

Paper Reference(s) 1EN0/02
Pearson Edexcel Level 1/Level 2 GCSE (9–1)

English Language
PAPER 2: Non-fiction and Transactional Writing

Thursday 6 June 2024 – Morning

Time: 2 hours 5 minutes

Section A: Reading Texts Insert

**DO NOT RETURN THIS INSERT WITH THE
QUESTION PAPER.**

ADVICE

Read the texts before answering the questions in Section A of the question paper.

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4–6 TEXT 1

7–10 TEXT 2

Read the text below and answer Questions 1–3 on the Question Paper.

TEXT 1

Extract from ‘This is Going to Hurt: Secret Diaries of a Junior Doctor’ by Adam Kay (2017).

In this edited extract from a collection of his diary entries, Adam Kay shares his experience of deciding on medicine as a career.

distended aorta* – swollen or bloated artery

gargantuan – enormous**

At sixteen, your reasons for wanting to pursue a career in medicine are generally along the lines of ‘My mum/dad’s a doctor’ or ‘I want to cure cancer’. Reason one is ludicrous, and reason two would be perfectly fine were it not for the fact that’s what research scientists do, not doctors. Besides, holding anyone to their word at that age seems a bit unfair.

5

Personally, I don’t remember medicine ever being an active career decision. I went to the kind of school that’s essentially a sausage factory designed to churn out medics, lawyers and cabinet members; and my dad was a doctor. It was written on the walls.

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TEXT 1 continued.

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 As at A level, so universities base their decisions on non-academic criteria. This, of course, makes sense: a doctor must be psychologically fit – able to make decisions under a terrifying amount of pressure, able to break bad news to anguished relatives, able to deal with death on a daily basis. They must have something that cannot be memorised and graded: a great doctor must have a huge heart and a distended aorta* through which pumps a vast lake of compassion and human kindness.

At least, that's what you'd think. In reality, medical schools don't care about any of that. They don't even check you're OK with the sight of blood. Instead, they fixate on extracurricular activities. Their ideal student is captain of two sports teams, the county swimming champion, leader of the youth orchestra and editor of the school newspaper.

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

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TEXT 1 continued.

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. 45

Then there I was, a junior doctor. 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. 50 55

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 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 filling in forms, making phone calls. Not really what I'd trained so hard for. 60 65

Read the text below and answer Questions 4–7 on the Question Paper.

TEXT 2

Extract from ‘Elizabeth Blackwell: A Doctor’s Triumph’ by Nancy Kline (1997).

Elizabeth Blackwell was born in Bristol in 1821. Her family emigrated to the United States of America when she was a child and she went on to become the first woman doctor in America. In this edited extract from a book about her life, she is a teacher considering this new career.

metaphysics* – a type of philosophy

cadavers – human bodies**

She remarked to her sick friend that she had been studying German, metaphysics*, and music, subjects she loved; so why did they leave her unsatisfied and restless?

“Elizabeth,” her friend said, “you’re fond of study. You have health and leisure. Why not study medicine?” 5

This was an astonishing suggestion. Women did not study medicine in 1845.

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TEXT 2 continued.

“If I could have been treated by a lady doctor,” said the friend, “my worst sufferings would have been spared me.” 10

The thought of becoming a doctor struck Elizabeth as preposterous. Her reaction to her friend’s idea was revulsion: “The very thought of dwelling on the physical structure of the body and its various ailments filled me with disgust.” 15

At the age of six, Elizabeth had told her older sisters that she didn’t know what she would be when she grew up, but it would be something hard. Given her character—shy, squeamish, exceedingly proper, repulsed by the physical, and especially by disease—medicine would be the hardest of all the professions she might choose. Given her character—tough, obstinate, constantly self-challenging, forever testing her own limits—the fact that medicine would be hardest for her recommended it. 20 25

Elizabeth began to broach the subject of medicine to those closest to her.

“What would you say to my becoming a doctor?”

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TEXT 2 continued.

“Impracticable. You won’t get into medical school. 30
 If you do, you won’t have the money to pay for it. Not
 to mention the time—it takes years of study. Then
 afterwards, how will you get patients? People would
 never consult a woman doctor. Forget it. It can’t be
 done. There are too many obstacles.” 35

Immediately, Elizabeth’s interest in the project soared.
 I can’t do it? I **shall** do it.

With each new negative response, she dug her heels in
 deeper: **Try to stop me.**

At that time, a growing number of “irregular” medical 40
 schools allowed women to study, but these schools
 existed on the margins of society. Elizabeth refused to
 be marginalized in this way. She was ready to fight for
 the opportunity to study the most respected, scientific
 medicine available. She was determined to go to a 45
 mainstream medical college.

Elizabeth sailed out of Charleston in May, 1847, bound
 for Philadelphia, the center of American medicine at
 the time. She took with her the savings she had so
 “carefully hoarded”, as she herself put it. 50

It was time to storm the gates of medical school.

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TEXT 2 continued.

Her sponsor was Dr. Jonathan M. Allen, with whom she now began to study anatomy privately. To introduce her to the intimate workings of the human body, which threatened to repulse her, Dr. Allen had the excellent taste to begin his lessons with the human wrist. She later wrote, “The beauty of the tendons and exquisite arrangements of this part of the body struck my artistic sense.” 55

Elizabeth was getting interested. New knowledge gave her a new angle of vision. She was beginning to see the world as a physician sees it. At this stage of her education, she was truly confronting her fears and finickiness, so that she would be able to plunge into medical school, excelling at it, when finally they let her. She had moved from books to anatomical models, from cadavers** to living patients. She was becoming ready to become a doctor. 60 65

SOURCE INFORMATION:

Text 1: This is Going to Hurt: Secret Diaries of a Junior Doctor, Adam Kay, 2017, Picador

Text 2: Elizabeth Blackwell: A Doctor's Triumph, Nancy Kline, 1997, A Barnard Biography Series, Conari Press, Berkeley, California