TUMSS

The Medic

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Doctors: the best on the street corner? • Music is the best medicine • Surgical poetry

Tight white coat syndrome

Is it time doctors abandoned the notion: "do as I say, not as I do"?

Scanning a hospital cafeteria today is enough to see that doctors and medical students are not safe from the obesity pandemic. The poor diet of many health professionals in the 21st century is reminiscent of the smoking doctor of the 40's, except this time around we are fully aware of the health consequences.

The 2011-2012 Australian Health Survey, conducted by the Australian Bureau of Statistics (ABS), revealed that more than half of Australia's doctors are overweight or obese, with 58% falling into an unhealthy weight range. Nurses showed similar figures, with 57% recording BMIs over 25. Approximately 60% of the adult Australian population is overweight or obese, showing that education of healthcare professionals is not enough.

How exactly the weight of doctors affects their patients is unclear. Some sources suggest that an overweight physician breeds lack of trust and poor compliance in their patients. Others suggest that patients feel more comfortable with a doctor facing the same struggles as they do. But how does it affect the doctor? When treating overweight patients, not only are normal-weight doctors more likely to view weight as a serious health concern compared to their overweight colleagues, but they are also more likely to initiate discussions of weight loss (Zhu et. al. 2011; Bleich et. al. 2012). A 2012 study conducted in USA showed that generally speaking, all doctors, regardless of their weight, provide weight loss advice to patients who are categorically obese. However, that advice is uncommon when overweight doctors are treating overweight – but not yet obese – patients (Bleich et. al. 2012). The same study revealed that the quality of advice in this scenario is also compromised.

An average day in the life of a doctor leaves little time for exercise, if any. Meal times, if present, are hurried and choice is influenced by the closest available food source. A study by the University of Birmingham, which looked at barriers to healthy eating by NHS doctors in the hospital setting, reported that 74% of respondents did not feel as though their canteen advocated healthy eating (Winston et. al. 2008). Just 12% of respondents felt their employer was supportive of providing healthy eating options. In a cross-sectional study of a group of undergraduate medical students at Manipal University, India, almost 40% did not exercise for reasons such as lack of time and exhaustion from academic activities (Rao et. al. 2012).

The question then becomes whether or not society expects too much of doctors. There is little opportunity for doctors to exercise and lunch breaks are becoming a case of "damned if you do, damned if you don't", so there is no question there is a systemic problem that needs to be addressed. However, there is also evidence to suggest that fatter doctors give poorer weight loss advice. Perhaps then, in the midst of the obesity pandemic, it is time doctors abandoned the notion: "do as I say, not as I do".

Sophie Maslen

Sophie is in the fourth year of her MBBS at UTAS at the Hobart Clinical School. She is 22 years old, grew up in Devonport in the north-west of Tasmania, and plans to undertake a Masters of Public Health alongside her clinical training.

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The Royal Hobart Hospital has gym memberships available for staff members at the low cost of $6.60 per fortnight.

Opinion Piece

Doctors: the best on the street corner?

In this bold opinion piece, Tim Calabria explores the social history of medicine to uncover how doctors came to be held in such high regard.

"You should trust your doctor."
This kind of sentiment is common enough. And it is a fair suggestion; your doctor probably knows what they are talking about. After years of intense learning, they ought to. However, society also trusts doctors on topics outside medicine. Even cross-culturally, the people responsible for our health are generally valued highly; from remote witch-doctors and monks to metropolitan priests. However, with these examples, authority is also drawn from the cosmos. So why do we trust secular, Western doctors so much? Is it because of the training and results they get? Is there a human tendency to value the people responsible for fixing our health problems? Perhaps. But a closer look at doctors over the last couple of centuries shows there is more to the story.

Until the 1960s, the development of modern medicine was understood in terms of progress, contrasting recent improvements with hazardous misconceptions of the past. Western medicine has undoubtedly improved in leaps and bounds since the nineteenth century, but the progressivist interpretation has proven problematic. The myths of narrative it has created have made modern medicine seem like it is moving towards some sort of perfect point. Numerous other factors mean that the reality is much messier and more organic.

Foucault's approach
Twentieth century philosopher Michel Foucault was a pioneer in understandings of knowledge and power. He saw the emergence of modern healthcare elites as creating a class which has a monopoly on ideas regarding body and psyche. More importantly for Foucault, these healthcare professionals can define what is normal and what is pathological. Writing in the climate of the cold war, he saw doctors as playing a role in subtle social control; as healthcare hegemons presiding over our conception of physical and psychological alterity. In this model, healthcare professionals have the potential to enforce and validate social or state-directed agendas.

