

Providing maximum support to medical students

I graduated from UBC's Faculty of Medicine in 1980, and just recently celebrated my 25th reunion. I had not seen most of my classmates since graduation, so conversation was engaging and laughter plentiful. As was the standard 25 years ago, the number of family physicians and specialists was split pretty evenly.

In my ponderings post the gala event I remembered the old adage that things always change, that nothing ever stays the same. But it seems to me that often change is not for the better. In life's big scheme, there are numerous reasons why things change; however, in the case of choices open to medical students and the options available to them, it seems to me that these days things have changed not to necessarily benefit the student, or ulti-

mately our patients, but simply because of expediency.

Career choice and the process of career decision making is a major issue in medical education today. When my class was going through medical school, we were able to spend a sufficient amount of time choosing our medical specialty. After all, this is where we would spend our professional lives so it was important to carefully review all our options and make an educated, well-considered choice. We had lots of clinical experience to draw from and mentors with whom to talk over our concerns, and we were free to choose the field that most interested us.

In speaking with my fellow classmates at the reunion, it became apparent that we are all quite content with

the avenues we chose those many years ago. Many of us did a rotating internship, or spent varying lengths of time in family practice before returning to a residency program, plus residency spots were freely available for re-entry. These were options open to us. All students were able to make informed decisions about which branch of medicine to enter.

I don't think that can be so easily said of today's medical school students. Things have changed. Today, other elements need to be taken into consideration.

These days medical students are required to make their specialty choice in their third year of medical school. Third year! How can one possibly make an educated decision of such importance when clinical exposure to all specialties has yet to be realized? It isn't until students start clinical work and can play an active role in patient care that it starts to become clear where their interests lie and what they are good at. By forcing students to make very early career decisions, their career satisfaction may ultimately be compromised. And once they have embarked on a particular course, it is almost impossible to change. Re-entry is an impossible dream for the vast majority.

This restriction came about in the mid-1980s to help with the Resident Matching Program in an effort to counteract the intense competition due to the supposedly high number of new medical school graduates. A few years later, governments decreased medical school enrolment across the board to allay the unfounded fear that Canada was heading toward an overabundance of physicians. Today students often feel the pressure to remain competitive in CaRMS and that in turn drives their elective choice, perhaps robbing

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them of opportunities to experience other fields. A good start would be to increase the number of residency programs, instead of continuing to limit medical students' choices based on outdated restrictions.

Another element to consider that was not as significant in my day was the amount of student loan debt upon graduation. It pales compared with the debt that today's medical students accumulate. When I addressed the incoming medical school class earlier this year, they told me that they anticipate graduating with debts of close to \$150 000. It's not surprising that the amount of debt amassed will influence their career decision.

Of course, other issues are also involved: a shortage of clinical faculty, a shortage of mentors (see the September *BCMJ*), and a shortage of residency spots. Well, there are lots of shortages in medical school training, (not to mention the health care system as a whole), and not enough space in this column to cover them all.

The current system is not functioning as well as it could to provide maximum support to medical students as they determine their career path. It is my hope that adjustments will be made. Students of today are physicians of tomorrow, and the only way to

ensure a strong and healthy physician workforce in the future is to give each student a strong education today and provide them with appropriate choices.

* * *

May I take this opportunity to wish each of my colleagues a happy, healthy

holiday season. It's a good time to remind ourselves of our reasons for choosing medicine, and to start the new year with a renewed vigor to make our chosen profession, once again, an enjoyable way to spend our professional lives.

—Michael Golbey, MD
BCMA President

Helping Yourself or a Colleague

Confidential, and if you choose, anonymous advice and support are available.

Physicians are feeling the strain in a changing health care world. We are not invincible and we need to take care of ourselves. Self care does not mean diagnosing and treating ourselves or our families. In an ideal world, all BC physicians would have and regularly consult with their own family physician. Unfortunately, this is not always the case and one of the main obstacles seems to be concerns about privacy.

The Physician Health Program of British Columbia is a confidential resource for physicians, medical students, residents

and their families. Common concerns dealt with by the program include, but are not limited to: personal and family emotional health issues, the inappropriate use of alcohol and/or drugs or coping with physical illness etc. The PHP is staffed by physicians who are keenly aware of the sensitive nature of these matters and who respect the privacy of those who contact the program. If you choose, you can call the program anonymously.

We should not be afraid to reach out for assistance if we need it. In addition, we have a responsibility to colleagues who might be experiencing difficulty. If you have concerns about yourself or someone close to you please don't hesitate...



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