THE LIVES OF FEMALE PHYSICIANS

Once perceived as a male-dominated profession, medicine has in recent decades been a calling to many women. The number of women doctors has been steadily rising, with many going on to assume leadership roles and receive merits of excellence in their respective fields. Here, we catch a glimpse into the lives of three female physicians, as they tell their tales of adversity and triumph during their years of training and practice.

A/Prof Eillyne Seow started her training in emergency medicine in 1987. She worked in the Emergency Department, Tan Tock Seng Hospital from 1991 to 2015. She was the head of this department from 2001 to 2010 and led it during the SARS outbreak. She is presently a senior consultant in the A&E Department, Khoo Teck Puat Hospital.

A/Prof Tan Su-Ming was trained as a general surgeon. After completing her AST, she was awarded the Health Manpower Development Plan in breast surgery in Nottingham City Hospital and the Royal Marsden NHS, UK. Upon her return, she spearheaded the one-stop Breast Centre at Changi General Hospital and now heads the Breast Surgery Division.

Dr Tan Sok Chuen is an orthopaedic surgery specialist with subspecialty training in hip and knee surgery. She practised as a consultant in orthopaedic surgery at Ng Teng Fong General Hospital and was one of the surgeons with highest volumes. She now practises at The Orthopaedic Centre.

ATTITUDES CHANGE WITH AGE AND WITH THE AGES

Text by A/Prof Eillyne Seow

"Why should you be given a place? After all, your husband may ask you to stop working and to look after your children…" was a question posed to me, an 18-year-old, during my interview in 1980 for a place in medical school.

It was at a time when the quota limiting the intake of women of each medical class was in place.

Fast forward ten years to 1990. During my exit interview with my supervisor Dr Keith Little, then director of the A&E Department, Royal Infirmary of Edinburgh, I asked whether he had any advice for me when I returned to Singapore. He paused and gave me a quizzical look. "Sometimes I seem angry when I am not…" was his cryptic answer.

Back in Singapore, I had the privilege of working with team members (within and beyond the emergency medicine community) who shared a common goal of wanting to provide the best emergency care with the resources we could get.

Processes were streamlined and standard operating procedures were changed. I was lucky that the clinicians whom I worked with, mostly men, were my contemporaries. We had studied and trained together in our younger years; disagreements could be ironed out and name-calling did not involve gender.

"Just consider the look of the machine as a '*pretty girl*'…" an elder from another clinical department said to me when I could not be persuaded to agree to the purchase of said machine for the emergency department. My face had turned red and I was doing my best not to laugh. The machine he wanted was bulkier and looked more like a "*handsome guy*".

It was as a manager and administrator that I found myself facing challenges that were gender-bias. It is unlikely that a *man* in my position would be called a *witch* or a *b**ch*.

Fortunately for me, there were administrators and clinicians (both men and women, older and younger) who were gender-neutral (*we just had to tiptoe around those who were not*).

Today, when a woman applies for medical school, I hope that she will not be posed the same question that I was asked when I was 18 years old.

EXPERIENCES OF A FEMALE SURGEON IN THE 90S

Text by A/Prof Tan Su-Ming

The nurse looked up from the nursing station and stared at me quizzingly. "Are you the physiotherapist?" she asked. "No" I said, as I went in search of the case notes. "Oh, then the dietician?" she suggested. I shook my head, frustrated that the case notes were nowhere to be found. "Ah!" she exclaimed, "You must be the medical social worker!" while looking extremely satisfied with herself for identifying who I was. Having spotted the elusive case notes perched at the corner of the counter, I quickly took it. As I passed her, I looked her in the eye and said, "No, I am the surgeon". She stood there, mouth agape, while I went in search of the patient to reply the Blue Letter referral for a surgical opinion.

In the nineties, female surgeons were a rarity. Although I was not the first female surgeon in Singapore, I was the first in the hospital where I started my Advanced Surgical Training (AST). It was standard practice to have a large board at the nursing station of each ward, with the bed numbers, patients' names and the names of the doctors responsible for the patients next to them. Mine would be listed as "**Mr** Tan SM". Often, as I walked around the ward, the patients would call out "Missy, missy" to me for attention. ("Missy" was a local term used by patients to address the nurses, who at that time were mostly female.)

