



Why study?

I have just waved my latest successful PhD student off home to Canada after his viva examination. I am always proud of doctoral success, but in this case my pride was enhanced by the fact that he is over 60 and a full-time clinician. We have known each other for 9 years: 3 while he completed a distance learning master's degree and another 6 while he worked, in his 'spare time', to build on his early ideas, formulate a research question, learn a set of empirical techniques, systematically study a focused topic, analyse his data, summarise his key findings and defend his conclusions.

Like many of my mature students, this clinician was self-funded. When he began his postgraduate studies, he was already in a senior position in his organisation. He did not need an additional line to his curriculum vitae, nor did he anticipate a financial dividend in the shape of better job prospects or an internal promotion. Furthermore, while he made an important contribution to the overall knowledge base, his findings will not have a direct or immediate effect on his own work practice or on patient outcomes.

Why, then, did he choose to study so intensively and for so long? You'd have to ask him. But if I reframe that question in a more generic way — why would I encourage you to think about doing the same? — I would make the unfashionable suggestion that there is great benefit in academic study for its own sake. Unlike the architects of the current UK higher education policy, I see advanced study as its own reward for the individual and as a public good. In other words, thinking deeply, reading closely, and learning to write in a precise and scholarly style are hugely fulfilling activities; and society as a whole benefits from citizens who are knowledgeable, reflexive, and able to construct an argument and make dispassionate judgements.

The great physician Galen famously said, *'There is no physician without philosophy'*. Until very recently, the scholarly physician was respected, whatever the precise nature of that scholarship. One felt more, not less, confident in one's doctor if one knew that he or she read Proust or had a first degree in physics. Such confidence, and the

physician-scholar to whom it is directed, are increasingly hard to find. Neo-liberal policies have begun to replace traditional notions of scholarship with an impoverished conceptualisation of the learner as 'rational economic man', seeking higher education merely as an instrumental means to essentially financial ends.

These policies are — intentionally — transforming students into customers. They are driving false divisions between teaching and research (because teaching is reframed as selling bytes of learning and research reframed as generating innovations that will go on to have 'impact') and between the study of valued STEM subjects (science, technology engineering and mathematics) and that of the arts and humanities (assumed to be lacking in economic impact and hence of limited value). At its logical conclusion, this modernist, rationalist world will be replete with skilled, efficient workers whose efforts will bring dividends to themselves and the wider economy with minimal distraction from subjects that merely advance the mind.

I have a pretty obvious conflict of interest here: I run a Masters course and I get performance managed on how many (completing) PhD students I have. So perhaps you should not listen to me when I say that your hard-earned salary could be well spent funding a long, slow, laborious and by no means linear road to a higher degree. Indeed, if you have read this far and are a practising GP, you might want to explore this possible funding source that could buy you out of clinical work while you develop your ideas.¹

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REFERENCE

1. Trainees Coordinating Centre. NIHR In-Practice Fellowships. <http://www.nihrtcc.nhs.uk/intetacatrain/inpracfellows> (accessed 1 Oct 2013).