FUTURE MEDICAL OFFICERS FOR THE ARMY

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INTRODUCTORY

The purpose of this paper is to set out why recently qualified medical practitioners, with little or no Service experience, will not consider the Army as a career, and why those with wartime or almost completed "National Service" experience in the Army will not consider the possibility of taking short service commissions with a view eventually to permanent regular commissions. Having found and set out what are, or may be, the stronger counter-attractions of a civilian medical career, or the adverse or discouraging circumstances of life in the Army, it is hoped that it may be possible to make some useful suggestions as to how the factors working against the appointment of medical officers in the Regular Army may be overcome. Further, it may be possible to bring out why it is that so many men who have set out to make careers in the Army now want to resign their commissions or resign prematurely, even at what would appear to be considerable financial sacrifice.

It should be noted that this paper was originally compiled and completed a year before the International Situation made it necessary for the Government to announce increases in pay for officers (excluding medical officers of the R.A.M.C.) with effect from September 1, 1950, and it has been revised in the period subsequent to September 1, 1950 and before the publication of new rates of pay for medical officers. It may be that the new rates of pay will be sufficiently attractive to start a reasonable flow of applicants for commissions in the Corps; on the other hand time may prove that the increases are insufficient or that factors other than financial will require attention in order to attract suitable doctors into the Army.

The rapidly diminishing number of Regular medical officers of the R.A.M.C., and the small number of wholly suitable candidates for regular commissions (permanent or short service) to replace them, make it that in a very short

1Extracts from a note by the Director-General A.M.S.:

I have read your paper with great interest and I congratulate you on the thought you must have devoted to it.

I would suggest that you should forward it to the Editor of the Corps Journal for publication because I would like all officers to see the views of an independent observer who can see things from a different angle from the Regular Officer.
time the Medical Services of the Army will be comprised largely of senior officers, many of whom may have to be retained in full-time employment beyond the dates at which they could or should retire. This will be a serious state of affairs for the Army as a whole; there will be no young men gaining the necessary experience for ultimate command and administration; as time goes on there will be few senior officers left, and there will be few replacements, so that the R.A.M.C. will consist of young short-service commissioned officers, and regular and short-service commissioned non-medical officers. Eventually the Army Medical Services might lose much of their old power and importance, probably most of their independence and freedom, and may come more and more under the control and orders of the laity through lack of experienced medical officers. It may be that in due course more and more administrative powers and powers of command of medical units will fall into the hands of non-medical officers, so that medical officers will be but servants. There will be a speedy retrogression to the pre-1898 days, and the ground fought for and won by our forefathers of fifty-odd years ago will be lost. The position now, and the outlook for the future, seem to be so serious that drastic steps may have to be taken to attract young medical practitioners into the R.A.M.C. as a career.

This paper will be divided into five parts:

Part I. The factors which influence young medical practitioners against the Army as a career.

Part II. Some suggestions to counter these factors.

Part III. On propaganda, inducements, etc.

Part IV. An Army Medical School.

Part V. Integration of the Medical Services.

Part I.—The Factors to be Considered

The factors which influence young medical practitioners against the Army as a career may be considered under several headings:

1. Financial.
2. Social and domestic.
3. Lack of spirit of adventure and other such qualities.
4. Education of the family.
5. Discipline and responsibility.
6. Professional.
7. Military stations and training.

1. Financial.—Financial considerations are much to the fore when a man has to decide between a civilian and a military career. Some hold that pay and quarters are the keys to the situation, and that if a young doctor can see that his pay and allowances, together with retired pay, can be brought into line with what he would expect to be able to get in civilian practice, and if he could be assured of a quarter for his family, then the serious shortage of doctors for the Army would be overcome.

