Viewpoint

Options: Academic and/or Otherwise

The last decade has been truly a decade of dramatic change in our lives. It has been a decade of so called liberalisation which has brought to fore the awareness and within reach the materialiastic needs of our daily lives, needed for a good and comfortable living, with explosion in housing, transport, home comforts and numerous options on audio-visual amusements. It has made personal professional lives easy albeit at a cost, with advanced office automatation, personal computers, access to internet, Fax, E mail and so forth.

Concurrent with the social and life style changes are also the rapid and at times unbeleivable developments in medical sciences in almost all the disciplines. A few years ago, it was only a few chosen specialities but today almost every discipline in medicine offers a challenge and option which not only fulfills our desire to practice the art of medicine which we have learnt, but a choice between difficult and at times frustrating professional life to hi tech, hi flying, high earning life styles to meet the materialiastic needs. The first option is to opt and work in government and/or non-government central and state academic institutions and hospitals and the second is to work in a non-government, private or self employed profession like private practice and be on your own or else go overseas. The dilemma arises as one knows it is hard and very difficult to combine the two, that is, the acadamic life with professional ethical practice in the classical mould and a comfortable materialistic life style with quality academic oriented patient service. Whatever be the choice, it still takes an enormous effort and determination to make a success of either.

It, therefore, raises the question as to what are the options specially for our ever growing youngsters who are the best available human resource of the country when they enter the medical college (it is an established fact that the best and only chosen few find admission), qualify for the graduate and post-graduate degrees and then are on a threshold to enter their professional life. For some the threshold comes a little later after a few years of senior residency and still others a few years as consultant and some like myself at the zenith of their professional life but to all at the superannuation age. The options for the choice are, therefore, a constant dilemma and are debated, analyzed and then acted. But irrespective of the inherent dilemma, the choice has to be made sometime and so how does one do it?

Irrespective of the time, the age and the period, the single most important factor obvious or invisible, addressed or unaddressed, answered or unanswered is your innermost thought or desire of what you want or want to be. To attain or find what you want, what one needs is the know-how, and the capability. And to achieve the need is motivation, commitment and perseverance.

A young M.D. Pediatrics Post-Graduate of today, happy at having achieved his first of the life goals is full of enthusiasm, rearing to go and act but is often at a loss to decide the direction. He has perhaps heard some names, some sub-specialities, some institutions but in a true sense is still un-

aware of his options or his own potential and aptitude. Several options are open. The first is to find a placement with a leading academic institution or hospital where the work experience is recognized for teaching as Lecturer/Assistant Professor or consider a non-teaching government or non-government job as a consultant or else join a leading well known non-government institution which offers options to be on your own. Another option is to go abroad for further specialisation or other persuits.

Ideally it is best to opt and seek opportunity with a teaching hospital of your choice if you have been able to formulate some future plans. Even otherwise, a work experience in a large department with divisions or units of sub specialities like neonatology, nephrology, cardiology, neurology and so forth through which residents rotate is invaluable- Some hospitals/institutions do practice rotation during junior residency but at this time a resident is hardly in a state of development where he can judge his/her choice. A three year period of senior residency is sufficient exposure to determine the choice but there is a catch. The decision should be made by midway of the 2nd year of senior residency or latest at the end of it. This is because it will take at least a year to find the next placement of your choice. It may involve yet another examination for D.M. or tests for foreign graduates as imposed by some countries. Whether in India or abroad, it takes a year or more to find a suitable placement and hence the need to begin the process in the second year of senior residency. To begin this process, how does one initiate it - just on an impulse, a whim or methodically. In today's competitive world it has to be methodically. You will have to ponder on immediate and future prospects. The term prospect will need further analysis and introspection, *i.e.,* prospects in terms of job opportunities with the job - whether clinical, teaching or research or a combination of all. Prospects would also mean financial considerations and earning opportunities. But in either option you will have to compromise- in one on financial aspect, in the other on the challenge of dealing with a professionally stereotyped unsatisfying situation. But whatever the option you make, there is tremendous struggle in both and one has to be mentally prepared for a most difficult and trying time. It is at this time that one needs a lot of support- of friends, teachers and families. But the silver lining is that those who decide to struggle do ultimately succeed and there are not one but many successful examples you may find amongst your near ones or contemporaries or senior professional colleagues. The bottom line here is perseverance.

Even today in my opinion, both options offer tremendous opportunities and challenge. The acadamic career in a teaching institution or subspecialisatipn offers the thrills of dealing with a difficult situation, hard work in terms of learning and practicing, be it clinical medicine, teaching medical under-graduates, post-graduates or paramedicals and persuing research which involves identifying a priority area, seeking funds or research grants, and collaboration with other disciplines. In this situation, it is also of extreme importance to find a sympathetic and understanding boss or head.

In the alternate option of joining the main stream central or state services, the initial options are limited and often suffocating. This is because the job by its very nature has been defined or created to serve a limited purpose. The environs of such a job are often depressing- limited investigative support, apalling nurse patient ratio, and not much to offer in terms of medical interventions except some drugs and intravenous fluids. It is true that this scenario is unlikely to change especially since the deci-

sion maker is usually a general duty officer with hardly any awareness on the neglect or need of the child. But, of late there is a distinct change, specially noticeable in certain states and sooner or later this change has to become universal. The change is occurring because of the realisation of the need to do something to decrease the childhood morbidity and mortality (international or donor country pressure, political need or national programmes) but more importantly also due to an awareness amongst pediatricians who are demanding an affordable appropriate technology for patient care. The prime example of the later are phototherapy unit, oxygen hoods, ambu bags and warmers in many neonatal units.

