

# Why not write English?

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**W**E all spend a great deal of time reading. Some material we choose for pleasure, some we read because we feel we should, and some we read as a duty. It is a pity that so much has to fall into the latter category. Part of the fault lies with the reader but often it lies in the poverty of the writing.

It is my lot to mark essays. New-entry medical students, nice warm human beings, full of untarnished ideals, write interesting articles though light on fact. Although recently emerged from the effect of A level science, they still know how to construct a sentence and use a finite verb. This, with their enthusiasm, makes for enjoyable essays. A short time later, in their final year, they write essays again. Gone now, in the majority, is even a pretence at English. Axes are taken to infinitives, punctuation is simplified by exclusion, and spelling becomes a haphazard affair of phonetic guesswork. These essays are packed with fact, even to the point of polysyllabic obscurity. Later still in the young doctor's career, essays come by special delivery from biannual encounters with the MRCGP examination. If only these compositions were as first class as the sticker on the envelope announces! Allowance must be made for their having been written under duress, when stress doubtless affects syntax. Despite this a few are good, proving that at least some young doctors can marshal facts, organize them, and express them lucidly. What a pity they are so few!

The other end of the spectrum reveals abysmal standards. When I show samples of it to my wife, a modern language graduate, or to my daughter, an undergraduate in science, they comment: "I wouldn't go to him", or "Can you write like that *and* be a doctor?"

The inference is that we somehow 'unteach' our students in the medical school, that this process persists into vocational training, and that it is perpetuated throughout continuing education by the dullness of our journals. At a recent discussion about our own College, members cited the tedium of this *Journal* as being one of the reasons why two thirds of older doctors failed to join and why some successful examination candidates fail to pay their subscriptions. The *Journal*, having

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helped to establish the science of general practice, is now in danger of diluting care.

Perhaps criticism of lack of scholarship in written examination is unjust because, after all, we do not examine a candidate for the ability to express himself but for his ability to regurgitate that ocean of fact that we as undergraduate, or postgraduate, teachers have poured into him. One would feel more comfortable with such an argument were facts immutable—but how many 'facts' have we all seen demonstrated to be wrong?

The most important function of a doctor is to communicate. Our patients know this: they test it all the time, judging us not for our knowledge, which they cannot assess, but for our wisdom which they measure by their ability to relate to us. The teacher anxiously imparts knowledge; the consumer, equally anxiously, looks for wisdom and, we hear (Illich 1975; Bradshaw 1978), is increasingly disappointed.

The poverty of medical English is a symptom of insidious sickness in the profession. There is a slow, glacier-like movement away from art and constructive thought to the constricting mensuration of science; away from wisdom to the uncritical absorption of fact; and away from original expression to the ticking of multiple choice boxes. The concept of a doctor with all six senses working is threatened by a human or mechanical computer.

Pickering (1977) has warned us about producing technologists instead of an erstwhile learned profession and writes of the art of listening, that *sine qua non* of great physicians. Sadly, he adds that the art of listening is rapidly being lost in our medical schools where teachers can be seen to fill the learning pot rather than kindle the fire beneath it (Pickering, 1978).

That is why doctors do not write English. Why not learn?

## References

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