It is agreed that pay, allowances and quarters are important considerations,
and the improvement in them will go a long way towards encouraging men to join the Army; but improvements in these alone will not result in improved recruitment. Times have changed; the average doctor, when considering between Army and civilian life, must be sure that, if he enters the Army as a career, his net financial reward will not be less than he would get in civilian life. At present he feels that civilian practice will, in the long run, pay him better because he can earn his full pay for a longer period, his cost of living can be regulated much more, his general non-professional expenses are or can be less, and he can maintain professional (medical) efficiency to a greater degree. In addition, he now looks for greater financial compensation to more adequately cover the cost of frequent moves, the maintenance sometimes of two domestic establishments, increased cost of providing suitable education for his children; high cost of living in many overseas stations, liability for British rates of Income Tax in overseas stations where high cost of living may be related to low local rates of taxation; separation from family and in some cases from the normal amenities and comforts of home life. He looks for more financial consideration for being stationed in climates which are arduous, disagreeable or unhealthy. He is not unmindful of the fact that he may have valuable stores and equipment placed in his charge, and that carelessness and/or dishonesty on the part of others working under him may result in financial penalties.

(2) Social and Domestic.—These are important factors; these days there is a great tendency for men to get married in their medical student days or soon after they qualify; so that a young doctor today is saddled, early in life, with family responsibilities, and he cannot contemplate a career in which, right at the outset, he may be separated from his wife for long or short periods, may go overseas, and may be subjected to frequent changes of accommodation. Quite apart from the expenses of moves, and the general uncertainty of obtaining houses or quarters, the young wife would not tolerate this sort of existence; and it is that young wife who has a great influence in persuading the young doctor one way or the other, she it is who may help him to decide against the Army as a career.

In very few cases today will a young man who has regard and affection for his family look upon changes of scene and climate (“Join the Army and See the World”) as adequate compensation for the “pushing around” which he and his family may have to undergo; this sort of “frustration” need not be met in civilian practice.

The young doctor, after he has accomplished a few “house-jobs,” knows that he can settle into practice and not be subjected to moves of house and home with all the attendant expenses and disturbances—any move he will make will be one of betterment, either of house or of employment, or both. Not so in the Army—there moves may be frequent, and certainly will be two or three times in each decade; they will be moves for better or for worse, for there may be no suitable house to go to at the new station and the husband may find himself saddled with keeping more than one place of abode, one for himself and one for his family (if he has to live in a Mess he has full Mess
subscriptions, rent for his single-officer's quarter, and other Mess expenses which would make his cost of living greater than if he could have his family with him. Moreover, many a doctor has to give shelter to aged parents or other relatives; this he cannot do in the Army with the constant threat of a move, particularly if the move is to overseas.

A move, overseas, if the family can accompany, involves expense—which a civilian doctor does not have to face—such as suitable clothing for himself and the family according to the climate, storing of furniture and belongings at home, leaving some members of the family behind on account of education or health considerations—and the additional allowances, etc., do not wholly cover the additional expenses.

(3) Lack of Spirit of Adventure.—This appears to be quite an important factor and common to many young men of today; the present-day young man will risk little or nothing, he looks for security and protection; he moves straight from the care of his mother to the attentions of a wife; he has been brought up in an atmosphere of "social security" so that his outlook is more self-centred, narrow and, to a certain extent, selfish, so that he almost abhors the thought of anything that will uproot him from security, ease and comfort. This lack of adventurous spirit is not the fault of the man, it is the result of the present-day trends of economics, education and enlightenment in this country; as enterprise is being throttled so the spirit of adventure is also passing away. It would seem also that the spirit of adventure and the desire to see other parts of the World diminish in direct ratio to the greater ease with which other parts can be reached.

(4) The Education of the Family.—The education of the family raises great difficulties—with constant threat or fear of changes of station the young officer frequently has to send his children to a Boarding School, or to arrange for the children to live with relatives or friends and to attend during school—any other course may result in great disturbance of the educational programme, with disastrous results in these days of competition for entry to the Universities, to professional bodies and so forth. All this means increased education costs to the father in the Army, compared with the cost of keeping and educating a child at home in civilian life.

