

What Will Doctors Be Doing By 2050?

by
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In 2050 doctors will:

- have longer working lives because of ageing population demographics
- have to be multi-lingual because they will work in several different countries
- work in new specialities like cloned organ transplant surgery or innovative remote diagnosis and treatment units
- train longer and continuously in ethics and medical law because of advances in medical science
- if especially successful, have their work perpetuated!

Here I am, sitting in the lecture theatre, among some 30 eager young people. It's not that often you see so many young faces all in one place nowadays. They are this year's unusually large intake of medicine freshers, but they're all too excited to notice me. As, the Principal – Professor Deja – arrives they fall silent.

“Welcome, students,” he says taking his place at the podium. Not exactly a memorable opener, but it's enough to make the bright-eyed students around me lean forward keenly, many of them squashing their plastic cups of orange juice in the process. “Or more accurately, welcome to the doctors of tomorrow!

“You have already earned my respect by choosing to study medicine – training to be a doctor in 2050 is a more challenging task than it has ever been.”

This guy knows how to get a reaction. The first years around me are bedazzled. One next to me flutters wordlessly - quietly ecstatic at the prospect of his future. I roll my eyes and turn to look out of the window.

Deja continues: “As we all know, society is increasingly dependent on you – our young people. The average lifespan in this country is ever increasing. Two thirds

of the patients you will encounter will be elderly, and, indeed, many of you will ultimately end up specialising in the care of the elderly.

“And while it is several years before you will choose your specialisation, other areas where there is demand for more doctors include the growing field of cloned organ surgery. Also, the escalation of cancer cases that have arisen from past over-reliance on technology like mobile phone microwaves and X-Rays, environmental chemicals and food additives and modification means that oncology and immunology continue to be areas that need new doctors. And, of course, although we have slowed down the sexually transmitted infections epidemic of the last 60 years there is still a need for specialists in this area and in the area of fertility treatment.”

He stops for a second, surveying his audience triumphantly, as if it was him personally who slowed down the spread of STIs. Surprisingly, he’s still got them sitting on the edge of their seats.

“Whatever field you end up in you can fully expect to be working long and hard. Of course the effects of the ‘health revolution’ of the 2030s are slowly starting to show positive effects in the population, making our job easier. Obesity and diabetes numbers are falling, people are generally more healthy, and – to put it bluntly – more young people are now surviving.”

‘The health revolution’ he says - ha! That’s one way of describing it! Most of these kids are about ten years too young to remember a time when every person’s sugar intake and cholesterol level wasn’t monitored weekly. In fact, it must seem natural to such youngsters that there is a gym in every workplace, but it nearly finished me off when I found out I had to do an hour in the weight room after every shift.

“However, the ratio of those working to those too elderly to work, as we know, is still unbalanced,” Deja continues, “which means the retirement age is going to remain at its elevated level of 75 years, and, unfortunately that includes doctors too. So those of you who live long enough are facing 57 years of practicing medicine.”

Groans come from the students now. I don’t blame them. If they all specialise in geriatrics, they’ll be treating themselves before they retire.

“This medical school was one of the first to include the concept of ‘assisted remote diagnosis and treatment’ in its teaching syllabus. You will no doubt soon experience this technology, when you are being instructed in the treatment of patients by a consultant who is not physically present. She or he will be supervising the care of patients in the wards and clinics in different hospitals from remote units – these units are designed specifically to accommodate our more senior and experienced doctors.

“Another central element of your medical training will be the study of ethics and medical law. Believe it or not 50 years’ ago – although ethics was taught in medical schools – it was not deemed necessary to spend an entire year concentrating exclusively on this vital area. Advances in treatment involving genetic engineering, stem cell therapy and nano technology that would have been considered progressive fifteen or even ten years ago, together with the implications of complex laws relating to ‘living wills’, to say nothing of the seemingly ever increasing litigious environment we are now living in mean that this extra training is crucial for both our patients and ourselves.” Deja finally stops to draw a breath before going on to explain.

“For instance, sophisticated prosthetics are now being offered to patients – prosthetics which mimic, in every way, the behaviour of a biological body part, but are essentially a machine. Also, organs are cloned, for those requiring transplants, from the patient’s DNA.”