Fortunately, my colleagues and seniors did not treat me any differently from the other male registrars. In fact, they were caring and gentlemanly, and treated me like their "little sister". I had equal opportunity in terms of

training and surgical experiences. However, I also performed my duties like all the other male registrars – clinics, surgeries, on-calls and trauma activations regardless of menstrual cramps, pregnancy, etc. It was not that they were unkind, but I felt that since I had chosen this career path, I should do my fair share of work.

Surgery used to be male-dominated. The popular belief was that the blood and gore in surgery was too intimidating for the fairer sex. After explaining the indications and the nature of surgery to patients, they would then ask who their surgeon would be. When they realised that it was to be me, they had a range of reactions. Some would be in awe that I was not afraid of blood and actually capable of such complex operations. Others would be in disbelief that a slight-built, schoolgirl-looking me could possibly perform their surgery. My abilities would usually be queried. Some blatantly asked me, while others would quietly check with the nurses after leaving my room.

I am thankful for our meritocracy system where there is no gender discrimination for career opportunities, remunerations and promotions. In fact, I had the fortune of being the first female surgeon to head a department of General Surgery. Managing a department full of alpha-male surgeons was no mean feat.

Through the years, more women have taken up the challenge of becoming surgeons. In fact, more patients are requesting for female surgeons in areas of breast and perianal conditions. A recent study suggests that patients treated by female surgeons have better outcomes.[1] With equal opportunity and demand, it is no wonder that the fairer sex is gaining ground in surgery.

Reference

1. Wallis CJD, Ravi B, Coburn N, et al. Comparison of postoperative outcomes among patients treated by male and female surgeons: a population based matched cohort study. BMJ 2017; 359:j4366.

A WOMAN IN ORTHOPAEDICS

Text by Dr Tan Sok Chuen

"You are so small built – are you sure you have the strength to do the surgery?" This question has been posed to me countless times, by patients, colleagues from other disciplines and sometimes even colleagues from the same discipline. The more vocal ones would openly ask this question and the less vocal would probably do so in their heads.

My journey in orthopaedics has been a tough one, to say the least. However, overcoming great challenges brings great satisfaction. I have learnt that technique and knowledge are more important than strength. I have learnt the value of teamwork. I have learnt that changing mindsets is a slow and long process.

I do not deny that I do get sore arms and backaches after operating on big patients. During my fellowship, I performed a knee arthroscopy on a six-foot-tall Caucasian male who weighed more than 100 kg. One of the things the surgeon needs to do during a knee scope is to support the patient's leg on his/her hips to open up the medial joint space. I did get the help of a male colleague to hold the leg up and apply a valgus force. I performed the knee scope successfully and the patient was delighted after the surgery. I helped my colleague by being his assistant in other cases; we made such a great team that our fellowship boss left us to handle most of the cases, which meant great learning opportunities for us both!

It is hard work for sure, physically and mentally, but orthopaedics is such a rapidly expanding field with new exciting technology and techniques emerging year after year. I never get tired of it. I have great support from my family and my spouse (who is also an orthopaedic surgeon), and that

certainly helps. Things became more challenging after I gave birth to my son three years ago. *(Side note: to allay the fears of radiation in orthopaedics, he was a very healthy baby)*. There is just less time for everything. However, I learnt to be more efficient, work with less sleep and also to not be shy in asking for help when needed. My bonds with our extended family strengthened with this new challenge of caring for my son.

I think that in Singapore, compared to other countries, women are given pretty much equal opportunities and I am thankful for that. Thus, I would say that the traditional boundaries and barriers to women practising orthopaedics have been softening over the years. I have great respect for senior women orthopaedists Dr Ang Swee Chai and Dr Kanwaljit Soin, whom I think were the true forerunners of "women in orthopaedics". My hopes for orthopaedics in Singapore is that it will continue to embrace gender diversity, and that women doctors who are interested in the subject matter will not be put off by traditional misconceptions about the specialty. ◆