You Mean **They Don't Teach You** This in Medical School

and other year start musings on the noble profession - nursing

By Terence Lim, MBBS

MY FIRST TIME

"You mean they don't teach you this in medical school," the young staff nurse said in an affected English accent, trying her best to look aghast.

It was past midnight during a bad call (are there any other types?) and my registrar had just ordered intravenous (IV) antibiotics for a newly admitted patient. As it was the first dose, it was my, the houseman's (HO's), responsibility to administer it.

The antibiotic was metronidazole, which comes in 200ml bottles and I had set the drip up myself because, said the nurse, "if anything happens, I cannot be responsible". When I said I had never done it before, it triggered the said remark.

Of course I was gritting my teeth by then, "for goodness sake, I have 2 patients with chest pain and 3 new admissions and you want me to hook the damn thing up myself!" This and the retort "no they don't, that's why we have nurses" was on the tip of my tongue. But I decided better to "lose the battle and win the war" and said nothing while she gave me a step by step instruction on how to hang up the bottle, attach the tubing to the heparin plug and run the drip. It was after all my first time.

OUTSTANDING STAFF

When junior doctors get together, more often than not the topic of nurses pops into the conversation. And yes, it's more often bashing than bouquets. Fortunately for me good experiences have been more the rule, the above incident persisting in memory because such occurrences have been few and far between.

The majority of nursing officers (NO), staff nurses (SN) and assistant nurses (AN) I have worked with during my housemanship have been outstanding. They remind me of things to do. They help organise my work. They label my forms. They delay the medical record officer (MRO) from taking away case notes I have not summarised (or stapled). They take the doctors orders sheet more seriously than I do. They warn me before I speak to difficult patients. They share their night duty snacks. This is in addition to routine nursing duties, like serving medication, dressing wounds, checking parameters, measuring, feeding, and changing.

And sometimes, when they realise I am hounded by multiple apparently urgent demands and cannot possibly multitask anymore without a high chance of inadvertent negligence, they even help me with things that are deemed official HO duties such as taking blood and yes, even hooking up the first dose medications and IV boluses. This is beyond their call of duty. Some may even say this help is "under the counter" because nurses are "not trained" for these procedures. But certainly, all that is required are good instructions and availability of doctors to be consulted. If in most developed and even developing countries routine HO work is routine SN work, why this inefficiently defensive position locally? "I want to give the IVs myself, at least then they will be given on time" a SN said to me once when I was on call and running like a madman between 6 wards. The said IV was hydrocortisone. I told her "I wish you can do this too, perhaps people are afraid of anaphylactic shock from steroid use".

So perhaps I should not have been frustrated with that young SN, she was just being typical, whereas I have been used to the not so typical.

A TITLE IS JUST... A TITLE

There has been a recent effort by some medical institutions to tinker with the job titles of nursing staff. Part of the reason is to increase the so-called prestige of the nursing profession. A laudable attempt but one wonders whether anyone will notice the difference. These days, my lawyer friends are all termed associates (a brilliantly meaningless term) but even they think of themselves as overvalued proofreaders. And our nurses do much more important work.

Many factors contribute to the prestige of a profession. Earnings, history, relative importance to the economy all play a part. The perceived difficulty in entry and practice is also an important component. If we are serious about increasing the prestige of nursing locally with the attendant hope of attracting more to the profession, nurses must take on greater responsibilities than what is currently the norm.

Certainly there are nurses up to the challenge. I recall being told by a SN "I think he's going to cone soon" when she called me about a cancer patient with rising blood pressure (BP) and decreasing heart rate. And it would be difficult to forget that call when I was asked to explain cyanotic congenital heart disease to a SN reading a popular paediatric text for medical students. A lot can be learnt in three years. More can be expected.

Honestly, many doctors do not think nursing is a big deal. We generally like to ponder the "helicopter view", those all important clinical problems and heroic solutions and think care details such as feeding, cleaning, toileting of lesser significance. But we all know the importance of having good nurses, who monitor the input-output (IO) and BP judiciously; who can assess and report a patient's problems accurately and honestly; who actually bother to know the family. Many times, I have been "saved" by nurses who trace urgent results on their own accord and report them to me. Such help is a real blessing during a busy call.

Although there is a move towards training nurse practitioners and counsellors to take on greater responsibility, the fact remains that staff shortage prevents our talented nurses from developing other areas of responsibility due to demands

Page 10 ►

◄ *Page 6 – The Medical Profession Acts on WTO*

to be maintained where there is justification or where there are prevailing social policies.

- Since healthcare is heavily subsidised in all ASEAN countries, all member countries should develop their own national health financing schemes, to safeguard their existing affordable, accessible and equitable health care.

