



However, now that I'm practising breast surgery exclusively, I see clearly that there are also reverse stereotypes.

"I don't want to see the doctor in Room 4; it's a man!"

The man is a doctor, just as I am. In fact, sometimes the man is the senior!

"I want a female doctor to do the operation for me. In fact, I don't want any men in the operating theatre (OT) at all!"

If there's an emergency, lady, I would want the most competent doctors and nurses in there to help, regardless of gender!

It is not easy being a woman in a man's world... but it is not easy being a man in a woman's world either! I have approached four friends (of both sexes), from different disciplines and asked them for their thoughts on gender differences (if any), and to share any experiences in facing discrimination or possible harassment from colleagues or patients, simply due to their gender.

I understand that some of the direct quotes within the following anecdotes might be offensive to readers, but they are, unfortunately, reality for many of our colleagues and friends. I hope these thoughts shared will raise awareness,

and remind us to be more mindful of what we say and do. Let's all be kinder and more supportive towards each other – be it a single parent, a female colleague who's "always" on leave (for sick kids, for pregnancy checks or for fertility treatments), a colleague who needs time off to look after sick parents or even a sick pet. Let's appreciate the colleagues who pick up the slack when we need to take time off and remember to repay the kindness.

I hope that as our society matures, all healthcare workers will take the lead in promoting workplace equality, regardless of gender.

Dr ABC (Male)

I work in a small department which deals with women's health. The gender make-up among doctors is well balanced, although it will soon start tipping more towards women. My colleagues are mostly gender-blind and we find that both men and women take to each of the subspecialties and service requirements equally, regardless of the physical demands. Although it is not a big department, we are

all able to absorb the service obligations placed upon us when a female colleague takes maternity or childcare leave. There was never a sentiment that the men shouldered a disproportionate burden.

Our patients sometimes request for female doctors. While I often wonder if this is a form of reverse gender discrimination, I understand that this may be because of deep emotional reservations (cultural background, upbringing and beliefs,

or maybe even previous trauma that is not disclosed), given the intimate nature of our assessment. Nevertheless, we have a lean night call team and it can be difficult to accommodate in such a setting. Emotions run high because, as men, we too feel that we want to do the best for our patients, but yet we are unable to get past these basic obstacles. Nevertheless, I have been grateful to my female colleagues for always standing up for us in these difficult situations.

Dr MNO (Female)

In my residency interview, the interviewer asked how I would juggle the rigors of training and raising children. As I answered, ensuing statements implied that if I wanted kids, it meant I was prioritising family over work, and therefore I should not be admitted into the training programme as it would be a waste of time. I have only a vague recollection of the actual words said, but the meaning was clear and remains starkly so till this day. I remember my shock and indignation, and refusal to be backed

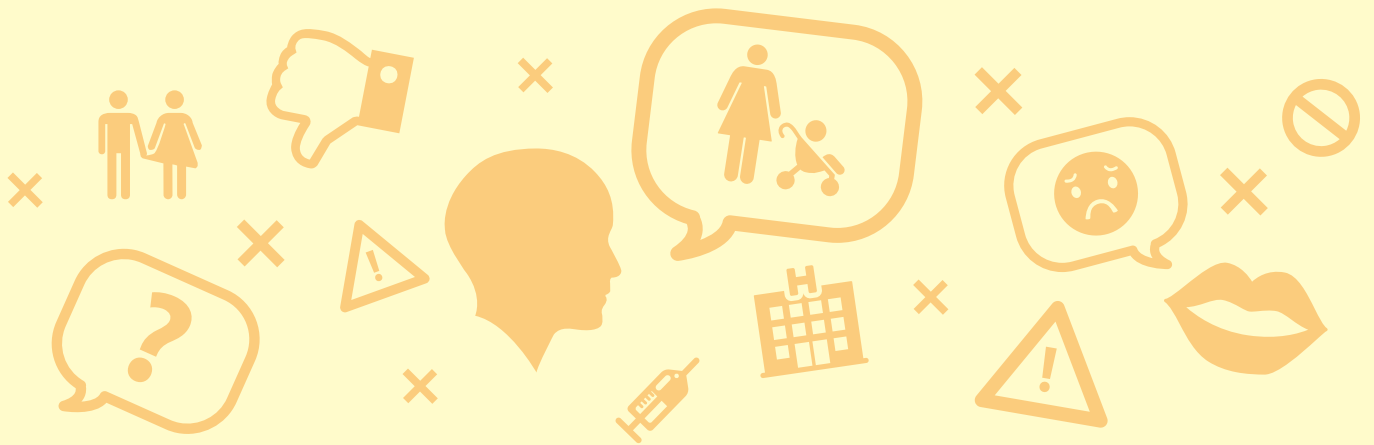
into a corner. I answered with a brave face but I felt shaken inside.

