answer. A row ensued (across the unconscious patient as I was assessing her) at which he shouted: 'What are you going to do anyway, she's 82! You bloody doctors, you just don't care about the waiting times!' at which point, my blood boiling, I agreed and asked him to

leave. That night really affected me; it left me with a bitter taste in my mouth. I'd worked so hard to get into medical school, put myself into so much debt, and there I was at 3 am in a cold resus room justifying the need to assess an unconscious patient. This was crazy. Surely this wasn't what I'd worked so hard for?

That senior house officer year ended with an MTAS (medical training application service)-induced flurry of panic at getting my next job, based on my ability to write creative 150-word answers. I was one of the lucky ones, I joined the rotation of my choice in the specialities of my choosing. Many of my friends who are excellent doctors were not so lucky. Some ended up with no jobs, while others went abroad. Some were forced to repeat a speciality for the third time as that was all that was left

over, leaving them feeling demoralized and bitter. Even those with jobs were uncertain about where the job would, in the most literal sense of the word, take them. This was the beginning of a national era of apathy.

As I progressed through my final senior house officer year, moving up the career ladder to a tertiary centre, I found things did not improve. With no houseman, I was doing the job of two people. While those generations of junior doctors before us most certainly did long hours, frequently the hours we do are dismissed. Although the European Working Time Directive is in place, the practicality of it is often far different. We may stop being paid at 5 pm, but the majority of us are safety conscious and leave 2, 3, 4 or even 5 hours late each evening. I think about Prof's fun

senior house officer years and wish that we too could have experienced that. Sadly, however, we now live in a society where everyone wants more, trust and respect is no longer assumed, and whatever the outcome is, it was always somebody else's fault. MTAS rages on, dreams are shattered, families are dispersed across the country regardless.

Would I do it again?

So, with all these negatives would I have chosen differently? Not a chance. Despite the bureaucratic madness, when left to do what we do best, meeting patients, hearing their stories and treating them to the best of our abilities, this is the most rewarding job anyone could ever imagine. Medicine is most certainly my vocation. Besides, Evel Knievel was already married. **BJHM**