

Residents' page

Lilia Malkin, MD

February, the infamous month with too few days, has arrived. Why infamous? Truly, usually I am a fan of February, enjoying it perversely both for its winter charms and the comforting knowledge that it is the last month to bring those charms.

For many Canadian medical students, however, February is a month of accelerated soul-searching and of gut-wrenching, life-altering decision making, as it brings the CaRMS rank order list deadline. Some of you made the decision in relative comfort, be it with certainty of purpose in your career and desired place of residency, or mercifully limited by personal obligations. Many will envy you. Some of you agonized over four specialties and 24 programs; I hope everything worked out for the best and you are happy wherever you are. I fall in the latter category (and fortunately am happy with the magic of the CaRMS fairy), so I still feel twinges of sympathy when discussing specialty choice and the CaRMS process with friends, acquaintances, and strangers in hospital corridors who will be making the 2003 choices.

Current medical students and recent graduates alike lament the short time available for decision making. Many lack exposure to various specialties early enough in their medical training to make truly

informed choices. Although some have wanted to be pediatric cardiologists since the time of applying to medical school, they are few. The rest of us spend the 4 years of medical school waiting to hear that "click," to feel the joy that comes with finally figuring out what field of medicine will make us happy. Yet that feeling does not grow and develop in a vacuum. We are exposed to staff role models, meet a variety of patients, and finally, determine our own wants and needs. Most of us arrive at CaRMS interviews fully prepared to convince the program directors (and ourselves) that here sits a determined future orthopedic surgeon, psychiatrist, rheumatologist, or family physician.

What happens, then, when the decision made through the residency match proves to be incorrect? When soul-searching continues well past February? This month, Zachary Levine shares a thought-provoking article about the factors influencing residency choice and choosing family medicine as a career. ♦

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Coming home to family (medicine)

Zachary Levine, MD

What factors influence medical students in choosing whether to become family physicians or specialists in other fields? The question is timely, given that it is CaRMS interview season, that there are far too few family doctors, and that there was recent discussion of the matter at Family Medicine Forum in Montreal, Que.

The answer, of course, varies markedly depending on the person. Some know from a very early age that they love or are gifted in one particular field of medicine. Many of us, however, spend hours and days pondering the many aspects of what

constitutes a fulfilling career, and then make a decision based on which field we feel is most congruent with our values, our loves, our souls. Still, after all of this, there are some who make one or two serious and seemingly definitive choices before feeling certain that they have found a perfect fit, a vocational "home."

Several factors can influence students to choose specialties other than family medicine. One, unfortunately but undoubtedly, is perceived status. Medical schools are typically within academic centres. Academic centres are places where specialization and

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research are often prized over breadth of clinical knowledge, a great strength of family physicians.

Another factor involved in the decision is a sense of inner comfort: it is reassuring to believe, correctly or not, that within the astounding amount of medical knowledge available and research being generated, one could totally master at least one area, for example the little toe, completely. The sacrifice is, of course, that no illness occurs in a vacuum. Even the little toe has neighbours, and belongs to a foot, a leg, and a body and mind that might really have wanted to run the marathon to honour a deceased loved one. Some practitioners are more comfortable truly mastering one organ or system. For those who are ultimately best suited to family medicine, however, this concentration would sacrifice the wonder of appreciating a person as a whole, feelings and all, in the midst of a life cycle, and as a member of a family and a society.

A wise professor once taught my medical school class that there really is no bad field in medicine, just the occasional bad fit. Thus, once a specialty is chosen or mandated, one can often appreciate the wonders of that field and have a fulfilling career within it.

Despite this reassurance, certain trainees find themselves in specialty programs about which they have lingering doubts. Some of these residents ultimately realize that family medicine is where they belong. These are people, like me, who loved almost every rotation in medical school, and received encouragement from faculty to pursue specialty training in each as a "good fit." These people enjoy both the pathological and the psychological aspects of diabetes; they see a myocardial infarction and are fascinated by both the diet and family history of the

patient and the catheterization laboratory procedure that is upcoming; they are touched as much by the cry of a newborn as by the ability to keep an elderly patient in palliative care both lucid and pain-free.

In my case, I worked in two residency specialties before choosing family medicine. I was not a diletante, not flighty, and not entirely unfulfilled. But I also knew that I was not yet "at home" in my specialty, in a perfect fit. Twelve months ago I finally transferred into family medicine and, for the first time in my residency career, I have not looked back.

Family medicine is not for everyone. But for some it is the realization of all that medicine has to offer. In the past few months I have delivered a baby on the same day as treating an old man's aspiration pneumonia; assisted in a laparoscopic cholecystectomy on the same day as correcting someone's electrolyte levels; diagnosed hyperthyroidism in a young woman presenting to an emergency department with palpitations, and arranged for that same young woman to get some help in caring for her two young children, both medically and socially at risk.

Some medical students are blessed with clarity of purpose early in their careers. Others struggle to make the right decision for their professional futures. All of us in medicine are fortunate enough to be able to do something that helps others and fascinates and fulfills us every day. For some the search for a fit takes longer than for others, but the journey can be as great as the destination, and both can feel like home. ♦

Dr Levine is now in his second year of postgraduate family medicine training at McGill University in Montreal, Que.