Parallels can be drawn with the institutionalisation of people with mental illness and even the practice of lobotomy, which served to incapacitate people to remove the burden of disease not only from the patient, but also from their family, friends and society in general. Similarly, it was with 'medical science' that Nazi Germany justified stigmatisation and euthanasia based on race and disability. While these ideas are a far cry from twenty-first century Australia, the importance of Foucault's critical approach is to note the bleak potential of abusing doctors' authority. Perhaps even more important is the way people like Foucault stimulated others to rethink how the profession came to be held in such high regard.

Illness became a commodity
With the development of consumer society in the West, illness became another commodity. While demand for healthcare as a product increased, a variety of practitioners with diverse approaches emerged. By the nineteenth century a highly competitive healthcare market existed in which consumers had a lot of choice and it was difficult for practitioners to distinguish themselves from the competition. This was a time when pseudoscientific practitioners of fields such as homeopathy competed with niche specialists like bonesetters along with apothecaries and physicians. What was a learned doctor to do to separate themselves from the competition?

In the struggle to secure the healthcare market, medical practitioners used a variety of devices. Through bringing in licensing, some doctors were able to legitimise their practices at the expense of unlicensed 'quacks'. Some groups, including the lower classes and the female gender, were largely excluded from medical education until well into the twentieth century. This limited competition within the increasingly narrowing field of 'legitimate' medical practice. A culture of using scientific rhetoric came about not just to ensure precision in communication but also as a means of ameliorating doctors' status further. Methods such as these were employed by practitioners in other fields, like homeopaths, but university and hospital trained physicians did it better.

The procurement of status
Over hundreds of years, doctors and the hospital system became inseparable. By the early twentieth century, the hospital became the unassailable locus of healthcare. Here, doctors could raise the profile of their profession by being seen as philanthropic, participating in medical research and generally improving the hospital system, often in ways that made it revolve around the roles of the doctor and the surgeon.

Doctors in the West have been able to carve out a particularly privileged place in society, and part of this is because of the ways in which they jostled with other practitioners for market dominance. But what is so bad about a bunch of top-hat-wearing white guys improving their lot by helping people? Looking out for people's health has not always proven to be the priority.

In Amsterdam, in the nineteenth century, some doctors kept medical knowledge as trade secrets, vying for advantages against the competition. As a result, understandings of medicine in Amsterdam quickly went from leading the field to falling behind. The Amsterdam phenomenon is a reminder that in the development of Western medicine, quality of healthcare sometimes took a backseat to the market.

A strong social influence in many professions is salary. According to

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free market principles, vocations which are necessary for society and require talent and hard work will be highly rewarded. So why not pay doctors well, given the nature of the profession as it has emerged. In this case, the marrying of money and status is having a self-feeding tendency. It is important to remember, however, that catering to 'the market' essentially means appealing to people in a way in which they will respond favourably. It follows then that in the health care market, not only illness but the consumer shapes the product.

The best on the street corner?

Key to dominating the healthcare market has been procuring high status for doctors. While there is no question that improvement of health care systems is now guided by evidence-based practice, scrutinising the social history of doctors nonetheless presents an interesting question: do doctors exist as they do today because, like the comeliest streetwalker flashing flesh under an Amsterdam lamppost, they have proven to be the best at selling themselves?

Tim Calabria

Tim is graduating this year with a Bachelor of Arts from UTAS majoring in History and Ancient Civilisations. He is 24 years old, grew up in Hobart and is currently choosing between postgraduate study in French history and a Masters of Social Work.

Music is the best medicine

Fancy a relaxing night out away from study this weekend? Hobart indie/folk/rock band The Mornings will be doing two intimate performances at the historic Playhouse Theatre.

The Mornings are not new to the stage – they have played at festivals including Soundscape, Festival of the Sun, Beerfest, as well as Falls in 2011/12 and 2012/13.

Members of the band include Sam Cole (vocals/guitar), Nick Devereaux (sax), Anna Elliston (violin), Seth Henderson (keyboard), Ben Cole (bass) and Jeremy Kearney (drums).