5. Educational courses - the right of host country to require satisfaction of requirements of adequacy of content, relevance to local needs and standards of teaching need to be maintained.
6. Provision of health services and health care products - where there is no evidence-based justification for their efficacy, the host country reserves the right to prevent the entry of such services or products.

B. MFN status, MFN exemption considerations and the ASEAN spirit of co-operation

1. International co-operation amongst ASEAN countries is encouraged and this may require MFN exemptions with trading agreement partners outside ASEAN.
2. Countries within ASEAN may/will preferentially make use of each other's services and health provider resources in the short term to meet healthcare requirements of segments of their local populations to reach sustainable levels of care that exceed minimum WHO's Health For All (HFA) indicators. Towards such goals, multilateral or bilateral ties between ASEAN countries to mutually develop strategies will be encouraged.
3. ASEAN partners will take into consideration disparities within their own countries and those of their partners when service agreements are considered. The impact of such agreements should not adversely affect distributory justice of national healthcare systems, accessibility to healthcare or cause further erosion of the existing disparities.
4. ASEAN development fund to mutually support the development of infrastructure of small and medium healthcare enterprises in trade agreement partners to be set up. The technical and manpower assistance to assist ASEAN partners in the short term may also require MFN exemptions with trade partners outside ASEAN.

C. Table of trade partner agreements from each ASEAN country

It is proposed that each country in ASEAN present the trade agreement status of its healthcare services in a tabular form set out in the Annex for easy reference by countries in ASEAN. Such completed tables should be updated by member countries as new trade agreement policies and actions are made.

D. Sighting of European Economic Union (EU) Document

It is proposed that ASEAN countries look at and study the EU document on trade liberalisation of health and look into its suitability for application in MASEAN.

E. Proposal for a sub-working group on ASEAN Regional Action Plan on the Impact of Globalisation and Liberalisation of Trade and Services on the ASEAN Health Services and Health Professionals

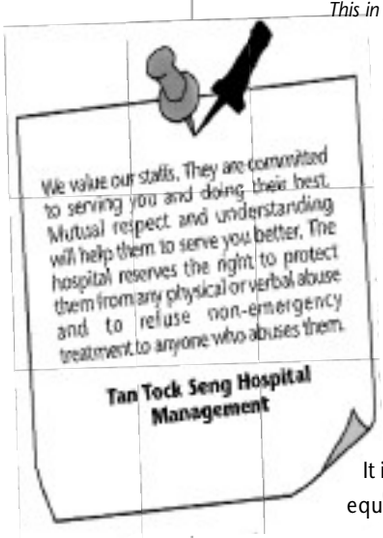
A document will be prepared out of this draft to be tabled as a proposal for a sub-working group to be formed on ASEAN Health Services and Health Professionals.

The task force further recommends that National Medical Associations of MASEAN appoint committees to study the healthcare needs of the country, to identify problems in the present healthcare delivery system and to feedback to their governments on the possible implications of liberalisation. The Malaysian Medical Association and the SIngapore Medical Association amongst others have already made representation to their respective governments on the subject.

At the regional level, MASEAN as a NGO (Non-government organisation) of ASEAN would, after forging a consensus, make its representation to meet officials of ASEAN at a Ministerial-level to discuss the matter in early 2001.

The movement to globalise trade and services would impact in all areas of life include healthcare. Doctors, individually and collectively must be aware of the facts and how globalisation may perversely affect local equity and distributional justice in the name of progress. We also have the responsibility to help those implementing the programmes to harness the positive aspect of the movement to deliver better healthcare to our people. ■

◄ *Page 9 – You Mean They Don't Teach You This in Medical School*



on them to perform routine ward nursing work. There is no easy solution to this. Perhaps greater automation will help as well as the subcontracting of more labour intensive but less nursing related activities.

TEAM PLAYERS

It is easy to say nurses are equal members of the healthcare team, but often doctors are much more forgiving of their own mistakes and omissions than that of their nursing staff. There is an unsaid arrogance in this. We think we should be allowed more latitude and understanding because our work is more difficult and demanding. This is partly understandable, nonetheless humiliation of nursing staff in front of patients is still unacceptable behaviour.

For we can declare platitudes about being on the same team and having same goals, but when it comes to the crunch, the way patients view nurses is in some way a reflection of how doctors view them. And the daily tragedies of ugly Singaporeans treating our foreign nurses as if they were little more than domestic help is food for thought for us all.

That is why all hospitals should have what is on the walls of all TTSH wards which say something like our staff are important to us and any criminal abuse will be reported to the police. But with the move of some administrators towards calling patients "clients", with the entire movement towards a total Ritz Carlton like service mentality, and the running of hospitals as minor businesses, perhaps one should be satisfied with just being able to call patients "patients". But this is another topic for another day. ■