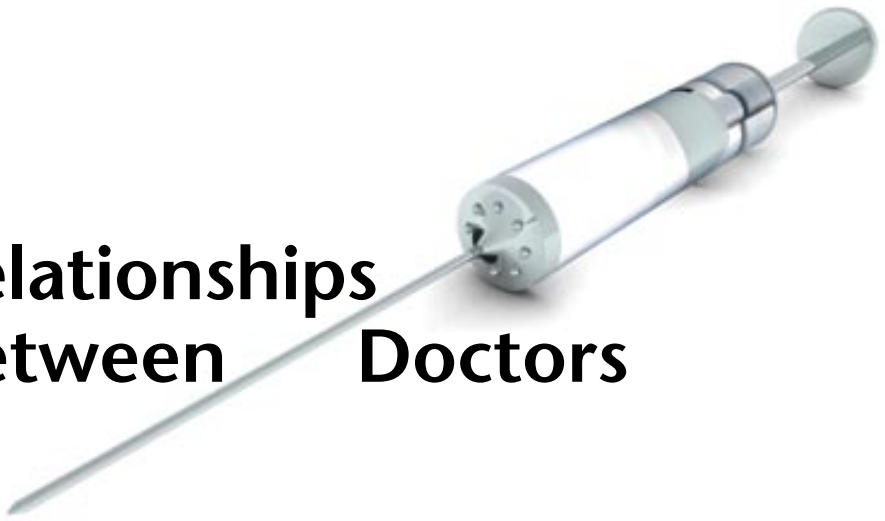
By Dr Teo Eng Swee Cuthbert, Editorial Board Member



Relationships between Doctors

This is not an article about doctors who are couples, but about how doctors treat each other relationally.

Recently, a friend who I was meeting for dinner decided to have his Northern hemisphere influenza vaccination before the meal. As I was going on an overseas trip to China very soon, I decided to take the opportunity to get a vaccination at the same time when he dropped by his general practitioner's clinic. Not having been to the clinic before (nor met this GP), I was asked to fill up a patient card with my particulars, which included my occupation. Not wanting to 'flaunt' that I was also a medical doctor, I wrote in as small a font size as I could manage, the word 'pathologist'.

Well, both of us had our vaccinations, and when we went to the counter to pay, the clinic assistant told me: "No charge, FOC." The time from the vaccination to going to the counter with the cash that I was already holding in my hand was less than 30 seconds. When I insisted that I wanted to pay for the vaccination, she said: "Sorry, instructions from the doctor."

I popped my head into the GP's room to thank him, and he said: "You're a medical colleague, right? No charge." Later, I found out that this GP had graduated eight years before me.

This was in contrast to an experience I had with another GP who graduated eight years after me. I had chronic sinusitis with coughing due to post-nasal drip syndrome for the previous three weeks. This coughing was bad enough to disturb my sleep (and would eventually take another three weeks to resolve). I went to see a GP who was on my employer's managed care list, and so he obviously knew that I was a medical doctor since I was using my work place pass. I told the GP that I had this problem before, and I requested for a week's supply of decongestant so that I would not need to return to his clinic again so soon. He told me that he could only supply me with three days of decongestant, and that if I wanted more, I would have to pay for it out of my own pocket.

I would like to be clear. I do not expect doctors, particularly if they know me, who treat me to do so for free. It would be unfair, which is why I always hesitate to seek personal medical advice, if needed, from friends and acquaintances. Sometimes, I do anyway because these are doctors whose skills I trust.

But what happened at the GP clinic after the vaccination made me think about the relationship between doctors. How should doctors treat each other relationally, as a patient and as a fellow professional? Was it significant that the GP with more years of experience gave me a vaccination "FOC", and a younger GP made me pay for four extra days of a decongestant? Are medical students being taught on how they should treat each other and colleagues after they

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Page 14 ►

◀ Page 13 – Relationships between Doctors

graduate? How do senior doctors, particularly those who are also teachers, treat junior doctors and medical students?

When I was a fourth year student, one professor told me during a group tutorial that I must be cheating because I had scored 100 marks for an MCQ assessment.

When I was a house officer (HO) from 1988 to 1989, working in a teaching hospital, my lasting impression was how badly I was treated by my seniors. On the first day of work, the Head of the Medical Department, an oncologist in charge of new HOs, gathered all the HOs, and literally told us we were the lowest of the low, the scum of the earth, and that she would keep his eye on us and watch us for any mistakes and we would be immediately asked to leave if we committed any errors. *(My use of gender-specific pronouns here and below is random, and merely avoids the clumsy use of 'he/she', and does not necessarily indicate the real gender of the person).*

During ward rounds, the professor of surgery insisted that HOs who had been on call must have the blood results of the patients admitted during the night at their fingertips, and must tell him the results by memory. On one occasion when I could not do so for one patient, he kicked me on my buttocks, causing me to fall onto the patient's bed, and laughed at me, in front of the patient and all the other doctors on the ward round. It was humiliating, and being very angry, I warned the professor that if he ever kicked me again, I would make a police report of assault. He never kicked me again, but the rest of my posting in surgery was made very miserable.

The professor of orthopaedic surgery who did morning rounds for her scoliosis patients would pull me by the tie from bed to bed, like a master leading his dog. Another professor of orthopaedic surgery threw my notebook out from the third floor window because I dared to write down his instructions while he was talking, rather than listen to him. This latter professor also dragged a fellow HO to the elevator and told him to get out of the building for daring to call him Mr So and So, instead of Professor So and So.

Getting an urgent CT scan at night from a particular radiologist terrified me. This radiologist would scold me for disturbing her sleep, and would swear at me. All the other HOs were similarly terrorised by her.

When I was a trainee, my aunt had cardiac failure from previous rheumatic heart disease.

... my mentor when I was a forensic medicine trainee never failed to advise me that I must treat all medical students and doctors, senior and junior, with respect.

I called on the cardiologist – a very senior cardiologist who knew I was a doctor – who was treating her and asked for an appointment to meet up to discuss my aunt's condition. The cardiologist flew into a rage, and scolded me for disturbing him, and told me that he hated talking to relatives because they kept bothering him with stupid questions.

Before I go on, I have to add that there were also good teachers who were inspiring role models. For example, during the same posting with the tie-pulling orthopaedic professor, one junior orthopaedic consultant always made sure that the HOs on call had enough sleep. If the admissions were non-stop, he would step in at around 4 am to clerk the admitting cases himself, and tell us to get a couple of hours of sleep before the morning ward round. The late Professor Chao Tzee Cheng who was my mentor when I was a forensic medicine trainee never failed to advise me that I must treat all medical students and doctors, senior and junior, with respect. So as a matter of courtesy, when I am late for a tutorial or a lecture, I always apologise to the medical students and explain why I was late. Even when I am at my busiest period, I always try to attend personally to all doctors, from HOs to Professors, and let them know why if I cannot. I consider it a professional privilege to render service and advice to my medical colleagues and peers, within my professional limits, where I am able, without thought of personal reward or compensation.

Learning how to treat your medical peers and colleagues (juniors and seniors) with respect and understanding (medical etiquette) must start in medical school. Not only must a good doctor know how to treat his patients, he must also know how to treat his colleagues – this is the doctor-doctor relationship. ■