Anna Elliston is studying medicine in second year and stresses how important it is for med students to have time out. "This is a perfect opportunity before exams start to have a night out with friends. Or, if you're in 5th year, celebrate your achievements with a night at the theatre!"

The Mornings will be supported by brilliant bands Younger Dryas, The Beautiful Chains and Sam Kucera. The shows are all ages, but photo ID is required to purchase drinks.

The shows will take place this Friday 11th and Saturday 12th of October. On Saturday night, Taco Taco will be serving from 6-8pm.

Tickets are available from Modern Musician ($15), moshtix.com or at the door ($18).

Farewell from the editor

As this is the final edition of *The Medic* for 2013, and my final edition as editor, I want to thank you for reading. I started *The Medic* in early 2012 to provide UTAS medical students with something to read on political, social and economic issues related to health and the medical workforce. I feel that interest in these areas should be fostered in medical school. It was also intended to provide a new channel of communication between TUMSS and the student body. Thank you to those who have contributed to *The Medic* over this time, in particular Duncan Sweeney, Sanjay Dutta, Reuben Sum, Tom Papworth and Seth van Heyster. I look forward to handing over to the 2014 TUMSS Publications Officer, and wish them the best of luck in continuing to develop *The Medic* to reach a higher quality and a wider audience.

Huw Jarvis

Anna Elliston (Med II) will be performing in Hobart this weekend (October 11 & 12) with her band The Mornings

TASIN Surgical Poetry Competition

The Tasmanian Anatomy & Surgery Interest Network (TASIN) Surgical Poetry Competition is sponsored by Dr. Mary Self. The 2013 winner was Duncan Sweeney with "Not Good E-NOF..." and the runner up was Angie Gates with "Paediatric Inguinal Hernia Repair".

Not Good E-NOF...

A curious man had a terrible trip,
The surgeon did say we'll replace your hip,
From a crunch he had heard at the top of his leg,
The doctor now wants to pin and to peg,
A terrible thing for one man to suffer,
Once so strong, but no longer tougher,
Frightening thoughts did whiz through his head,
As he lay there so still on his casualty bed.

Agree soon he did to his 'minor' operation,
It was simply described as a little excavation.
We dig and we prod and we poke just
a little,
Really no more than simply a fiddle,
Your leg shall be fine the surgeon declared,
And with that all said they ascended the stairs.

The surgeon she nipped, she sewed and she squeezed,
By the look on her face she was terribly pleased,
With the job she had done she is surely the best,
All full of courage and valour and zest.
Our surgeon popped in the very next day,
Calling in on our man simply to say,
What I did it went well, no type of hitch,
From the first cut right to the last stitch.
And with all that she turned to the door,
Neglecting the man was still very sore.

And stuck in that bed our man was for days
Life to him seemed no more than a daze,
Recumbent he lay, risking infection,
But no one monitored, not even inspection,
And after all of this strife with the so-called NOF,
The curious man developed a terrible cough,

The x-ray confirmed what the doctor did fear,
Pneumonia it told them, the worst of the year,
He fought and he fought but it soon went systemic,
These post-surgical complications are epidemic,
So watch your patients before such things occur,
Don't let other distractions make you defer.

Duncan Sweeney

Operation notes in verse: Paediatric inguinal hernia repair

Inguinal hernias you often will see,
Can make babies and parents distressed.
Caused by an embryonic PPV,
Repair before strangulation is best.

I think at this point it is worth revising,
That surgery is quite a big deal.
Before lifting the scalpel to begin incising,
"Time Out" some mistakes may reveal.

Lie the patient supine on the table,
With their legs in slight abduction.
Reduce the hernia if you are able,
Although you may meet with obstruction.

The skin above the inguinal crease is incised,
Revealing the fascia of Scarpa.
The superficial ring is then realised,
And the illio-inguinal nerve looked after.

A hole in the superficial ring is created,
Revealing the cord and hernia sac.
But before the hernia sac is ligated,
Move the vas deferens and vessels well back.

The proximal sac at the deep inguinal ring is placed,
Twisted on itself and suture-ligated.
Use 4/0 vicryl or silk as it's evidence based,
And catgut has become quite outdated.

Finally, open the distal sac,
And allow any fluid to drain.
Then using absorbable sutures,
Gently close in layers again.

Paediatric surgery is a noble endeavour,
That takes many years to master.
But I'm sure it's rewarding when the fix is forever,
And your skills can avert a disaster.

Angie Gates