



Text by Dr Daniel Lim

As doctors, we are trained to practise evidence-based medicine. The investigations we order are based on guidelines, the drugs we prescribe are backed by trials, and our dietary advice is drawn from data.

And then we go on call, and suddenly we believe in “call luck” – a complex fusion of superstition, anecdotal experience and dialect-based wordplay.

Food traditions on call

Passed down like a secret oral tradition, the rules to follow are rarely written but universally known. Do not say “It’s been a quiet call.” Do not take the last lift or staircase. And definitely do not wear red unless you want to summon more of it.

Food-based rituals are especially colourful. Drink Coke Zero for zero admits. For the same reason, don’t drink 100PLUS or, worse still, POKKA Lemon 1000. Chrysanthemum tea invites floral serenity. *Shuǐ jiǎo* (Chinese for dumplings) help you *shuì jiào* (Chinese for sleep). Beware the bao, lest you have to *bao ga liao* (Hokkien for “settle everything”). I have seen grown adults back away from a *char siu bao* (barbecued pork bun) as though it were radioactive.

There is also a food delivery ordering hierarchy. A senior medical officer calls the shots at night for the call team – sometimes magnanimously polling everyone, other times issuing a unilateral order with the efficiency of a wartime general.

Meanwhile in the day, the house officer (HO) stresses out while taking drink orders: “One *kopi o siew dai*, one *kopi c kosong*, one *teh peng*, one Milo dinosaur...” One must come back with everything ordered correctly or risk exile. These beverage orders can sometimes feel more sacred than the laboratory orders put in during rounds.

But beyond these quirks lies a deeper story of how food shapes our call culture. Amid all the weariness, food becomes more than just sustenance. It turns into a symbol of support.

I still remember going on my first call – I was overwhelmed, “under-slept” and desperately flipping through my “Called to See Patient” handbook. Then came a simple, “Need a drink?” from a fellow HO, handing me a vending machine packet drink (which was, you guessed it, Yeo’s chrysanthemum tea). That small act pulled me out of my despair. I suddenly

realised that I was not the only one on call, and that I had help around me.

On another call, after a particularly intense resuscitation, I overheard one senior whisper to another, “What should we eat later ah?” I remember laughing internally. It was oddly comforting – a reminder that all storms would pass, and we would all eventually sit down and eat.

I have had nights in the ICU where, surrounded by patients recovering from cardiac arrest, I found myself sheepishly ordering an upsized McSpicy meal with the rest of the team – aware of the irony, but hungry for some comfort food.

Over time, I have come to realise that these food moments meant more than just calories. They were gestures of care. They were how we showed concern and solidarity. They were how we said, “You’re not alone.”

Closing thoughts

As I move further along in my career, I carry these food stories with me not just as funny anecdotes, but as reminders of what truly fed me in my early years: the seniors who bought me food without asking, the coffee runs with teammates during lull periods, and the warmth of a shared meal amid a long night’s fatigue.

I hope we carry on these quiet traditions – not just the rules about what can or cannot be consumed, but the deeper instinct to look out for those around us. Because sometimes, the simplest way to say, “I’ve got your back”, is still, “Eh, time for dinner?” ♦

Dr Lim is a member of the SMA Doctors-in-Training Committee and works in the community care sector, primarily with nursing homes and hospices. Although getting older than he cares to admit, he still hopes to better the lives of junior doctors around him.

