Cambridge Assessment International Education

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FIRST LANGUAGE ENGLISH **0500/12**

Paper 1 Reading **February/March 2020**

INSERT **2 hours**

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INFORMATION

- This insert contains the reading texts.
- You may annotate this insert and use the blank spaces for planning. **Do not write your answers** on the insert.

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Read **Text A**, and then answer **Questions 1(a)–1(e)** on the question paper.

Text A: National Doctors' Day

National Doctors' Day is a day celebrated in many countries around the world, although the date may vary from nation to nation.

National Doctors' Day occurs every year. It's meant to bring attention to the service of all doctors – living or dead. We should all appreciate their contribution to individual health and medical progress. But the day may also be a time to reflect on the wellbeing of doctors themselves. A doctor needs to be well, both mentally and physically, in order to make others well.

Doctors suffer from 'burnout' which typically includes physical or emotional exhaustion, feeling drained and demotivated in work that once excited them. This may also cause doctors to feel a lower sense of fulfilment and become more detached from their work. Of course, this impacts negatively on patients too.

Doctors have some of the most high-intensity, demanding jobs out there – exacerbated by double shifts, emotional stress, and staying on their feet for hours on end. As hospitals try to cram as many patients into one day as possible, doctors often face overwhelming schedules with rarely a chance to breathe, eat, or sleep. Sleep deprivation among doctors poses risks to both individual health and public safety. More reasonable working hours could improve care for all.

Doctors are under immense pressure to maintain a strong demeanour, making it harder for them to reach out for help. 'The stigma is sometimes difficult to overcome, but finding time to seek help will help us, help our families, our friends, and our patients,' writes Dr. Lea Su about her own struggle with illness during medical school and training.

Perhaps if National Doctors' Day actually meant a day off for all doctors, or more reward than a lunch organised by their employers, it really could make a tangible difference?

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Read **Text B**, and then answer **Question 1(f)** on the question paper.

Text B: A Dream Job

Dr Craig Spencer works in emergency medicine and is also a physician for Médecins San Frontières (MSF). This is an international organisation that delivers emergency aid to people affected by armed conflict, epidemics and natural disasters. He is being interviewed by a journalist for an article about interesting travel jobs.

Journalist: When someone discovers you work with MSF, what's the typical reaction?

Dr Spencer: Usually, 'When were you last abroad?' or, 'Where did you go?' People are curious. They associate MSF with challenging, high-intensity conflicts.

So you find yourself getting cornered at parties?

[*Laughs*] Sometimes! I work with MSF five months a year and in an emergency department the rest of the time. People are interested in how I'm able to have **two** dream jobs – it's always good though talking about the incredible people we get to work with.

You mean the locals in the destinations MSF sends you to?

Yeah. People think we've got people trained from all over the world meeting up in this one place to do a mission or tackle some disease. In fact, it's overwhelmingly people from that country or region who have some training or are being trained by MSF. How do you get things from one country to another when there are no flights or there's ongoing conflict? We rely on people in the countries we are going to. They're invariably awesome – some of the best doctors I've ever met.

OK, let's step back in time. Did you play 'doctor' as a kid?

No, actually I wanted to be a sharkologist – until someone told me sharkologists didn't exist. [*Laughs*]

Where did you get the idea to become a doctor?

When I was about 10, I remember seeing that a cardiothoracic surgeon made way more money than any other profession. I thought, 'Whoa! I want to do that.' From then on, I told everyone I was going to be a cardiothoracic surgeon. That's largely why I went to medical school. The job seemed important – everyone has a heart – but I also wanted to make loads of money.

But you later switched to emergency medicine, right?

Right. Less lucrative, hugely rewarding.

How did you get involved with MSF?

After medical school, I worked alongside MSF on projects and loved what they were doing. I support their impartiality and really appreciate their humanitarian principle of

not getting involved in the politics. Eventually I applied to MSF. I've done six different missions with them now.

What are the food and accommodation like on missions?

