

By Dr Oh Jen Jen, Editorial Board Member



Photo Credit: Dr Liu Tsun Tsien, Senior Consultant for Dermatology, Changi General Hospital.

Reality Bites

While collecting articles for this theme issue, I was struck by two personal observations. First, how idealistic most – if not all – medical students are, and second, how everything drastically changes once you start work.

Nevermind that contributions from our impressionable undergraduates greatly outnumber those from their embattled, embittered seniors. Like the first sip of wine, all it takes is a tiny sample to capture each author's essence.

“We expect the world of doctors. Out of our own need, we revere them; we imagine that their training and expertise and saintly dedication have purged them of all the uncertainty, trepidation and disgust that we would feel in their position, seeing what they see and being asked to cure it.”

– John Updike, from his introduction to Samuel Shem's *The House Of God*.

Little has changed since this classic novel's publication back in 1978, a telling revelation I consider both a blessing and a curse. The former because the medical profession is indeed a noble one and deserves recognition and respect. The latter because being placed on a pedestal inevitably renders one vulnerable to precipitous tumbles, with devastating consequences.

Like many of my medical school juniors, I too once harboured great ambitions and blinding optimism. I drew inspiration from Oliver Sacks and Sherwin B Nuland: neurologist and surgeon respectively, authors of renowned memoirs *Awakenings*, *An Anthropologist On Mars*, *How We Die*, *How We Live* and *The Mysteries Within*. Their eloquent musings on rare, fascinating disorders, coupled with moving, intricate portraits of patients, provided a standard to which I constantly aspired. Add to these the (literally) heart-pounding antics of *ER* (which,



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by the way, was created by Harvard Medical School alumnus Michael Crichton) and *Chicago Hope*, and I could not wait to graduate so I could finally lay my hands on the sick and dying.

Cue housemanship year: 1999, AKA Hell On Earth. Starting as a house officer in paediatric oncology was definitely not a good idea. Stints in internal medicine and general surgery followed, during an era of nine-calls-a-month rosters and few post-calls. But working hard, almost developing a peptic ulcer, and forgetting what my bed looked like was not that great a shock. What bothered me most, actually, was how I began to dislike my patients.

Besides discovering a few House-isms of my own (“*Treat all patients as if they have Korsakoff’s – we all lie anyway.*”), I dreaded many of my charges for a variety of reasons: the dementia-ridden old lady whose frail appearance belied a superhuman strength each time I stuck her with a needle; the schizophrenic old man who always timed his own trial-off-catheter at 3 am in the morning; the septicemic drug addict whose veins were all shot yet refused a central line insertion; the unpleasant ‘regulars’ with alcohol dependence syndrome or social problems, who caused the staff a great deal of distress and never left the hospital, then subsequently contracted every known nosocomial infection in the book.

Topping the list, however, were the Public Relations Nightmares: patients and/or relatives who were nasty, demanding and trigger-happy where lodging complaints was concerned. I learned the meaning of ‘FON’ (our code for difficult personalities) and found myself using it often.

I read *The House Of God* just prior to turning registrar, and immediately regretted not doing so much earlier. Granted, it is a pretty vulgar depiction of the medical profession, with farcical characters like The Fat Man, Dr Leggo, Slurpers, Privates and GOMERs, hilarious (and *ahem*, locally employed) ward strategies such as Buffing a case before Turfing it and praying it does not Bounce, and (my personal favourite) illustrations of the world-famous O and Q signs (if you do not know what they are, you clearly have not spent sufficient time in the wards).

Hailed as one of the most important medical novels of the 20th century, it is also described by Updike as “a book to relieve you of these [reverent] illusions”, doing for medical

training “what Catch-22 did for the military life – displays it as farce, a melee of blunderers labouring to murky purpose under corrupt and platitudinous superiors”.

If Shem’s unforgiving satire is not up your alley, I recommend Atul Gawande’s *Complications: A Surgeon’s Notes on an Imperfect Science*. Although a hodge-podge of reflections on personal mistakes, bizarre cases and medical advances, two chapters stand out.

When Doctors Make Mistakes recounts a difficult airway incident – something I am sure most of us are familiar with. In addition to excellent writing, Gawande bravely discusses his own fear and helplessness during those excruciating moments, later extrapolating to other procedures and offering what I consider “diamonds of wisdom”.

When Good Doctors Go Bad is a poignant study of an accomplished orthopaedic surgeon who inexplicably hits rock bottom after years of flawless work. However, Gawande refrains from painting him as a straightforward villain, handling his subject with a combination of candour and sympathy, offering valuable insights on the various methods employed in handling the profession’s black sheep.

I mention these novels for a number of reasons. One, to reiterate a personal belief that many doctors and doctors-to-be are, in fact, exceptional writers (as evidenced by this month’s line-up of superb contributions). Two, to highlight the authors’ markedly different perspectives which, quite interestingly, mirror those of our local counterparts. Three, to offer words of encouragement to our eager young students, whose intentions are (still) pure. Four, to assure the disillusioned cynics that they are far from alone, and that making mistakes or occasionally hating your job does not make you a bad doctor (as long as you do not hurt anyone intentionally). And five, to stress the pitfalls of taking the practice of Medicine too seriously when, like it or not, “to err is human”, and we are nothing more than ordinary *homo sapiens*.

“*No matter what measures are taken, doctors will sometimes falter, and it is not reasonable to ask that we achieve perfection. What is reasonable is to ask that we never cease to aim for it.*”

– Atul Gawande

My sincere thanks to everyone who generously contributed their time and effort to this issue, and best wishes to all our medical students and junior doctors. ■