JURY SERVICE AS A SURGICAL TRAINEE – FEELING GUILTY

Sir,
I recently received a letter summoning me to jury service. I was surprised, as were many of my peers. As a doctor, was I not excused from jury service? It turns out that prior to the introduction of the Criminal Justice Act in 2003, this would indeed have been the case. However, doctors are now eligible to sit on a jury. My consultant told me that he was excused from jury service owing to the number of operations and clinics that would be cancelled. As a core surgical trainee, I somehow doubted that I was quite as important.

I was of course happy to do my civic duty, but it did get me thinking about the impact that this would have on my surgical training. In an already stretched department, taking two weeks off work places extra workload on colleagues and I was worried this would be a risk to patient safety. Any locum cover organised would come at a cost to the department, particularly as they were agreeing to continue my pay for this period. With the NHS stretched financially, this made me feel bad, but as the courts were only paying £64.95 per day for loss of income, I was also glad of this.

In addition, there is a cost to my surgical training. With the European Working Time Regulations and a pressing need for service provision, getting enough time to train is a challenge. Jury service usually lasts up to two weeks so this can result in the loss of valuable training opportunities. I am only allowed 14 days per year as ‘time out of training’; jury service would use up 10 of these. That leaves only four days for other unexpected absences over the year, such as sick leave or compassionate leave, until the threat of having to do extra time or repeat the year comes in to play. This does not take into account the risk of your trial running to a third week or the possibility of being selected for an even longer trial. (Some of my fellow jurors were selected for a six-week case.)

While it was an interesting two weeks, I was pleased to let my department know that I would indeed make it back for my on-call shifts the following week and was very happy to return to work.

Sirke Rinkoff
Core Surgical Trainee
Barts Health NHS Trust

RE: THE 100-YEAR SURGICAL LIFE

Sir,
As an ageing surgeon, I am writing to encourage others that there is great pleasure and a contribution to be made by working within one’s capacity after retirement.

I am an orthopaedic surgeon who has followed a conventional career, including 34 years in the NHS. I am now 88 and working in Zambia doing clinics and teaching at a children’s orthopaedic hospital. At 65, I retired from the NHS but in a short while returned to succeed my successor until age 70, when I finally left and took my pension.

I had spent four years abroad before my consultant appointment: two years on secondment to Nigeria as a registrar and two years doing national service during the Malayan emergency. This experience may have persuaded me to go abroad again.

I have now been working abroad since retirement in 1991 as a volunteer, taking in a spell with World Orthopaedic Concern, Mercy Ships UK and predominately Cure International Children’s Mission Hospitals in Malawi, Ethiopia and Zambia.

I stopped practical operating when I became 80 and have continued with clinics and teaching. There is a great need in this environment and no doubt some of those who we have trained in these countries may end up in the NHS.

Currently, my retirement is pending and under constant review.

Malcolm Swann MBE FRCS