Calls and Such

Terence Lim Ponders Housemanship, the Call System and Whether Young Doctors Whine Too Much

"So I did not get out of there until six last night and I was just delirious. I'm not as good a doctor postcall as I am precall; I don't think anybody is. You just can't make as good decisions when you're that tired. I think postcall, I function at about 80 percent, which is not bad. But that extra 20 percent, that's got to be important sometimes. I think it's really stupid, I just think this whole unbelievable call system is stupid because it really makes you...you're just not as good! Don't misunderstand me, I'm not so much complaining that I'm unhappy about having to take the abuse of being up all night every third night, I don't like that, I don't like the way it makes me feel, but the thing that really bothers me is I don't think I can give as good a care. If you're trying to give the best care in the world, you should be able to work out a system where doctors can function at their best."

From Intern Blues
The Private Ordeals of
Three Young Doctors
Edited by Robert Marion M.D.

OVERNIGHT MARATHONS

I heard someone say this about reading, "We read to know we are not alone". The "alone" meaning more than physical solitude, but also the feeling of solitariness, even abandonment in thinking, in opinion, in feelings.

Throughout my houseman year, though I never felt alone in my unhappiness about calls, I never felt more understood in my frustration than when I read the above words, some 6 months into housemanship.

I know it sounds corny, but in some almost metaphysical way, it was as if this young American doctor, working almost 20 years ago in New York City, was speaking my mind, putting voice to my anger and yes, tiredness.

Chronically tired is what most of my friends would say about housemanship. That and "I don't know how I did it" was used most often to describe the experience of calls and especially those every-other-day (EODs) ones. Of course we did not start off feeling that way. At first most of us thought of it as a challenge. That it certainly was, but physically more than anything, like running a marathon. But even marathons are not all-nighters.

It was also a challenge of emotion - how not to be apathetic. On busy medical calls when one can barely go 10 mins without being paged, it's difficult to muster empathy for your patients. My senior once gave me this advice, "Don't make eye contact with anyone when you walk through the ward during calls, the relatives will want to talk to you and you won't have time to finish your work."

Fortunately it was only frustration at the system. A frustration that could find comfort in having many fellow sufferers. Housemen after a series of EODS bond easily - like war veterans. But do we need so many war veterans here? Why do we subject our juniors to the needs of 'war'? There must be a better way of doing things. Obviously this system of calls does not benefit both doctors and patients. In many ways it's a disaster waiting to happen. Wait a minute, disasters have already happened. Instead of looking for tired scapegoats to point fingers at when errors occur, is it not better to find ways of improving the system so that the chance of human error is minimized.

FIRST CALL

Anger and frustration at the system takes time to develop. After my first call, still my worst ever, my only thoughts were "it's not like they said, it's worse" and "I made it". There was even a little satisfaction, despite totally forgetting to clerk 2 dawn admissions, having had no sleep and not managing to take a single kid's blood the entire night. The fact was I survived. And so did all the kids I managed to clerk, although one mother did faint after she saw me attempting to take her child's blood.

There was also relief that I managed to drive home safely. It was only after my second call that I got into a road traffic accident.

Like most disasters, my first call started peacefully enough - the calm before the storm. It was a Saturday. I even had time for lunch. The first sign of impending madness was my MO telling me, "KK is transferring a septic shock baby to our ICU, I might be inside for awhile."

"Awhile" turned out to be a gross understatement. The child was dreadfully ill. When I entered the ICU that evening to give intravenous medications, there were 2 senior consultants and 2 registrars looking after the neonate. My MO was busy running blood tests.

We were warned about such calls in medical school. Calls when everyone except the HO is stuck in ICU and the most junior doctor is the only doctor in the wards. I know it happens. I just did not expect it to happen to me, and on my first call. We must have had around 15 to

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20 admissions that night. Not so bad for an experienced pediatric HO and MO. But there was only the latter that night and she was stuck in ICU. I could hardly get any plugs in or take blood on my own, not to mention "complex" procedures like lumbar punctures and cultures. It was a mess. I felt like a liability.

