## IT'S NOT THAT HARD TO BE HAPPY!



### TEXT BY

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### Editor

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# WHAT DOES IT MEAN **TO BE "HAPPY"?**

The Oxford Dictionary defines this as feeling or showing pleasure or contentment.

Maslow's hierarchy of needs is a theory put forth by an American psychologist, Abraham Maslow, in 1943. This is frequently presented as a pyramid with the base needs being "physiological", followed by the tiers "safety", "love and belonging" and "esteem", with "selfactualisation" right on the top. While the scientific community has pointed out some deficiencies in the theory, I personally find it a useful and simple model that can be broadly applied to how a person achieves happiness. Let's see how we can apply this to a doctor at the different stages of his/her medical "life cycle". In relation to my own path, I can only relate to the "specialist training track". I should point out that some of these are meant to be tongue-in-cheek, so please don't take it too seriously...

	Housemanship	Training Years	Consultant Years
PHYSIOLOGICAL	Truly, as long as the most basic needs are met, one is happy — especially while on call. If you managed to sit down sometime during the call, or even have a drink, that's awesome. If there's dinner, even if it's some yucky oily leftover <i>tze char</i> from Ah Teck after the rest have eaten, you cannot imagine that the emperor ate any better. Sleep is an unthinkable luxury. Five minutes of shut-eye while waiting for the ward computer to restart? Nirvana.	It's pretty much the same as before. If you have a good houseman, being on call is actually quite good. You get to eat dinner on time and visit the toilet when necessary, rather than holding in a full bladder. You can also get a drink of water or even (gasp) a Coca-Cola from 7-Eleven. Sleeping for more than five minutes is now possible	Basic needs are met. For those who are fortunate to not have to do stay-in calls, even sleep is now taken for granted (like any other normal human being).
SAFETY	Do you mean patient safety? Yep, there's plenty of that. You go for courses on how to achieve 100% patient safety. But, how about keeping you safe? Nope, never heard of that concept! Driving home after 36 hours of being awake or falling asleep on the bus/ train and being woken up by the driver at the terminal? Getting shouted at by patients and their families? All part of a day's work.	You would have learnt a bit more by now and know how to handle unruly patients and families. You have also learnt to cope with just a bit of sleep on call. How much better can life get?	Being a specialist does lend a thin veneer of protection from certain types of patients and you wonder what has changed magically overnight. The pay is adequate to cover the monthly mortgage. If you have kids, there's now enough money to cover their childcare and medical costs.
LOVE AND Belonging	You are always part of the team, even if the consultant doesn't know of your existence. The registrars, medical officers and nurses definitely know you exist — who else does all the changes? Even if they only know you as "The Houseman"	This tier is achieved if you get into the specialty training programme, or at least a desired posting, of your choice. Otherwise, life is meaningless. Some may look for love and start the search for a soul-mate. Whichever it is, you may indeed achieve happiness.	You have finally settled into a specialty that you love. There's this black tag with your name on it and an actual table or cubicle that you don't have to share with others. Some lucky ones may even get an office with an actual door that can be locked!
ESTEEM	The houseman is one of the lowliest lifeforms, perhaps just a step up from a student, but not if the student is a dean's lister or a keen resident wannabe. There is no esteem; there is no ego.	You slowly achieve competence in your chosen field and may gain reputation as a good doctor among peers, nurses, seniors and patients. Some degree of self-esteem is possible. Life is good.	You are competent in your work. Colleagues, family and friends may actually come to you for an expert opinion for real and not just casual consults during Chinese New Year gatherings.
SELF- Actualisation	There is no "I" in TEAM.	There's still some distance away from this. In place are lots of organisational protocols and routines that you have to adhere to, though they seem totally meaningless sometimes.	Now, this is the hardest tier to achieve. As a consultant, while you have some measure of control over how you manage patients, there are still certain hospital- based protocols in place that are unchangeable.

From this reflection, I can only conclude that it is easy to be happy if one is willing to accept that certain tiers may be achievable only at certain stages of life, and not expect too much!  $\bullet$ 