It is in this context, and also I firmly believe in an old saying "where there is a will there is a way", one can do constructive, satisfying and rewarding work in postings at the community level. It is not difficult (even with overwhelming numbers) to keep the ward or patient area clean, it is not difficult or beyond means to make available with government or patient resources appropriate low cost care and intervention and it is not hard to inform, educate or communicate with the community on its need and welfare. It is often the defeatist attitude, indifference and "sub chalata hai" (translated "all goes") which leads to a depressing frustrating scenario. Once again it is your own perception, commitment and perseverence which will make the difference. What is most important for the success is to perhaps perceive or determine the community need and not impose the political, administrative or your own perceptions on the community.

The preceding options are the most practiced and until recently in-vogue options. But, now yet another option, that is of self 'employment or private practice is emerging as the latest and in demand alternative. For a person like myself who has been a part of a change of separation of pediatrics from medicine, from few institutions offering post-graduate education in pediatrics to its universalization, from the general pediatric practice to social pediatrics, neonatology and ever growing sub-specialities in pediatrics the hurry of today's youngster to enter private practice at the threshold of their professional career has been startling and at times frightening. It is not difficult to understand the urge to settle to a life which essentially provides the minimal needs for a family life. The minimal needs must be provided and fulfilled and that is a commitment to self and family but the hurry in which it is sought to be provided needs thinking. This thinking is not needed because it may fail to provide the need but the long term harm it may cause to your chosen profession and commitment to patients. It may infringe on the "hippocratic oath". Let me elaborate on the problem of hurry. In a typical scene, a relatively inexperienced or fresh M.D. (Postgraduate) who has been growing with the exploding world of consumerism of comforts also desires or feels the need of the same as many of his school mates are already executives/administrators with perks. There is nothing wrong in it. It is basic human nature, but unfortunately for us who choose this "noble" profession, studies/training takes many years of our prime youthful time and therefore, life begins several years later than our fortunate school mates. To compete with them, the option of practice is overwhelming as it is most likely to provide many of the perks which our friends enjoy. But then the friend does not pay a cost for it but for us it may simply be "at what cost". The cost essentially is inexperience or the lack of experience to practice rational medicine. The inexperience may mean delayed, unwanted or harmful interventions. The inexperience

may mean liaison with like minded fellow professionals whose ideals may not necessary be quality appropriate patient care. The inexperience may mean exploitation and that is a very high price to pay as this initial inexperience will last your entire professional life of at least three decades or more. Hence there is a necessity of gaining experience. Two or three years after post-graduation in acquiring this experience is a very small price for a life long disadvantage.

Private practice is both challenging and satisfying. I can say this because I have practiced and lived in both worlds of our professional life the academic and the so called non-academic private practice. I have written adequately in favor of academic and/or community based options, and I want to write the concluding paragraphs on how challenging and satisfying private practice could be after an initial effort to organize and train yourself for the same. It is important to identify the hospital, the department and the person with whom you wish to train and work. I can assure you in today's times, job opportunities in good well reputed and well known private hospitals go abegging and are always available. It is just a question of a little wait and you can opt to work with the person and place of your choice. This option was not available even a few years ago but is now a reality. Training in private hospitals prepares you to directly become accountable to patients and the hospitals. Accountability is something which should have been the rule and not the exception, but unfortunately in most of the institutions, it still remains an exception. The direct contact (which is what makes a successful practitioner) with the patient really ensures your patient-doctor relationship, communication which teaches you to deal with both pleasant and unpleasant situations and also the forgotten art of bed side manners in dealing with patients. It teaches you the need to act urgently and immediately in a crisis situation. It teaches you to approach the patient professionally rather than with the limitation of resources. You can order and obtain immediate and prompt laboratory support and institute appropriate treatment. This is a very big and basic difference between medical care in private and government health delivery system. You can be a good, active and alert pediatrician. But the availability of resources at finger tips often means asking for unnecessary and unwanted laboratory and other para-clinical support. This is where your training in a good department will help and strengthen your own thinking and clinical skills. It will also caution you from abusing the system:

A well trained and experienced pediatrician who wishes to be on his own irrespective of the time period has to undergo yet another dilemma and difficulty in choosing attachment as a visiting or regular consultant in a private hospital. It is here that one finds the biggest and toughest bottle neck and limited options. Pediatrics and its sub-specialties still remain a low priority. Hence there are not many Departments of Pediatrics or its subspecialties in private hospitals. Limited pediatric care is usually available in almost all private nursing homes. Because of the lack of understanding, inexperience and advocacy, these pediatric patient facilities are often very limited. One has to work at an individual level and create one's own environment. But, with a perspective and determination this should be possible. At least this has been my experience without exception in the private or governmental set up. My experience on interaction with administrators at different levels has always been their lack of awareness and a rational demand by the professionals on appropriate care.

Finally, the question of the more experienced ones who wish to enter private practice and be on their own. I have been often asked about facilities for patient care, teaching and research in private practice. In brief, the facilities to deliver appropriate care are now ever increasing and becoming readily available. The private sector abounds in investigative and diagnostic facilities but still lacks on pediatric sub-specialities. The research facilities are limited or rather hardly available as the cost of the man, material and physical space is prohibitive. But there are ample opportunities for education. The D.N.B. has opened the field for post-graduate teaching and opportunities to do continuing medical education, both inservice and outreach are enormous. The number of continuing medical education programmes across the country is an indicator of the availability of funds and opportunities. What determines the choice is one's own initiative, commitment, perseverence and patience and I can from experience say that "there is always room at the top".

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