GCSE
ENGLISH LANGUAGE

Paper 2 Writers' viewpoints and perspectives

Insert

The two sources that follow are:

Source A: 21st Century non-fiction

This is Going to Hurt: Secret Diaries of a Junior Doctor by Adam Kay

An extract from a diary, published in 2017

Source B: 19th Century literary non-fiction

The Wonderful Adventures of Mrs Seacole in Many Lands by Mary Seacole

An extract from a memoir, published in 1857

Please turn the page over to see the sources

Source A

This extract is from a diary written by a young doctor, Adam Kay, published in 2017. Here, he writes about training to be a doctor at medical school and then his first experiences of working in a hospital as a 'house officer', the lowest rank of junior doctor.

Because medical schools are oversubscribed ten-fold, all candidates must be interviewed, with only those who perform best under a grilling being awarded a place. It's assumed all applicants are on course for straight A grades at A-level, so universities base their decisions on non-academic criteria.

Imperial College in London were satisfied that my distinctions in grade eight piano and saxophone, alongside some half-hearted theatre reviews for the school magazine, qualified me perfectly for life on the hospital wards, and so in 1998 I packed my bags and embarked upon the treacherous six-mile journey from Dulwich to South Kensington.

As you might imagine, learning every single aspect of the human body's anatomy and physiology, plus each possible way it can malfunction, is a fairly gargantuan undertaking. But the buzz of knowing I was going to become a doctor one day – such a big deal you get to literally change your name, like a superhero or an international criminal – propelled me towards my goal through those six long years.

Then there I was, a junior doctor. I could have gone on a quiz show with the specialist subject 'the human body'. Everyone at home would be yelling at their TVs that the subject I'd chosen was too vast and wide-ranging, that I should have gone for something like 'atherosclerosis' or 'bunions', but they'd have been wrong. I'd have nailed it.

It was finally time to step out onto the ward armed with all this exhaustive knowledge and turn theory into practice. My spring couldn't have been coiled any tighter. So it came as quite the blow to discover that I'd spent a quarter of my life at medical school and it hadn't remotely prepared me for the unpredictable existence of a house officer.

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 pootles past each of their patients. You trail behind like a hypnotized duckling, your head cocked to one side in a caring manner, noting down every pronouncement from your seniors – book an MRI scan, refer to rheumatology, arrange an ECG test. Then you spend the rest of your working day (plus generally a further unpaid four hours) completing these dozens, sometimes hundreds, of tasks – filling in forms, making phone calls. Essentially, you're a glorified personal assistant. Not really what I'd trained so hard for, but whatever.

The night shifts, on the other hand, made Hell look like Disneyland – an unrelenting nightmare that made me regret ever thinking my education was being wasted. At night, the house officer is given a little paging device affectionately called a 'bleep', and responsibility for every patient in the hospital. Your senior colleagues are seeing patients in A&E with a specific problem, like pneumonia or a broken leg, while you're up on the wards, sailing the ship alone. A ship that's enormous, and on fire, and 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. You're a one-man, mobile, essentially untrained A&E department, getting drenched in bodily fluids, reviewing an endless stream of worryingly sick patients who, twelve hours earlier, had an entire team of doctors caring for them.

You've been trained how to examine a patient's cardiovascular system, but, even when you can recognize every sign and symptom of a heart attack, it's very different to actually managing one for the first time. You suddenly long for the sixteen-hour admin sessions. (Or, ideally, some kind of compromise job, that's neither massively beyond nor beneath your abilities.)

It's sink or swim, and you have to learn how to swim because otherwise a ton of patients sink with you. I actually found it all perversely exhilarating. Sure it was hard work, sure the hours were bordering on inhumane and sure I saw things that have scarred my retinas to this day, but I was a doctor now.

Turn over for Source B

Source B

This extract, written in 1857, is from the autobiography of Mary Seacole, a British-Jamaican nurse who travelled the world as a volunteer. Here, she has arrived to work on a wharf, an area of land next to the sea where boats are loaded and unloaded, to help look after men wounded at war.

I have never met such a busy scene as that small harbour presented. Crowded with shipping, of every size and variety, from the noble English steamer to the smallest long-shore craft, while between them and the shore passed and repassed innumerable boats. Coming from the quiet, gloomy sea into this little nook of life and bustle, the transition is very sudden and startling.

I remained there six weeks, spending my days on shore, and my nights on board ship. My chief occupation, and one with which I never allowed any business to interfere, was helping the doctors to transfer the sick and wounded from the horse-drawn ambulances into the boats that had to carry them to the hospitals. I did not forget the main object of my journey, to which I would have devoted myself exclusively had I been allowed; and very familiar did I become before long with the sick wharf. My acquaintance with it began very shortly after I had arrived.

The very first day that I approached the wharf, a party of sick and wounded soldiers had just arrived. Here was work for me, I felt sure. With so many patients, the doctors must be glad of all the hands they could get. Indeed, so strong was the old impulse within me, that I waited for no permission, but seeing a poor artilleryman stretched upon a wooden pallet, groaning heavily, I ran up to him at once, and eased his dressings. I was rewarded when the poor fellow's groans subsided into a restless uneasy mutter. God help him! He had been hit in the forehead, and I think his sight was gone. I stooped down, and raised some tea to his baked lips (here and there upon the wharf were rows of little metal cups containing this beverage). Then his hand touched mine, and rested there, and I heard him mutter indistinctly, as though the discovery of my hand had arrested his wandering senses –

"Ha! this is surely a woman's hand."

I couldn't say much, but I tried to whisper something about hope and trust in God; but all the while I think his thoughts were running on this strange discovery. Perhaps I had brought to his poor mind memories of his home, and the loving ones there, who would ask no greater favour than the privilege of helping him thus; for he continued to hold my hand in his feeble grasp, and whisper "God bless you, *woman* – whoever you are, God bless you!" – over and over again.

I do not think that the surgeons noticed me at first, although I had not neglected my personal appearance, and wore my favourite yellow dress, and blue bonnet, with the red ribbons. I noticed one coming to me, who, I think, would have laughed very merrily had it not been for the poor fellow at my feet. As it was, he came forward, and shook hands very kindly, saying, "How do you do, ma'am? Much obliged to you for looking after my poor fellow; very glad to see you here." And glad they always were, the kind-hearted doctors, to let me help them look after the sick and wounded sufferers brought to that fearful wharf.

I wonder if I can ever forget the scenes I witnessed there? Oh! They were heartrending. I declare that I saw rough-bearded men stand by and cry like the softest-hearted women at the sights of suffering they saw. I have often heard men talk and preach very learnedly and conclusively about the great wickedness and selfishness of the human heart. I wonder whether they would have modified those opinions if they had been my companions for one day of the six weeks I spent upon that wharf, and seen but one day's experience of the sympathy and brotherly love shown by the strong to the weak. The task was a trying one, and familiarity, you might think, would have worn down their keener feelings of pity and sympathy; but it was not so.

END OF SOURCES