Different every time. If you're there for longer, you usually have your own space, running water and Wi-Fi. There are security guards. People come and cook meals for us – that's pretty nice!

On a lighter note, when you take a real vacation, where do you like to go?

My favourite place is this cabin my wife's grandparents bought on a lake surrounded by pine trees. I can kayak and relax. But our coolest trip was probably our honeymoon: we travelled from Sarajevo to Crete. It was unbelievable – amazing beaches with no tourists. The only thing on any of the sun beds were goats!

Read **Text C**, and then answer **Questions 2(a)–2(d)** and **Question 3** on the question paper.

Text C: This is going to hurt

After six years of training and a further six years on the wards, Adam Kay resigned from his job as a doctor. Some years later, he re-reads and decides to publish the diaries he kept in his first years as a junior doctor.

I don't remember medicine ever being an active career decision, just the default setting for my life. My dad was a doctor.

As you might imagine, the training was hard – learning every aspect of the human body, plus each possible way it can malfunction, is a fairly gargantuan undertaking. But the buzz of knowing I'd be a doctor one day – such a big deal you get to literally change your name, like a superhero – propelled me towards my goal. When it was finally time to step out onto the ward armed with all this exhaustive knowledge and turn theory into practice, it came as a blow to discover that I'd spent a quarter of my life at medical school and wasn't remotely prepared for what came next.

During the day, the job was manageable, if mind-numbing and insanely time-consuming.

You turn up every morning for the 'ward round', where your whole team of doctors troops past each of their patients. You trail behind like a hypnotised duckling, your head cocked to one side in a caring manner, noting down every pronouncement from your seniors. Then you spend the rest of your working day (plus generally a further unpaid four hours) completing dozens, sometimes hundreds, of tasks – filling in forms, making phone calls. Not really what I'd trained so hard for.

Night shifts were an unrelenting nightmare. At night, you're given a paging device affectionately called a bleep, and responsibility for every patient in the hospital. All of them. The senior doctors will be downstairs reviewing and admitting patients while you're up on the wards, sailing the ship alone – a ship that's enormous, that no one has really taught you how to sail. You're bleeped by ward after ward, nurse after nurse, with emergency after emergency – it never stops, all night long.

Senior colleagues see patients in A&E[1] who have a specific problem, like pneumonia or a broken leg. Your patients are having similar emergencies, but they're in hospital already, meaning they already had something significantly wrong with them in the first place. It's a 'build-your-own-burger' of symptoms layered on conditions layered on diseases. You're a one-man, mobile, essentially untrained A&E department, reviewing an endless stream of worryingly sick patients who, twelve hours earlier, had an entire team of doctors caring for them. It's sink or swim – you have to learn to swim because otherwise a tonne of patients sink with you.

I actually found it exhilarating. Sure it was hard work, the hours were bordering on inhumane and I saw things that have scarred my retinas to this day, but I was a doctor …

It occurs to me now that the public don't hear the truth about what it actually means to be a doctor. So here are the diaries I kept during that time: what it was like working on the front line, the repercussions in my personal life and how it all became too much for me. (Sorry for the spoiler, but you watched *'*Titanic*'* knowing how that was going to play out.)

3 August

Day one. I've a packed lunch, a new stethoscope, a new shirt and a new email address: atom.kay@ward.net. It's good to know that no matter what happens today, nobody could accuse me of being the most incompetent person in the hospital. And even if I am, I can blame it on Atom.

5 August

Whatever we lack in free time, we make up for in stories about patients. Today over lunch we're trading stories about nonsense 'symptoms' that people have presented with – from itchy teeth to sudden improvements in hearing.

9 August

Bleeped awake at 3 a.m. from my first half-hour's shuteye in three shifts to prescribe a sleeping pill for a patient, whose sleep is evidently much more important than mine. My powers are greater than I realised – I arrive on the ward to find the patient is asleep.

[1]**A&E**: 'accident and emergency' refers to the acute, emergency department in a hospital.

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