LIFELINE

Oliver Sacks


Elena Seibert

After qualifying as a doctor in 1958, Oliver Sacks went to the USA where he trained as a neurologist. He is currently the Clinical Professor of Neurology at the Albert Einstein College of Medicine. He is the author of several technical papers and seven books including The man who mistook his wife for a hat *and* Awakenings.

Which research event has had most effect on your work? The "awakenings" of my post-encephalitic patients, in 1969.

What would be your advice to a newly qualified doctor? Listen—listen minutely, to every patient; refrain from hasty judgments; see every patient as unique; see their condition from their perspective.

What complementary/alternative therapies have you tried? Did they work? Music therapy—which has amazing power in many neurological conditions, allowing otherwise disabled parkinsonian patients to walk and talk and demented patients to achieve a brief orientation and clarity.

What is your greatest regret? That I did not acquire more mathematical facility.

Do you apply subjective moral judgments in your work? I hope I work with moral delicacy, but try to avoid moral judgments.

Describe your ethical outlook. I think we are a wayward and dangerous (as well as sublime) species, and that the only hope for (physical and psychic) survival comes partly from civilisation and culture and partly from self-examination and awareness. I am doubtful of the power of politics, law, government, or religion to improve human behaviour or nature.

Have you ever broken one of the ten commandments? Oh dear—lots of them.

Where were you in your sibling order, and what did you gain or lose as a result? The youngest of four brothers—so much the youngest, in effect, that I often felt like an only child. This may have given me, for better or worse, a sense both of solitariness and autonomy.

Jabs & Jibes

Research into research

Most of us in hospital jobs want to be a consultant. Many people would be satisfied with a District-General-hospital post, with a nice mixture of general medicine, the comfortable on-call rota, specialty outpatient clinics, and possibly the icing on the cake, a little private hospital in the area to finance all those nice little extras one needs from time to time (eg, the holiday, the car, the kids school fees).

What about those who want to pursue a life of serious academia? It would seem sensible that to live a life of research, one must have some sort of track record in order to be appointed to a post in which research will play a large part. Thanks to Kenneth Calman (former Chief Medical Officer for England and Wales), all of us have to rotate through centres of excellence for at least part of our time on the scheme and so be exposed to research in those departments. But, unlike the preCalman days, trainees are forced to move on after a year, and so may not have the time (or inclination) to set up and run a project. I lived out in District-General-hospital land for many years before being exposed to this world and although not discouraged whilst I was there, I was certainly not actively encouraged to do any form of research. I was fulfilling my service commitment, learning on the job, and that was it. When suddenly exposed to this plethora of papers, meetings, lectures, and professors I suddenly realised that this was the kind of life I'd like to live—not being tied to the local BUPA. Suddenly I was too young, too thick—and certainly too inexperienced—to be a consultant. Research beckoned.

I felt that I had it in me to do some research. To be able to focus on the minutiae of a specific subject that interested me for 2 or 3 years was in my grasp. This, of course is not enough. How do you pick your research topic? Where should it be done? The need to write a good proposal and do all the research involved is almost overwhelming. Who can tell you where to apply or how to write that proposal and what to put down?

Funding seems to be such a hit and miss thing. There are different levels of funding and there is definitely a hierarchy of prestige—there are those grants that are given to the individual for a specific proposal and those funds which are given to the head of a unit to appoint any person that they see fit to do the job. The latter definitely seems to be looked down upon by the holders of the former. At the end of the day does it make a difference to how one is perceived? The letters at the end of the name are the same regardless of how they are come by.

Maybe the research is for the CV and the desire to get a good job and not for altruistic benefit of mankind, nor the commitment for self betterment. There is, of course that difficult question—does having research experience make us better doctors?

There may be a sacrifice being made for that more structured training that Calman has imposed—a consultant who may not have any research behind them, or worse, one who may not be able to critically appraise data because they lack the skills to do so. If this becomes the case then when the current trainees themselves sit on the consultant appointment committees, there may be gaps in the system. For this reason alone, maybe research grants should be made more readily available. Get rid of the stigma and all grants should be prestigious and well thought of.

Ketan Dhatariya