Bangers and cash: multicentre survey of what doctors are driving

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Unlike general practitioners, most hospital doctors do not use their car for work. Choice may therefore reflect individual character and aspirations. Although influenced by income and lifestyle, the ultimate decision may be determined by other less practical factors. At all price levels, some cars are more charismatic than others; the cost of this charisma is usually practicality. We have tested whether the 1960s stereotype of the dashing surgeon in a convertible sports car still exists. An extensive literature search drew a blank.

Methods, analysis, and results

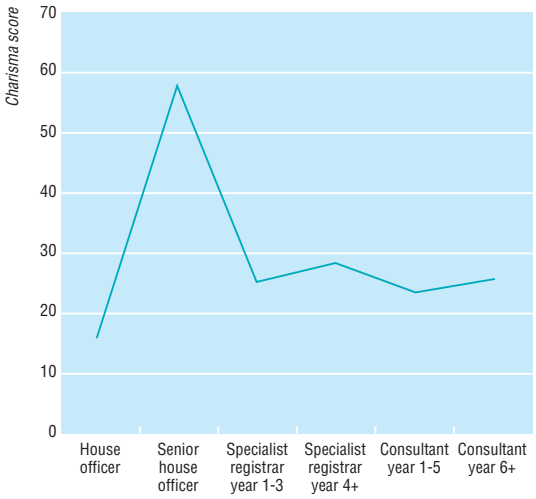
An anonymous questionnaire was distributed to 400 hospital doctors in three teaching hospitals in England and Wales in summer 1999. Respondents indicated their sex, grade, and specialty, and details of their main car: engine size, age (if more than 11 years, vintage or old banger), number of doors, and whether turbo charged, fuel injected, or soft topped. Anonymity ensured that specific cars could not be identified in the hospital car park. Make and model were not analysed owing to the diversity of cars now available. Although it was not asked about, many volunteered information about bicycles, rollerblades, etc.

The "charisma score" of a car represents a useful comparative tool, independent of absolute cost, make and model. Although age and engine size are important, turbocharging, two doors, and a soft top are particularly potent. The "charisma score" was calculated by multiplying engine size (litres) by age factor and the weighting factors. Age was graded as 0-2 years (4 points), 3-5 years (3 points), 6-10 years (2 points), >11 years (1 point) except vintage (10 points). Weighting factors were 5 for a soft top, 3 for turbo charged, 3 for two doors, 2 for fuel injection. Hatchback doors were not counted, and a sunroof does not equate to a soft top.

Confounding factors included diesel cars (large engine size, often turbocharged) and small cars with only two doors. However, these cars did not score highly in other areas.

A total of 221 questionnaires, representing all grades, were analysable (preregistration house officers, 25; senior house officers, 46; specialist registrar year 1-3, 28; specialist registrar year 4+, 36; consultants year 1-5, 30; consultants year 6+, 56; response rate 55%). Most specialties were represented: medicine, 100; surgery, 89; psychiatry, 8; laboratory based, 13; other, 11. Only 54 (24%) replies were from women—this was disappointing, as it is unrepresentative; however, a greater proportion of women volunteered the car colour.

The mean charisma score for each grade (figure) and specialty (table) was calculated. Senior house officers scored highest (mean 57.7 points) and preregistration house officers lowest (16.1). The "top 20" (>96 points) were driven by 3 women and 17 men, comprising 7 senior house officers, 6 registrars, and 7 consultants (no preregistration house officers). All specialties were fairly represented: 8 surgeons, 8 physicians, 4 others.



Mean car charisma score according to grade of doctor

The "bottom 20" (<2.6 points) were also driven by 3 women and 17 men. There were three preregistration house officers, three senior house officers, seven registrars, and seven consultants. There were proportionally more physicians than expected (14 physicians, 2 surgeons, 4 others).

