

## Working as a medical oncologist

“Oncology patients cover a broad spectrum, from those who are very well to those who are very unwell. They can be of any age and they are almost always engaged with their medical care. The diseases are complex, exciting and challenging to manage. The medicine is also at the cutting-edge of biological research and is constantly pushing the frontiers of understanding.

There is the direct reward from patient and family interactions, in which the doctor often makes a positive and valued contribution in a very difficult time. There is also the opportunity to easily pursue research (often well-funded), clinical work, education, overseas experience and private practice. As most of the work is clinic-based there are opportunities to work part-time, enabling a better life-work-family balance.

The ability to communicate well is paramount. The specialty deals with a wide range of complex problems that often represents the most serious life-issue each individual will deal with. To be able to deal with difficult emotional problems with empathy and clarity is vital. A strong understanding of the subtleties of dealing with each patient in their own social context and keeping the 'big picture' in mind is crucial”.

Dr Gareth Rivalland, Oncology Registrar  
Auckland District Health Board

### New Zealand medical oncologists talk about the reality of working within this field

#### **Why did you choose medical oncology and what do you like most?**

One medical oncologist described being inspired by the medical oncology run that he undertook as a registrar. Having expected that most patients would die in awful circumstances, he was able to take pleasure in the fact that a significant number are cured. Many patients do still die but are helped through treatment to be able to live the remainder of their lives achieving things they want to do. Although the ultimate outcome is not eradication of the cancer in these cases, you can still derive satisfaction from significant improvements in the patients' quality of life. The specialty offers the opportunity to follow patients over a prolonged period of time - something that is rare in most other areas of internal medicine, and something that provides oncologists with an enormous amount of job satisfaction. Intellectually, medical oncology is also an exciting field. A huge volume of basic and clinical research into the understanding and treatment of cancer is now beginning to bear fruit, and there is the opportunity to be involved in therapeutic areas at the cutting edge of medicine.

#### **What strengths and abilities make a good medical oncologist?**

Probably the most important attribute in medical oncology is a good bedside manner. Patients are often frightened and families tense, so you need to be patient and show compassion and you need to possess a good sense of humour. You need to have come to terms with your own feelings

about death and dying. A degree of realism about what can and cannot be achieved by therapy is also important. An ability to help patients come to grips with complex medical concepts is very useful, and the willingness to develop a good understanding of patients' priorities is essential in helping them reach good decisions. Because cancer can affect every organ system in the body, it is essential that you should have a sturdy grounding in general medicine. Experience in other subspecialties of internal medicine is very useful.

**As a specialist, can you describe a typical day?**

Chemotherapy is usually administered in an outpatient setting so there is relatively little inpatient work. Most medical oncologists would be timetabled for 6/10 or 7/10 in outpatient clinics with additional time devoted to the administration of those clinics. Ward cover is rostered in varying amounts depending on centre, and may comprise either a small part of the weekly schedule, or a small portion of the year solely devoted to it.

**What do you think are the future challenges of medical oncology?**

The obvious challenge for this specialty is to develop therapies more effective and less toxic than those currently available. Cancer is frequently a systemic disease so local treatments such as surgery or radiotherapy will not be curative. Research is needed to unravel the processes that lead to cancer and to develop agents interfering with these processes such as small molecules and antibodies.

A further challenge arising from the increasing availability of effective agents, is meeting the workforce demand this has created. The oncology patient load is rising at 15-20% per annum, as newer agents are used to treat cancers thought previously to be untreatable, and patients are surviving long enough to require re-treatment.

**What advice would you give someone thinking about a career in medical oncology?**

The best way to know whether medical oncology will suit you is to spend time as a registrar in a medical oncology department. It is important that you see patients in an outpatient setting since inpatients are not representative of the specialty as a whole.

**What are future opportunities in medical oncology?**

Internationally there are many opportunities, with the emergence of a wave of new treatments and increasing public expectation of access to these treatments. There are limited possibilities for private practice in New Zealand at present as chemotherapy treatments are not included as part of insurance cover by most insurance organisations. This effectively limits the option of private practice to a few tenths at most.

**What is the work/life balance like?**

Working travel is a very realistic option at present since medical oncologists are in demand internationally, particularly in the United Kingdom. One female medical oncologist said that she was able to take parental leave for a year with each of her three children. However she warns that because of the vast amount of ongoing research and the rapidly changing treatment paradigms, absences from clinical oncology of more than a year would not be advisable.

A major advantage of this specialty is that it is largely outpatient-based and most patients are generally well. The after-hours call responsibilities for consultants are not onerous. In the past there has been an expectation that medical oncologists will write a doctoral thesis, which can impact on families. However this is evolving, and there is increasingly a spectrum from academic, research-based oncology positions to purely clinical positions.

**What are the disadvantages of medical oncology?**

Dealing with the emotions of patients and families affected by cancer can be challenging. However, oncologists derive real pleasure at the positive experience they can provide patients with and are buoyed by the team approach to care, and the value patients place on the long term relationship they have with the department. Medical oncology is relatively poorly remunerated by medical and surgical standards and also in comparison with radiation oncology.

**Any comments on the current training?**

The most important aspect of training is to gain experience in handling cases - no amount of book learning can substitute for clinical experience. Moves are underway in the training programme at Auckland Hospital to increase the number of formal training sessions and reduce the service commitment aspects (which have predominated in recent years).