I look back to see the auditorium full of faces looking up blankly, as if waiting for Professor Deja to mention something which raised said ethical problems. The new Principal would do well to remember that young people these days have been pretty desensitised by reality TV shows like *Design Your Own Baby* and *Animals: Extinct or Not – You Decide*.

“Obviously, not all patients are going to approve of these types of treatment, and you each need to know how to deal with such cases, how to explain the benefits of these forms of care without upsetting your patient’s particular political or religious sensibilities.”

Or getting sued, he omits to mention. That’s where the medical law comes in.

“Such training is the reason for the extended medical degree: seven years is a long time, and, again, I respect all of you for choosing to go through this process, and being successful so far. But it doesn’t even end there, I’m afraid. We are going to get very used to seeing each other, as, even after graduation you are required by law to return to medical school for at least twelve weeks a year. This, you understand, is to allow us to contend with the rapid changes in the law concerning issues like reproductive cloning and gene therapy and the constant advances in medical science.”

I nod off for a moment and then awake with a start, hoping I haven’t missed anything important. Then I remember where I am. Of course I haven’t missed anything important: *that man* is still talking. Anyone would think he was trying to discourage these kids from studying medicine, which I don’t exactly understand with the competition for young people in other professions being so high. Fortunately, the new students don’t seem the slightest bit put off, and the fact they’ve just been told that they’re in for a life of intensely hard work just seems to excite them further. Masochists.

Still, when Deja looks directly at me, for the first time, as if looking for my approval, and I stare back blankly, he must – somehow - sense my lack of enthusiasm, because he swiftly changes the subject. “I have talked about the problems you will be called upon to overcome, but let’s not forget the benefits of being a doctor like salary and receiving free medical care that others have to pay for.

“Or you, young medics, may have chosen this profession because it is one that offers the most freedom to travel to other countries and be submerged in different cultures. This is why you have been selected, not just for your aptitude for science and capacity to care for others, but also for your skills with languages. Because national borders are no longer clearly defined, doctors must go wherever their work is needed. You will find this especially if your area of medicine is not one which is in high demand here, but may be in another country, or if there is an even greater shortage of medical professionals in that country than there is here. In one week, a surgeon may be working in theatres in Beijing, Munich and Nairobi. In addition to your medical training, you must keep up your fluency in your languages, by attending classes in Mandarin or Cantonese, and at least one of French, Spanish German or Italian – I hope that classes in learning to speak *English* won’t be necessary.”

He pauses for laughter but he waits in vain. I’m tempted to slow-hand-clap, though.

“But, um,” he continues awkwardly, “we will be testing that your English is at an acceptable standard, like the other languages.”

I gaze around me once more. I spot a girl in the corner who, I’m guessing has just realised she’s forgotten all her high school Cantonese, and looks like she is about to burst into tears. Never mind, I’m sure the Principal will start talking about what an awful job being a doctor is in a second, and that should cheer her up.

“Lastly, I’d like to remind you that as well as being a privilege, being a doctor is a heavy responsibility, now more than ever. But great responsibilities have great rewards. I’m sure you’ve heard all that’s been said about such rewards in the news. Originally, the Medic Continuation Plan was conceived as an antidote to the lack of available doctors,” he says, “but now the best doctors in their field, and the medical scientists whose research shows most potential, are cloned before they retire so that the world can continue to benefit from their expertise after their death.”

Yeh, yeh, that’s all well and good. But what if the doctor doesn’t want to be cloned, what if he wants to continue his work *himself*, what if he doesn’t want most of his useful neural cells implanted into a genetically engineered copy of himself? They’re forcing doctors and nurses to walk down wards, stethoscope in one hand, their zimmer frame in the other, but when a doctor, only just a little over the retirement age, wants to sit at a computer screen and finish his research – oh no – that’s preposterous!

“It may come as a surprise to some of you that I am continuing the work of my predecessor - as his clone.”

Don’t flatter yourself, son. They may say you’re my clone but you’re not a patch on the original. His eyes flicker towards me and he smiles. It has the same crook on the right corner of his mouth as mine, but it is definitely not my smile.

“I hope to do Professor Première proud, not only by continuing his work as Principal but by one day concluding his research into the health implications of cynicism.”

At last he leaves the podium and joins the students shuffling out of the lecture theatre. He doesn’t look so much older than them. It’s true he is younger and sprightlier than me, and, maybe even more capable than I am now. And, I suppose, he does look like I used to in my earlier years. Although, I was of course much better looking.