

Beyond Chromosomes

By Audrey Tan

“Naturally, any talk of life as a female medical student preempts the inevitable question: “So, Audrey, how do you feel about the quota on female medical students?” Even after the quota’s more than timely demise, its notoriety still stretches far and wide, even extending to the shores of North America, where I did my clinical elective. It came up one day during a ward round, and the person asking was one of my attendings. Caught flat-footed by the unexpected, I could only hem and haw and mutter about how “it’s lifted now, which is a good thing.” Of course, there wasn’t much I felt I could say at the time, constrained by not wanting to say things that might be perceived as detrimental to either Singapore or myself.

So for the record – how do I feel about the quota? At the time, I was upset. Aggrieved. Terrified it would affect my chances of getting into a course that for me was the only possible choice. Now that I speak from the security of having already completed four years of Medicine, I can say that even with the quota in place, there were more than a few women in my batch, adding up to a total of about 40% of the intake. The dastardly quota was without a doubt, more relaxed in my time compared to the years before. Of course, that doesn’t affect the way I felt, and still continue to feel, about the indignity of having a quota in the first place.

BEYOND ADMISSION

Some of the interview questions continue to puzzle me. One of the more infamous examples is: “Would you continue to practise Medicine even after you get married and have children? What would you do if one day your child was sick?” To my knowledge, most of the female applicants in my batch were asked this question, and none or few of the male ones were. This confused me. At that time, and even now, the government was struggling with the problem of female graduates who were unwilling to have children because of their careers, and there was a drive to encourage the view that it was possible to juggle both family and career. There was already talk of getting the men more heavily involved in childcare. Why then, was such a question posed to female aspirants to Medicine, and only the females? It seemed contrary to the “official” standpoint, at the very least. The question seemed to assume that it was the lot of the women to stay at home and look after the children, and that it was impossible to maintain both career and family at the same time. It seemed Jurassic, at a time when we were reaching towards the more progressive. I hear things are better now, but it still continues to confound me.

Yet, of all the questions that I was posed during the interview, apart from the one that asked why I wanted to do Medicine in the first place, this was the one I was most prepared for. Generations of female applicants had been asked it, and I had been forewarned by friends already in Medicine to expect something of the sort. It was practically an institution, and I never understood why it was allowed to stay for so long.

Happily for us, medical school was not the hotbed of gender inequality that one would expect from the interview. Egalitarianism had caught up in our education as it had not in our admission, and we were more worried about failing our Pros than about not being accepted because we were female. The interview aside, I never felt as if being female meant that I was treated differently. Tutors and doctors, for the most part, treated us all with respect, and did not seem to make much gender differentiation. After all, why make an issue about the fact that we were female when there was so much else to find fault with? Occasionally, there would be a few more conservative tutors, but happily, they were the exception rather than the norm. Ironically, not all of them were necessarily men, nor of the older generation.

BEYOND MARRIAGE

I suppose egalitarianism was facilitated by the numbers of practising and successful female doctors already out there. Times must have been harder when female doctors and medical students were more of a rarity, making it harder for a woman to gain acceptance and credibility in the medical profession. But with generations of successful female doctors having already proven their worth, there was no need for us to constantly justify our place in Medicine. I walk in the path worn by high heels of those who have gone before, and I can never express the gratitude and respect I have towards these female pioneers.

More female doctors also mean more role models for an impressionable medical student. Competence impressed us all, regardless of whether it was found in male or female doctors, but the female ones in particular were a source of inspiration for me. It didn’t matter whether they were married, had children, or were single. What impressed me was the facility with which they handled all aspects of their lives, along with the challenges that came with being a member of the medical profession.

Many of my non-Medicine friends are now working, and the attached ones are considering the implications of juggling marriage and career. There are even a few who plan to stop work after marriage to take care of their children. Their reasoning was that they could not imagine raising their children properly without at least one parent taking care of them full-time. I have no real opinion either way, but the idea troubled me: it was agreed among almost all of us that Medicine was a calling, and not merely a job or a career. I couldn’t see myself or any other female medical student doing the same thing – it just seemed like such a waste, of time, effort and ambition. Yet, there were doctors who managed to have children and continue practising. A great many of them even found the time and energy to specialise. Practice and children: certainly not easy, but not as mutually exclusive as I had originally thought.



About the author:

Audrey Tan is currently in denial about being a fifth year medical student at the National University of Singapore. She wants nothing more than to cut people up after graduation, giving her two options: axe murderer or surgeon, both of which are no longer limited to males alone. Audrey can be emailed at med00252@nus.edu.sg.

BEYOND GRADUATION

Surgery is and has always been what I want to do. Unfortunately, it is still considered, for the most part, to be a “boys’ club”. However, as in all aspects of Medicine, things are beginning to even out. There may be few female consultants, but there are more female registrars, and even more female MOs. Women in surgery may never outnumber the men, but this, I suspect, is largely due to choice.

Surgery is, in itself, one of the more physically demanding and time-consuming branches of Medicine. The bulk of therapy remains in the operating theatre, and not by the bedside, leaving less time to establish and capitalise on patient-doctor relationships. Less communication is required, and communication is something women traditionally excel and delight in, and do a little too much of, if men are to be believed. The crux of the matter, however, may be the surgical gloves. They obscure the manicure you are dying to show off. They stop you from keeping your nails long. They prevent you from wearing rings. And even worse, the constant hand washing makes the skin dry and cracked. Horror of horrors!

For whatever reason, fewer women than men want to go into surgery, even in my presumably more enlightened generation. And this, I hope, is the sole reason why there are fewer female than male surgeons. The thought of another quota to topple and another interview question involving imaginary sick children is too much to contemplate.

I cannot frankly say that the future, at this point, looks bright for me. Right now, the seemingly impenetrable triple cloud of M5, MBBS and housemanship loom frighteningly close. Yet, I can cautiously say that I do not feel any more or less doomed because of my gender. Whatever befalls me should and ought to do so because of my own merit or luck. For what is paramount in Medicine is that we give aid and succour to our patients. And above all, in the attaining of this goal, are competence and compassion, neither of which is measured by the number of X-chromosomes we possess. I do not judge my peers by their Barr bodies, but rather by the possession of these more ephemeral qualities. And I hope that we continue to be so judged, as we venture into the Great Unknown, which is post-MBBS. ■