Comment

Preregistration house officers drive the least charismatic cars and senior house officers the most charismatic. Newly qualified doctors may be paying off student debts. On becoming a senior house officer, a doctor has increased disposable income—now is the time to buy the dream car. With progress up the ranks, domestic pressures and responsibilities kick in, and financial constraints return. It seems that however much you earn, you are never as free as when you are a senior house officer. Physicians drive the least charismatic cars, perhaps through lower peer pressure. There were proportionally fewer women in the top 20 and in the bottom 20, suggesting that although women

Mean charisma score by specialty

Specialty	Mean charisma score
Medicine	26.4
Laboratory based	31.0
Surgery	34.0
Psychiatry	33.8
Other*	33.3

*All other specialties (including radiology).

do not buy particularly charismatic cars they will not tolerate an old heap either.

This survey confirms that stereotypes are alive and flourishing as we approach the new millennium. The question is, does car dictate specialty, or does specialty dictate car? We will leave this for our psychiatric colleagues; whether you pick a Porsche driver or a Skoda driver is up to you.

Dr F H Adenwalla (SpR geriatric medicine, Cardiff) kindly helped with the distribution of questionnaires.

Contributors: FJC, DBR, and REM conceived the idea, and all authors were involved in distributing the questionnaire, analysing the data, and writing the paper. REM is the guarantor.

Competing interests: REM drives an old grey Mazda 1.6 Exec, CFK drives a sporty little number, DBR drives his mother's F-reg Renault, and FJC has a zone 3 underground pass.

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MALCOLM WILLETT

What is the charisma score of your car, and what does it mean?

Commentary: Report of statistical referee

Julie Morris

This paper describes a simple survey of car owners. The authors have *steered* clear of detailed descriptions of the methodology (see, in particular, points 1-3 below) and this should be *repaired*. However, the main *bodywork* of the paper is in reasonable condition.

(1) Was the questionnaire distributed to all doctors in the three hospitals? That is, was it an *exhaustive* sample?

(2) How *responsive* were the sampled doctors? What proportion of doctors replied?

(3) Using a *breakdown* of respondents into different specialties and grades results in small numbers in some classes. How *high powered* is the study to detect differences between these subgroups? It would be useful to present 95% confidence intervals for some of the more important results.

(4) How carefully was the definition of the "charisma score" *engineered*? It would have made more sense to replace the *component* "two door" by "two seater." Also, "soft top" excludes sports cars with a hard top that, at the press of a button, disappears into the boot (note: statisticians are not always unworldly). Or are these cars not thought to be charismatic? Furthermore, what justification is there for the *automatic* weighting factors?

(5) The table: some measure of variation should be included here—the *bottom and top of the range*, for example.

(6) The text may need a *respray* as there are some typing errors. [The dents in the bodywork have been smoothed and polished by the editorial panelbeaters.]

(7) Is there a relationship between specialty and grade? If so, it is then difficult to get much *mileage* from the interpretation of differences among the various specialties and grades.

Competing interests: Owner of an uncharismatic German hatchback (red).

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A memorable interview

Always be prepared

I was being interviewed for a basic surgical training post, and it was the familiar, adversarial situation of six senior members of staff versus one nervous junior doctor. Things had been going fairly well until it came to the turn of the consultant in accident and emergency to ask me his allocated question: "I understand you recently presented a critique of a paper regarding chest drains and pneumothorax.[1] Tell me about it."

It suddenly did not seem so recently that I had discussed this paper, in which the author had advocated a more cautious approach to the management of pneumothorax as he felt that more than are commonly expected would resolve without having to resort to chest drains. I related the details of the paper to the panel and then in a vain attempt to impress them rattled through the various points of the paper that I disagreed with. The consultant took the side of the author and questioned my criticisms; I attempted to answer him. As he realised time was running on, he thanked me for my opinions and handed over to the next interviewer, gently dropping the bombshell that he had written the paper. I resigned myself to further weeks of rifling through the *BMJ* advertisement section as the interview went on. As luck would have it I was offered the post, but regarding future interviews I learnt the lesson that the cub scouts had tried to drill into me many years ago: always be prepared.

Rohit Samuel *senior house officer, Leeds*

1 Johnson G. Traumatic pneumothorax: is a chest drain always necessary? *J Accident Emerg Med* 1996;33:173-4.

We welcome articles of up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to.