(5) Discipline.—Discipline is an essential feature of Army life, but the contemplation of Army discipline seems to have a discouraging effect on the doctor who may be considering a military career. Discipline is as essential to a civilian doctor as it is to an Army one, or to any member of society, but the scope, form, and range of discipline in the Army is irksome to a man who need not be involved in it, and who can do just as well for himself in civilian life as he can in a military one. In civilian practice the doctor is subjected to a certain minimum amount of discipline and control, and there may be some increase in the range and degree of this under the National Health Service; but he is not required, yet, to salute the Secretary of his local hospital or the Regional Hospitals Officer or other dignitary of the Service; he will not be subject to court-martial if he borrows money from his personal servant; he is not ex-
pected to indulge in embarrassing situations in public places with patients or staff who fail to salute him. Annual Confidential Reports and the necessity to watch his step with his next superior officer do not, yet, condition the civilian doctor's actions and reactions to a material extent.

In civilian life the doctor does not have to “sign for” and accept responsibility for large quantities of equipment and stores which are handled by other people over whose actions he may have but little control, and whose deficiencies he may have to pay for; probably in the National Health Service now in operation, doctors may find themselves with more financial responsibilities than in the past, and they can now be subjected to “withholding of pay,” but this burden is still far less than in Army life.

The civilian doctor's private life is not subjected to the whims and foibles of a Commanding Officer; he can play games or he need not; he can “answer back” and in many other ways relieve emotional or nervous tensions in a way that he cannot do in the Army, where he may have to suffer far more frustration, and apparently unfair treatment, rather than risk disciplinary action against himself with consequent prejudice to his career.

It is not intended to argue that discipline is not necessary or is overdone in the Army; the argument is that a doctor will not readily enter upon a career with all these disciplinary attachments when he can earn more, live a better domestic life and retain greater freedom in civil life.

(6) Professional.—Loss of professional skill is a serious and very common complaint amongst young officers serving in the Army. Professionally there is very little to attract young doctors into the Army today, especially in the absence of war casualties. Pathological cases are filtered off the Army during Intakes so that the medical officer has to deal usually with fit men as a routine measure, and the first-aid treatment of accidents—he sees little of hospital cases—our medical professional training is still such that we find our main interest in the diagnosis and treatment of injury and disease instead of the prevention of such—in the Army there must be great scope for the study of the prevention of disease (an aspect of medicine not yet appreciated by the young doctors). The lot of a young medical officer in the Army is an incessant stream of vaccinations and inoculations, of “Pulheems” and of “Release Medicals”; the accommodation allotted to him and “furnished” for him for his professional work is, too frequently, something that the C.O. could find no better use for, badly lit, badly heated in winter, badly cleaned, depressing.

The small proportion of Army medical officers who do have a reasonably long period in military hospitals on the whole deal with very limited types of cases. Over a period of years the medical officer loses touch with clinical medicine and surgery in a general way, try as he may to keep himself up to date; the specialist even, who may have had more opportunity to practise his art, has a much more limited field than has his counterpart in civilian life, and, if he is ambitious to gain the highest ranks and pay in his Corps, he has to separate himself from nearly all practice and become an administrator, with consequent loss of skill and efficiency in his speciality; alternatively he finds...
it better to retire as soon as he is eligible to do so so that he may get an appointment in civilian life before he loses what skill he has attained.

Many doctors feel that they do not want so much money and time to be spent on their professional training and then find it being frittered away and wasted on account of lack or limitation of professional scope, without adequate compensating features. Schemes for increased pay and allowances for medical officers of the R.A.M.C. are inadequate if they do not take into consideration financial compensation or adjustment for deterioration in the doctor's professional value in competition with his civilian counterpart—one refers here to the average man with average opportunities.

