Leaving the newsroom

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Author: Amy Coopes

Amy Coopes is a Resident Medical Officer and journalist, completing her internship with the inaugural Victorian Rural Generalist Program JMO cohort in 2021. Amy left full-time journalism to pursue a career in medicine, after a decade in news reporting including five years as Australia correspondent for Agence France-Presse. Amy is an editor at Croakey and continues to freelance for publications including Guardian Australia, The Saturday Paper and the BMJ.

It had been something of an *annus horribilis* when I was dispatched to Samoa, in September 2009, to cover a devastating 8.1-magnitude earthquake that unleashed 14-metre waves along the tiny Pacific nation's coast, claiming almost 200 lives.

Just a few months earlier, I'd spent weeks covering the Black Saturday bushfires, a harrowing experience that had changed Australia – and me – in some intangible but profound way. I will never forget driving into the ghostly stillness of charcoal and ash, fragments of police tape uttering where bodies had been found. The shells of abandoned cars, no mark of footfalls upon the scorched earth from which to divine an escape route; molten pools of metal that had once been a four-wheeled vessel, reduced to quicksilver by temperatures so searing life itself seemed to evaporate.

It was like a bomb had gone off, was all I could say over and over to anyone who would listen. Nothing was left. Whole towns, erased with a simple brushstroke. And people with stares as long as a lifetime.

**Wanting to make more of a difference**

I'd see those faces, gripped by incomprehensible anguish, many times over through the years - in refugee camps and returned servicemen; speaking to families left bereaved by violent, sadistic crimes; in the faces of men who saw the best years of their lives slip by from Guantanamo Bay; through the barbed wire of detention camps and bars of prison cells.

I'd see it in the vacant, numbed looks of Samoan families staring out to sea, the impossibly small body of their child covered by a sheet and surrounded by rescue workers, heads bowed in prayer. I watched as humanitarian relief poured in, to help with rescue and then recovery. I sat and asked to hear their stories, and I wrote. Never before had I experienced words, or the act of bearing witness, as so fundamentally inadequate, and it planted a seed of doubt.

What if I wasn’t doing enough in this life to truly make a difference?
From journalism to medicine

People tend to have a fairly standard response when I tell them my life before medicine was in journalism.

‘Wow, that’s a dramatic change’, they say, and it’s true, they are very different professions. I had to adjust at a really profound level, changing the way I thought. Writing, even news writing, engages something almost instinctive for me, and I go into a kind of automatic headspace when I do it. This might be practice and experience engendering a kind of effortless competence, but it’s also a very fluid, intuitive process.

I was never good at maths at school because, while I loved the thrill of the chase in solving a problem, I didn’t have the patience to step through something methodically – I was lazy. I invested my energy in the things that came easily, and that I enjoyed, writing and the humanities, and – being a teenage narcissist – eschewed maths because it didn’t come without effort. It required thinking in a way that I just didn’t engage with naturally, a process off ‘if $x$, then $y$; if $y$, consider $z$ but only if $a$ and not $b$’.

Then I got to medical school.

Challenges and similarities between journalism and medicine

I’d love to have done an fMRI study documenting what happened to my brain in those formative first few years, because it felt drastic. I had to change gears, but the gears were on a plane I’d never flown before and it was in freefall, without an ejection seat or parachute. I had to think, really hard, constantly. Answers never seemed to come naturally. I would see blood gas equations and break out into a cold sweat.

My brain has changed, and I’ve changed too. I’m much more pragmatic and considered. I weigh up $x$ and $y$, and $a$, $b$, even $c$, before I make up my mind. If you had told me four years ago – medical school will warp your mind, I might have believed you, but not in the literal sense.

Medicine is different to journalism in many ways, but in some of the ways that matter most, they’re two sides of the same coin.

Both invite you to sit with a stranger and hear their story, to honour their experience and to bear witness. Taking a history has definite echoes of chasing a yarn – you engage the same subtle radar for the headline, the lead paragraph, the killer quote. What’s the story?

I have a finely honed sense for those silences before a big confession, or a diplomatic sidestep inviting me to inquire indirectly about something rather sensitive. Like talking to a bureaucrat or politician, I know a bit of spin from a patient when I hear it, and how to read through the lines.

What spurred me on to become a doctor
Where journalism and medicine diverge is what drove me from one into the other: talking to a patient can be life-changing, and you can make a difference. Of course, news reporting and analysis can and does change the course of history, often in ways that are intangible at the time but may be profound.

But what I felt in Samoa, that tiny seed that germinated over the following few years into a dream to become a doctor, was a sense of helplessness. I sat with my notebook and pen, watching as a recovery team retrieved the body of a child. He was impossibly small, impossibly fragile, the weight and form of a bird.

There were no words for this moment; there never are. It was not the first time I’d felt redundant, even intrusive, but perhaps the first time I’d felt it so powerfully. I wanted to do something, anything. I wanted to do more.

Journalism equips you for grief. It teaches you to sit with the unknown and the unknowable. Some things can never be explained or understood.

Reporting implores you to walk alongside, not to take up space, to choose words and moments to utter them with exacting precision and care. It instructs you to see with all your senses, and to take people as they come. Small details are everything – a gesture, a look, a turn of phrase. A good story is not told, but reveals itself. So too a history, a diagnosis.

**Using my journalist skills in medicine**

I never seemed to do very well in patient history-taking starting out, because I wanted to let people speak. I’d give them an inch and they’d take a mile – much more than the permitted seven minutes – and I’d be so caught up in the story I’d forget to work down my checklist. Understanding that there was an agenda of sorts took some adjusting, and I still tend towards what I’m told is an “opportunistic” style of history-taking, extracting information in a rather more haphazard, conversational fashion.

But I also see and notice things that other people don’t.

I remember meeting a man on student rounds one afternoon and noticing that he was wearing bracelets bearing the names of the Bowraville three. We went through the formalities – the SOCRATES box-ticking – and the tutor asked if anyone else had questions. I mentioned the bracelets; his whole demeanour changed. His mother had been Stolen Generation, leading him into activism. He opened up about his life and his health, and he started to cry. I was the first person in his many encounters over many years with the medical system to ask him about those bracelets.

**The gift of a fulfilling career**

Living in a world outside the hospital, the same world our patients inhabit but from which we are sometimes too quick to divorce them, gives us a common language, a shared humanity. It’s about so much more than psychosocial history, activities of daily living, occupational exposures. It’s seeing the full picture, a man with the burden of so much grief it was making him sick.
A week or so later, I read in the newspaper that he had died. I am so glad, that however brief, we had the chance to speak.

People often ask me if I miss journalism, and of course there are moments that I do. When big political scandals break I’d give anything to be back there, just for a moment, in the froth and bubble of a really big story. But there are many, many more moments where I am struck with the profound gratitude of being exactly where I am.

Last year I sat with a dying woman. I watched as a chaplain performed last rites. I held a labouring woman’s hand and gave her the pep talk of her life as her baby’s head crowned, and watched, awestruck, as a surgeon stopped and later restarted a woman’s heart. I’ve sat in family meetings where terminal diagnoses were shared, and the decision was made to turn off life support.

I wouldn’t be anywhere else but here. What a precious gift.

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