

# FOR THE Betterment OF THE Profession

Text by Dr Tan Yia Swam

This issue focuses on doctors in training (DIT), including local and overseas students as well as junior doctors, residents and any medical officers.

Ongoing COVID-19 restrictions, both locally and internationally, have affected the studies and graduation of two batches of students. Some students have not been able to return to their schools overseas. The quality of training has also been affected for some, due to reduced clinical time.

## Supporting DITs

The SMA DIT Committee spoke to the student councils of both local and overseas universities to better understand the students' concerns and to provide aid. Some of the help rendered include acquiring surgical sets and suture materials as well as linking up students with doctors who were able to provide training and tutorials for the Objective Structured Clinical Examination. The local institutions have also reached out to some of the students to help in educational support.

As much as I still think of myself as being young, I have found myself more and more distant from my own training years, though I hate to admit it. I am glad that younger doctors such as Drs Benny Loo, Ng Chew Lip, Chie Zhi Ying and Raj Menon have picked up the mantle of the DIT and Membership committees. Dr Ivan Low is one of the younger

Council members and I believe he can be a credible voice for his peers. In fact, Dr Low had helped lead the Call-To-See-Patient series, which has now become a staple for graduating students entering their housemanship. I am always looking for young doctors to be representatives in the SMA, and to be a voice for your generation. In fact, I was approached by some of you after a recruitment talk for the recent graduating batch, who asked about our advocacy work and how to be involved as a way of contributing back to the profession.

Some of you whom I have spoken with over the past two years have provided excellent feedback from the ground – be it problems you face at your workplace in the restructured hospitals or in your own private practices. I hope that more of you will set aside time to volunteer in our committees and speak up for your colleagues. We welcome you to join our DIT and/or Membership committees.

The work of advocacy is not taught in medical school; it is something that one learns along the way. It is not enough to merely complain. In medical practice, history-taking only presents us with the initial presenting complaint. In our physical examination and investigations, we need to take a closer look at the components that make up the problem. Applying that concept to life issues, I find that

it is useful to peel back the layers so as to ascertain if it is a systemic problem, a work-cultural issue or if it is personality-related!

I am a doctor first and foremost. I fall back on the rigorous clinical training that I have received as I apply it to problem-solve in every other area, whether it is representation in the SMA, in the Multilateral Healthcare Insurance Committee, or in my “newish” venture into my Nominated Member of Parliament work.

Visible problems will lead to a presenting complaint; however, that problem may merely be the tip of the iceberg or a distractor to the real underlying systemic issues. One needs to delve deeper and understand the complexities, and target the root problem(s) effectively before there can be a meaningful solution.

Some perennial problems affecting DITs include difficulties stemming from limitations of training slots and consultant positions, fairness in remuneration and challenges in achieving work-life balance. My professors from the past shared their own woes from their time, which turned out to be the exact same problems as young doctors complain of now! In “my time”, we faced such problems as well. For many, we ploughed ahead to overcome whatever challenges that changing training requirements threw at us and pushed on. In your generation now, some of these problems are still present

under different guises. Some issues may have improved. We should always strive to better ourselves as a profession and I believe we should always pay it forward to help better the working conditions for the doctors coming after us.

### Be part of the change

Come talk to us, the DIT or Membership committees, and help us better understand your current challenges. I hope for your time and support when we ask for your help engaging people on the ground, to summarise and present their problems to those in positions of power and influence.

Realistically, change may take years to achieve and issues will not be resolved after a single piece of feedback. Some ongoing problems will take a mindset shift to change. I have shared this observation with previous batches of student councils as well. As each year of medical school advances, we first have to learn to be competent clinicians, to write papers, and to observe procedures and operate. Sometimes, other stressors such as harassment at work or an official work complaint may set us back temporarily in our career progression. For those of us interested in setting up families, we need to take time out to get to know other people, go on dates and develop a meaningful relationship. After marriage, and when children arrive, they will need much time and attention!

I am finding out that the work in caring for a child never ends. In their infancy, we learn to keep a newborn alive – feed them, clothe them, change diapers. Then in their early schooling years, we parents are frequently involved in home projects, excursions and parent-teacher meetings. As they grow, we worry about discipline, screen time and academics. Teenage years will likely be moody, angsty and plagued with relationship problems!

My point is, life goes on. Most of us have many other commitments outside of work. It takes dedication and some sacrifice to devote time for advocacy work. If you are interested and you really feel a need for change, join the SMA committees, and maybe even

the Council eventually, to learn to represent the profession effectively on a national platform.

When I invited some young doctors to be on our committees or the Council, a common response I frequently get is that “I cannot commit myself at this point because of various other commitments, maybe later on when I have more time.” There will never be a time that is more appropriate – there will always be other things that you find more important, more pressing, or more urgent because there will always be your family’s, your patients’ or your own needs, before the needs of the profession.

That is our strength as well as our weakness. We are committed to our patients first and foremost, but we are humans too and we will need to prioritise our own well-being.

How can we grow as a profession if not for the people who are willing to give up their time and energy to think about the problems that affect us all, and to provide thought leadership? We have to invest in this and not allow others to dictate how we should be practising, whether from a clinical, research or business perspective!

I hope as you read this that you would feel inspired. Whether the time is now or later, whether you can devote only one hour a month or one hour a year, that you would give of your time and offer your point of view to join our discussions on how we can improve our own system and look after fellow doctors better.

As always, we welcome feedback from our Members, so do write in to [sma@sma.org.sg](mailto:sma@sma.org.sg). Stay well, and stay united. ♦

Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice in mid 2019, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.



Illustration: Dr Justinian Zai