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**THE SECOND TIME AROUND**
**To the Editor:**

At age 82 I find myself doing a lot of pondering. At age 82, what else is there to do but ponder? Lately, I've been considering what I would choose as a profession if I had my life to live over.

I know I wouldn't be in such a great hurry to choose a career as I was those many years ago. My generation grew up during the Great Depression. We felt we had to hustle to have a career if we wanted to eat and have a roof overhead. In addition, World War II was pending, which increased the pressure on us to get on with life. A generation later, I objected strenuously when my son wanted to take a year off before post-secondary education. He did it anyway, and looking back, I think he was right and I was wrong (it's surprising how often that turned out to be the case). Now, the "gap year" has become commonplace, and I applaud the tendency on the part of our young people to seek maturity before they seek a job. I'm painfully aware how immature as a human being I was when I started medical school at Queen's at age 17. I know now that to make a good professional of any kind, you need to start with a mature and well rounded human being.

I think I would, once again, choose the study of medicine, because to me it still seems the best of the caring professions. But I wouldn't really be choosing the career I chose in the 1930s. To become a doctor in those days was to become an individual business person offering to undertake the care of individual sick people who elected to seek my expertise. Today, I would be part of the "health care team." Indeed, to be a doctor today is to be part of a huge "health care industry," which threatens to become the largest and most important industry in our country. A doctor today is a very small cog in a very large wheel. Still, if I were choosing again, I would want to be a doctor.

But what kind of doctor? Given the increasing industrialization of medicine, medical administrator is a tempting choice. But precisely because medicine has become an industry, its administration is seldom now in the hands of physicians. Instead of a medical superintendent, we have a layperson as "CEO." Whether or not this is a good thing is perhaps open to discussion. It seems to spring from the MBA/business community that believes CEOs don't need to know anything about the product (be it steel, widgets, or patients); they need only be educated in the art of business.

Given what we see in the press of many CEOs' track records these days, that thesis needs to be examined with care.

My choice of career was much influenced by role models, and I think it would be if I were making my choice today. I came to admire very much a young physician who believed that our care of terminally ill patients was, to say the least, much poorer than it should be. She set out to improve this area of care and was very successful. Still, I think there is room for improvement. It would be tempting try to make a contribution to the care of terminally ill patients, still subject on occasion, I suspect, to less than ideal care.

I would surely be drawn to my own speciality, the reproductive care of women. Honesty forces me to admit that my choice of a speciality was influenced by the simple fact that to be present at a human birth is a great joy. It is perhaps the only occasion in medicine where a physician is involved in a happy event.

I must quickly add that I believe that, in the future, women's health care will be largely in the hands of women (where, perhaps, it should have been all along). This isn't a very profound observation in view of the ever increasing number of women entering the medical profession (where, perhaps, they should have been all along). I think, though, that I would still choose to look after women rather than men. Why? I like the other sex. I don't understand them. I stand in great awe of them. But I always liked them. Still do.

I'd certainly consider marriage/sex counselling, too. My clinical experience has led me to believe that marriage and sex—romantics to the contrary—are a major cause of human unhappiness (and you could probably find an ex-wife of mine who would support that view). Although I was tempted at one time to seek training in this area, I came to realize that most marital misery was not very amenable to treatment. By the time people seek counselling, their problems are so firmly entrenched that they are no longer treatable. As in so many areas in medicine, prevention is far more effective than treatment.

I think I would try to carry on in my profession longer than I did. Clearly, I'd meet some resistance: the Canada Pension Plan assumes we retire at 65, academic physicians are "encouraged" to retire at age 65, and many hospitals have reduced the age at which physicians must cease to admit, attend, or operate on patients.

Much of the thinking behind mandatory retirement for doctors is predicated on the need to protect patients from the ministrations of physicians who are no longer competent. This is particularly true in the surgical specialties where

manual dexterity and mental acuity may not decline *pari passu*. Many of us have crossed the line between assisting and doing the procedure in the operating theatre with an elderly colleague. I've no doubt there's a generation of residents who feel they kept old Bill Green from a disastrous medical mistake.

It's clear that choosing a career hasn't gotten any easier. Even with the wisdom accumulated between 17 and 82, I'd find it hard, and my heart goes out to young people these days who must make such a choice. Statistics Canada tells us life expectancy today is more than 80 years and may well

reach 90. Given the vast amount of medical knowledge and skill to be acquired, and the fact that it's increasing exponentially year by year, doctors probably won't begin the productive part of their careers much before the age of 30. Mandatory retirement at 65 would allow them a little more than 30 years in independent practice, which doesn't seem such a good deal for them or their patients.

Still, it would give them many years of retirement in which to ponder, and pondering, like medicine, is an art perfected by practice. Or so I'm hoping.

**William Green, MD,CM,FRCS**