On other occasions, I once made the error of trying to clarify what I'd learned about a spinal condition. The surgeon I'd asked proceeded to grab and squeeze my arm to prove his point (spinal stenosis, of course). Another time, a student asked a question. For reasons beyond my comprehension, the same surgeon decided to answer the question by grabbing the front of my white coat and shaking me as if I were a rattle. I guess he thought it was

funny and it wasn't exactly assault, but each time there was unwanted and unnecessary contact.

Some might argue that since these events happened years ago, my impression of them may have been wrong or distorted. Personally, I doubt it. There were witnesses on each occasion.

I'm glad to report, however, that after being accepted into residency, I haven't experienced any of such acts, whether overt or subtle. My colleagues and superiors have been cordial and supportive.



Dr PQR (Male)

The gender bias we experience in the obstetrics and gynaecology clinic is worsening by the day. A woman would walk into the clinic and immediately exclaim: "No, I am not seeing him; I want a female doctor!" It is no longer a one-off experience but a weekly occurrence. Unfortunately, this might not always be possible given that there are times when the entire clinic team is male. It also adds tremendous stress on the sole female doctor in clinic that day. Often, we tell them at length that they should not choose a doctor, but that there is the option of an upgrade if they wanted a specific doctor each time they came. Most would agree, but only grudgingly.

An even more difficult situation occurs when the entire team on

call is male and the patient makes the same request. The patient will insist that a female doctor should come to the hospital from home and also question why there isn't any female doctor in the entire hospital, not understanding the nature of how departments and call rosters are organised.

We try our best on the ground, to stick by our principles of equality to all patients. However, at times, it is really easier to just give in and hand the patient over to the female doctor. Since it makes for less work and fewer complaints, why not?

It certainly does not help if the institution seems to side with the patient when a complaint arises, and asks why it was so difficult to ask a female doctor to attend. There is absolutely no protection from these patient "bullies" who belittle

male gynaecologists. I also feel the blame always falls on the males for "making it difficult".

As a result, some of us simply give up and take the easy way out, saying, "OK, no problem, please see Miss XXX instead," with a smile. This is set to create a dangerous spiral. It could lead to a "monkey see monkey do" situation when more and more patients start to see that they could actually get on top of the system and get what they want simply by insisting and threatening to complain.

Patient care should matter. Patients might end up with substandard care when they need subspecialty care that has only male doctors. If we were to cave in to social pressures, patients might end up seeing a generalist and may not receive the best care they can have.

Dr XYZ (Female)

During housemanship, people laughed when I told them that I was interested in orthopaedic surgery. Maybe it was because I'm rather petite. Nevertheless, I persisted. During my medical officer (MO) posting in orthopaedics, there were a few incidents which made me feel uncomfortable, but I decided to just shrug them off and ignore them – developing, in the process, a really thick skin in preparation for the future.

Once, after scrubbing up for the OT, the consultant helped me to tie my gown and there was just a fleeting sense that perhaps there

was a bit more body contact than was necessary. Besides, I hadn't come across many consultants who would tie gowns for first-year MOs.

Another time, during an operation, I was asked to tighten a screw. As I did so, the consultant guffawed: "What a strong grip; I'm sure you can give a good handjob!" Luckily, I am not one who blushes easily, so I just put on a smile and carried on. The scrub nurse, however, scolded him: "Dr so-and-so, don't tease the young girl!"

After a few more of such incidents, I decided to respond in kind: "Have you heard that dancing is the vertical

expression of a horizontal desire?" There was silence in the OT. The consultant just shook his head and said: "Wah, MOs nowadays..." The male registrar wisely kept his mouth shut. There have been much fewer sexist and sexual jokes since.

It is perhaps a pity that I have to behave like a man to be accepted as one of the boys, or risk being the target of (misplaced) chauvinism and/or compliments. Yet when one is too manly, one gets some hurtful labels. Oh well, this is the path I have chosen and I am quite content where I am now, both professionally and personally. ♦