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A mother's advice

about studying medicine

There's a saying that if you are not a socialist when you are 19 you have no heart, and if you are not a capitalist when you are 29 you have no head. The saying has a first cousin: "A liberal is a socialist with a mortgage and 2 kids."

Both axioms speak about the dulling of idealism that comes with age and the recognition that adult life is more disappointing than the soap commercials would have us believe.

When I was growing up in rural Ireland, the local physician had an almost godlike aura of authority. He was still a fellow to be avoided at all costs, of course, and most of our neighbours visited his office only out of dire necessity. Because my mother was a nurse, I was "in the know" and visits to the GP's office held far less terror for me.

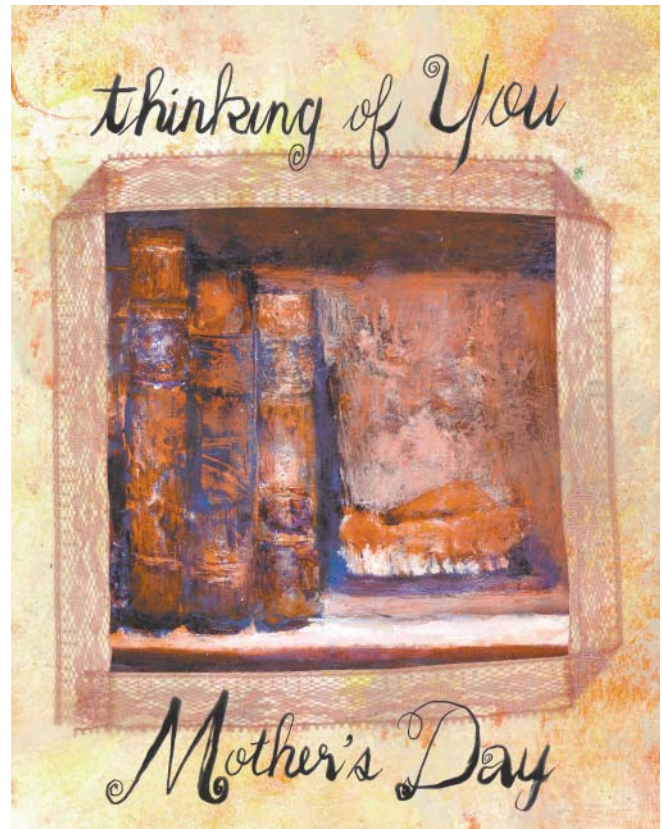
The physician of my childhood memory was an older gentleman who wore those half-glasses that were made to be looked over. His office always smelled of cigar smoke, and the wooden cabinets with glass doors contained bottles with labels that were indecipherable, even to a little know-it-all like me.

Despite living in damp unheated houses, I managed to remain healthy enough to keep away from the physician's office and hospitals for most of my childhood and adolescence. My mother had an "understanding" with the local pharmacist that ensured a steady supply of antibiotics for all bacterial and viral infections.

As part of the prefluoridation generation, however, I was a regular at the dentist's office from a very early age. Unlike the other kids in the village, who were collected in taxis to have their "gumboils" attended to at "gas sessions" in the public dental clinic, my mother took me to the dentist regularly.

She always accompanied me into the surgery and talked to the dentist while the work was being done. At times I felt that the dentist should have been paying more attention to my mouth than what was emanating from my mother's, but no harm was done and I developed a favourable impression of the dentist and an even more favourable impression of her assistant.

Most of my adolescent years were punctuated by visits to the orthodontist, who practised in one of those beautiful Georgian squares that define Dublin. He too wore half-glasses, had stylish wooden cabinets and a terribly



posh accent. There was one difference between him and my stereotypical medical man: he didn't smoke cigars.

Something vaguely medical

I quickly reckoned that this fellow had it made. For a session lasting 15 minutes my mother would write a cheque that caused my father to complain for weeks. This sort of earning power was very impressive for a child growing up in a class-conscious society where twopence looked down on a penny-halfpenny.

My visits to the orthodontist were a welcome diversion from life in a not very fancy rural boarding school. Here, career guidance was not a strong element of the curriculum, although the priests made a good effort to recruit us into their own ranks. If we showed no signs of following the true path we were left pretty well to our own devices. Career choice — signed, sealed and deliv-

ered by age 16 — hinged upon inheritance or myth. I had no farm to inherit, so stereotype and image were the deciding factors.

My mother's nursing textbooks from the 1950s — they had black-and-white line drawings of surgical instruments of the type now found in places like Upper Canada Village — and her stories of hospital life attracted me to a career that was vaguely "medical." In the end, it was the style of the orthodontist, and his earning capacity, that carried the day. I applied to dental school and was accepted.

During the first term of my second year in dental school I decided that I should switch to the medical program because medicine appeared to be much more interesting and intellectually stimulating. It also had a cachet that dentistry lacked. A meeting with the dean of the medical school put an end to my hopes. He looked at me over his half-glasses and with an air of gravity told me that I could not switch. End of story.

My mother then went into full swing to disabuse me of any notion of trying to change to the medical faculty at another university, where she had some contacts. I would have no private life as a physician, she said, and would have a low salary for many years. Not only that, I would have far less independence than I would enjoy as a dentist. Didn't I know it was bad to change courses in mid-stream? Do you think this was any consolation for a thwarted Marcus Welby wannabe?

The highlight of my subsequent career in dental school was when the professor of internal medicine told me, after a clinical examination, that I had shown a far greater knowledge than he had expected from a dental student.

The story, then, is that I stuck with dentistry, and even if I didn't become the type of practitioner my parents had envisaged, the profession has been very good to me. I tell anyone who will listen that I have managed to eke out an adequate living at the "talk end of dentistry" by teaching, editing and working in the public-health sector.

My physician friends

I have been privileged to have physician friends and to have worked with physicians in hospital settings and in public-health units. Having observed your profession so closely for many years, I read the results of the CMA's Physician Resource Questionnaire that were published in a recent edition of *CMAJ* with mixed emotions.¹

The writers said that you appear to be "stressed-out, fed-up and cranky" because you have to work too hard and have diminished family life because of your chosen profession. As I read the article, my mind flashed back to the evening when my mother pulled out all the stops in her attempt to dissuade me from making further efforts to get into medical school.

My mind turned also to a recent conversation I had with an experienced GP whose daughter had just graduated as a dentist. He compared our professions and said the real advantage of dentistry over medicine is that dentists can get the feeling of "accomplishing something, whereas many physicians can never really get that feeling."

"We can't cure people," he admitted with a tinge of sadness. His hopes for a fascinating medical career had dimmed with years of experience.

I suppose the same happens to countless others who work in health care and find the toll of caring for "an ungrateful public" too much after a few years. Perhaps the adage I opened with can be modified thus: "If you don't want to be a physician when you are 19, you have no heart, and if you don't want to become a dentist by the time you are 29, you have no head."

But hurry. All our dental schools are being amalgamated with medical schools, as dentistry ponders its own future. But that's another story.

Reference

1. Sullivan P, Buske L. Results from CMA's huge 1998 physician survey point to a dispirited profession. *CMAJ* 1998;159:525-8.

Dr. John O'Keefe, editor of the *Canadian Dental Association Journal*, spends so much time in the CMA cafeteria that he has been made an honorary physician.

