

# Working as a thoracic and sleep medicine specialist

New Zealand thoracic and sleep medicine specialists talk about the reality of working within this field

## **Why did you choose thoracic and sleep medicine and what do you like most?**

Thoracic medicine presents a unique opportunity to study one of the vital organs of the body. It is academically challenging and combines the disciplines of physiology, anatomy, radiology and pathology. It has an extremely long history and covers a vast (and expanding) range of illnesses and treatments. Since it is primarily diagnostic in character, thoracic medicine requires keen clinical insight and discernment. It also presents opportunities for a wide range of interventional procedures and offers a spectrum of lifestyles - from shift work and acute critical care medicine to non-clinical laboratory based lung physiology.

## **What strengths and abilities make a good thoracic and sleep medicine specialist?**

As in all areas of medicine, you need to possess clinical acumen and an ability to communicate with patients. Thoracic medicine in particular requires a good understanding of the underlying pathophysiology of respiratory disease, so you should have an inquisitive mind and be interested in the basic mechanisms of illness and disease. Aptitude for developing procedural skills for invasive interventions is also important.

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

Thoracic medicine offers opportunities to combine both hospital-based and private practice. For a hospital specialist, day-to-day work includes care of inpatients with respiratory illnesses ranging from common diseases through to those requiring specialist tertiary care (including acute respiratory emergencies and transplant medicine). Outpatient clinics involve new cases and long-term follow-up of conditions such as asthma, chronic obstructive airways disease, interstitial lung disease, bronchiectasis, sleep disorders, transplant and tuberculosis. There is also procedural work (such as bronchoscopy, pleural aspiration, biopsy and drainage), laboratory based work (including physiology laboratory and sleep reporting) and consultation to other services. There is increasing demand for management of non-invasive ventilatory support in the HDU or ward setting. Most specialists devote time to CME activities, teaching, research, project work and administration.

Thoracic medicine does have its share of acute emergencies, such as massive haemoptysis, airway obstruction and respiratory failure, but the amount of acute emergency work referred to thoracic physicians depends on the individual hospital's administration arrangements. Acute emergency cases may be handled in some centres by specialists in emergency or intensive care medicine.

## **What do you think are the future challenges of thoracic and sleep medicine?**

A major challenge for thoracic medicine is that many diseases e.g. COPD are extremely common and are often handled by other specialists in general medicine. Hospitals may find it difficult to justify

employing a full time thoracic specialist when generalists are able to absorb simple respiratory cases, leaving only a few isolated illnesses that require a pure subspecialty interest.

However, the advances that are being made in the discipline should continue to ensure need for the specialist services of the thoracic specialist. Understandings of disease mechanisms are constantly improving, and technical advances in genetics, immunology and radiology continue to change the face of diagnostic and treatment options in many clinical areas such as cystic fibrosis, lung cancer and sleep medicine. Increasing experience in lung transplantation and management of its complications will widen treatment options for previously incurable respiratory diseases. At present respiratory-related diseases rate in the top three of all hospital admission statistics in developed countries and lung cancer remains in the top three for cancer-related mortality. There is a clear challenge posed to the specialty to alter these statistics.

**What advice would you give someone thinking about a career in thoracic and sleep medicine?**

Thoracic medicine is a fascinating field that is suited to clinicians who have strong diagnostic interests.

**What are future opportunities in thoracic and sleep medicine?**

There are great opportunities within thoracic medicine, especially given the technical and diagnostic advances that are currently being made. The area of sleep medicine will continue to develop.

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

Employment is usually hospital-based, so flexibility for time out to travel will depend on the employer and will vary according to workforce needs. There is a large ambulatory component to a respiratory service, which will suit those requiring seasonal work

In general thoracic medicine affords a well-controlled lifestyle. A working week might comprise roughly 50 hours, with call work causing infrequent disruptions to family life. The call ratio may be higher if transplant or acute non-invasive ventilation services are offered by the hospital.

**What are the disadvantages of thoracic and sleep medicine?**

A minor disadvantage, and one that is not unique to thoracic medicine, is that treatment options sometimes lag behind diagnostic advances. It can be frustrating to be faced with a difficult clinical problem for funding for high cost treatments does not exist or where treatment does not exist at all. On the other hand, however, this also provides scope and impetus for further research.

**Any comments on the current training?**

Advanced training in thoracic and sleep medicine is popular and provides opportunities for you to familiarise yourself with all aspects of the two specialties. The programme offers opportunities for continued learning that include structured teaching, journal clubs, meetings and self-directed study. Research and project work are strongly encouraged and well-supported.