(1) Military Status and Training.—One of the factors at work against the recruitment of medical practitioners for the Regular Army from amongst those who have performed military service in the R.A.M.C. is the bad start they have to make in present circumstances. Their services as doctors are so urgently required that they have far too short a time for training in the Depot. The medical officer has to be both a doctor and a soldier—he has a long period of training as a doctor, and comes into the Army with this background of long training, but limited experience; his experience is further limited by the type of practice he finds himself thrust into. He comes into the Army with little or no training or experience as a soldier and officer—he gets too little training in either and then finds himself thrust into military duties of which he has no knowledge or experience—he flounders and makes mistakes; he is penalized, he is imposed upon, he makes wrong decisions—right at the commencement of his service he suffers embarrassment and frustration out of which he never seems to have time completely to extricate himself—owing to insufficient training he never feels himself to be a soldier; soldiering becomes distasteful and his sole aim is to get out of it as quickly as possible. This state of affairs can be overcome only by much longer and more adequate training at the beginning of military service—later on it is too late, for the damage will have been done; admittedly, with the short period of compulsory military service there is barely time to train the doctors before they are due for release; a vicious circle exists, and something will have to be done to break it. Some may recommend that medical officers should be doctors only, and that all non-medical professional duties should be dealt with by non-medical officers of the R.A.M.C.; there is much to be said for that, but much also to be said against it, in fact more against it, both from the point of view of the Army and of the medical officer. From the Army's point of view it would be uneconomical to have a highly paid doctor working only part-time because he must not do non-medical work, another officer being paid to do the non-medical work. Moreover, the soldier is a very special type of patient, and the successful medical officer must know the soldier's way of life, and must be aware of all the difficulties of soldiers and officers. Also, the junior officer must be prepared for the time when he will become a senior one expected to command medical units, to direct Medical Services and to discuss and formulate policy. A senior officer can adequately advise his Commander only if he has a knowledge of
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medical practice on the one hand and of military life and procedure on the other.

There is a tendency for young medical officers, especially those who have not been adequately introduced to Army life and procedure, to lose sight of the fact that medicine includes, broadly, sociology and the study of the ways of life. Only by being a soldier himself can a medical officer fully understand his soldier patients. It is a pity that “Specialists in Hygiene,” etc. have been replaced by those designated as “Specialists in Army Health,” etc.—all general duty medical officers are specialists in Army Health, or ought to be; no doubt the new designation has been brought into use in order to fall into line with civilian usage (Medical Officer of Health)—in fact, it does not; in civilian life the R.M.O.’s counterpart, the general practitioner, is employed mostly in the disposal of injury and disease; it is the Directors of Public Health, etc., who are concerned with prevention; not so in the Army; the Army’s general practitioner, the R.M.O., is the key man in Army Health and its maintenance, and with the prevention of the abnormal—it would be better to call them all Army Health Officers rather than medical officers.

The foregoing sets out a few of the factors which seem to cause the average young doctor to make civilian practice his choice for a career rather than enter the Army voluntarily.

It is possible also that the scheme to engage civilian specialists for service overseas at high rates of remuneration may react unfavourably on recruitment for regular and short service commissions. In this scheme the pay and allowances for the civilian specialists (who may be unmarried and who may be paid at the lower rates) will be greater than pay and allowances for married Majors (specialists) on their highest rates of pay.

Presumably the duties of the civilians will be less, for they will not be available for many duties which fall to the lot of commissioned officers, and they will not be subject to Military Law and discipline to the same extent as the officers. A position may arise in which two specialists of similar type may serve together in one hospital

(i) A Major R.A.M.C. senior in age and experience, maybe with better qualifications, maybe married; in addition to his specialist duties he has all the other duties and responsibilities of an officer—he will be remunerated at a much lower rate than

(ii) A civilian, junior in age and experience, maybe less qualified and unmarried, and not subject to duties and responsibilities applicable to an officer.

The position would be inequitable and young budding specialists may be inclined to think that it would be better to hold back and engage as civilian specialists than to take the step of joining the R.A.M.C. on a Short Service Commission to be “pushed around” as they sometimes term it.

[To be continued.]