



# Advocating for a Better *Healthcare* Profession

Text by Dr Tan Yia Swam

The past two and a half years of COVID-19 seems like a bad dream, from which many of us are waking up – some sooner, others later.

It has left its marks on our social norms. Nowadays, instead of asking “Have you eaten?”, we ask “Have you gotten COVID-19?”. The previous social divides such as “mask vs no-mask”, “vax vs un-vax”, and “mRNA vs others” seem to have been gradually forgotten as well.

## A dirty job

From “Healthcare Hero”, are we back to “zero”? People who shunned healthcare

workers (HCWs) may now demand immediate medical attention. People who hailed HCW as heroes may very well now be asking foreign HCWs to go back home, or might complain about the hiring of foreign HCWs.

How short the human memory is!

The healthcare profession is **not** a glamorous job. Nurses have been called “白衣天使” – angels in white. Some look up to doctors as being rich and influential. The hard truth is that most aspects of our jobs are dirty – literally.

HCWs attend to patients in their time of physical need and in extremis. We

handle blood and other bodily fluids like mucus, saliva, urine and faeces. Surgeons resect diseased body parts and do our best to restore normalcy. Internists use medication to restore function. Nurses attend to the daily basic needs, such as assisted feeding, bathing and toileting. We look after stomas, purulent wounds, gangrene, and more. We perform the last office for those who pass on.

HCWs also provide some social and emotional support for patients and their families. At its best, we provide context for the medical episode they are going through: how much the routine will cost, what is to be expected, and

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what the common complications and critical care points are. Most times, this is appreciated, and HCWs find it meaningful to not just heal the body but also guide families through such crises.

### Human foibles

However, as I have mentioned in my October 2022 parliamentary speech (view at <https://bit.ly/3ynuxyl>), it seems like the doctor-patient relationship has devolved into a transactional relationship, merely exchanging money for services rendered. There may be people who take it for granted with the mentality that, "I am a paying customer, I expect to be served fast." How do we explain that healthcare is **not** a simple service, that it has to be personalised and tailored to the individual's needs? Some medical conditions are "straightforward" and others are complex. Many patients have their own ideas, beliefs and expectations which influence their acceptance of doctor's recommendations. Additionally, there are also financial concerns, which influence health-seeking behaviours!

As a breast surgeon, I will say that the surgical conditions are really very straightforward to manage. What is fascinating about my subspecialty is the myriad of human emotions that go with it. We see a full spectrum of reactions to breast health: from a normal, healthy woman who is obsessively worried about breast cancer despite being told

by several specialists that all her test results are normal; to the woman with a fungating breast tumour in denial for several years and not coming forth to see a doctor – until she has no clothing that can cover up the lesion any more.

Some people are naturally anxious or might have an undiagnosed anxiety disorder. Some have depression. A few have undiagnosed personality disorders and are manipulative and abusive. When there's an acute event, be it a real physical illness or imagined, the psychological burden is real and HCWs frequently bear the brunt of these outbursts.

We know, we understand: people need to blame someone, and it is easiest to scold the person/people in front of you. That does not make it any easier to accept, however. It is no wonder that HCWs are voicing out their unhappiness and seeking greener pastures elsewhere.

The news and social media outlets now report the troubles plaguing our doctors in training, how foreign nurses are moving on to other countries, and how there are bed crunches in the restructured hospitals. None of this is news to us. We have known about it for years. Doctors have to learn to advocate effectively and not just complain or blame the system. Meanwhile, policy-makers have to listen, include people on the ground in some of the decision-making process and trust their opinions.

I am acutely aware that my time in the various leadership roles may soon be reaching an end. I hope I have made

some significant contributions and impact in the past three years, and I sincerely hope that there will be others who will continue on the advocacy for doctors, and for patients. ♦

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.