Looking back, what kept me going was not so much pity for patients or fear of recrimination, but accountability to my MO, who not only had to juggle ICU duties, but audit my clerking, clean up after my failed blood taking attempts and keep me out of trouble. She probably complained bitterly about her incompetent HO to her husband the following day. But during that call, she never raised her voice or lost her cool.

Psychological studies of soldiers during wartime have shown that men in the battlefield push on despite bullets and explosions not out of grandiose notions like patriotism, but out of loyalty to their comrades. That night, I felt as if I was a rifleman casavacked by my platoon commander through the minefields.

But it was not only the junior officers that fought that night. The generals were also down in the trenches. The sick infant died around two that morning, but not before anyone who could have made a difference, made a difference.

ONLY 15 MINS

"Ours is not to ask what or why, it's just to do or die"

These words, from a war poem I read a while back rang in my head when I found out we were down to 2 HOs one particular month. This was towards the end of my houseman year. The "die" word was a particularly ironic pun. Doctor, patient or both, I wondered.

Seeing human resource administrators strolling off to lunch spot-on at mid-day when my colleagues and I were rushing around like headless chickens, I felt like dragging them to face my sick patients and asking, "Are you going to take responsibility if she dies, why are you strolling off to lunch when you should be doing your job and getting more doctors and nurses down here to help them?"

In a recent Straits Times profile of a fund manager turned e-commerce entrepreneur, the former banker was quoted as saying, "If that is what it takes for them to be good at their job, then they should do it" when asked to comment about the long working hours of young adults these days.

If only it were so simple in medical practice. Because if that were the case, we would have many expert young doctors. The fact is that despite technological advancement and diagnostic tools, good medical practice (still) requires time to talk to and examine the patient. And with the current workload in some restructured hospitals, doctors have only time to react rather than be proactive in helping solve problems. Certainly we cannot be all things to all men. But there should be time to be at least some things to a few.

A recent report in UK's Daily Mail quoted GPs practising in London complaining that they (only!) had 15 minutes to see each patient. Even in the managed care medical landscape of the US, insurance companies apparently stipulate appointments of (at least!) 15 minutes. Fortunately most Singaporeans are not so knowledgeable about healthcare delivery in other developed countries.

In many ways, society decides and deserves the doctors and nurses it gets. The way the administrative system and general public view and treat those in the profession will influence whether or not newcomers join. The laudable new initiative by the National Healthcare Group towards preference-driven MOPEX for non-trainees will ensure that deserving departments get their due, and vice versa. If only the same principle can be extended to certain sectors of our population.

Jokes aside. It'd be a shame if medicine were not as keenly fought for as in the past. When the news reported that less than one third of doctors will encourage their children to pursue the same profession, my father actually quipped "That's quite a good figure, I think all teachers and nurses will not encourage their children to do their kind of work". So perhaps it's not so bad after all.

WHAT WE DESERVE

In the midst of all this talk about calls and overwork, it is appropriate to consider one final question. Are young doctors whining too much nowadays? Did the former generations just grin and bear it, with a real trooper attitude, the fact that they were doctors and able to help their fellow men reward enough?

If this was the situation, 20, 30 years back, it's a testament to how times have changed. It would be naïve to expect such a view to be the norm these days.

Doctors like to think that only patients have changed; become more demanding, less appreciative et cetera, but doctors have also changed.

In the past, doctors minded less the hard work and sacrifice probably because they were paid back more in terms of intangibles, such as chickens-for-cash gratitude and a jaw-dropping kind of recognition. The tangibles then were also much more affordable. Singapore had a limited middle class that an MBBS immediately bought entry into.

Compare this to the broad middle class, good healthcare is my right, market driven society of today, where getting into medical school could mean missing out new economy opportunities, administrative service careers or a chance for artistic self actualization. Is it any wonder that missed opportunity is the theme of many medical school reunions?

"Compare" is the keyword here. Although empathy is vital to good medical practice, most doctors never compare themselves to the general population. If we did, many would be less frustrated. Instead we hold ourselves up against friends who did similarly well in school. We feel that we deserve a slice of the good life, for we also do important work.

Still, let's not take ourselves too seriously, even if the work is serious. If medicine is such a problem, then it's time to get out of it. We may not deserve medicine either. ■