

Better the Sword than the Pen

By Terence Lim, Editorial Board Member

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THE THREAT

Being a doctor can throw one into unforeseen circumstances, but buying a self-defense book with sentences like “as a private citizen, you are under no obligation to respect the rights of someone who is trying to maim or kill you” was not something I had imagined.

Still, one has to do what one has to do, and buying *Attack Proof – The Ultimate Guide to Personal Protection* was what I did one day after the abusive husband of a battered patient I saw in the Emergency Department assured me, “I’ll look for you outside this hospital.”

Perhaps I need not have worried, he was already in police custody then, and my friend in the Attorney General’s Chambers had said, “So he used vulgarities, excellent, that’s another charge, hope you find fractures in his wife’s X-rays, that would mean a grievous hurt charge as well...”

But if the tattoos on his forearms were anything to go by, one could not be too cautious, much as I’d like to believe the police inspector’s remarks, “He’s a joke, the tattoos on one arm clash with that on the other arm – they represent rival gangs.”

It’s almost laughable, to be threatened by a pretentious man who could not even get his tattoos right. A wannabe, a poseur.

THE UGLY MASSES

Three weeks before my encounter with the poseur-gangsta, I was discussing “how to intimidate patients and scare their relatives” with a few fellow MOs just before our shift. We decided earrings were out (one never knew which side meant what), though a strategically placed tongue stud (flash it only when necessary) might do the trick.

Medical officers in the busiest Emergency Department on the island are accidental soulmates. It’s amazing how shared frustration can break down walls. There is very, very little time to chat, and laughter is often too brief, but our eye contact says it all, “Yeah, I’m dying too.”

The day before this discussion, I was surrounded by almost ten relatives of a patient, all shouting for immediate admission. Couldn’t this family of nutcases see that the entire observation area of the Emergency Department was already full, and that everyone else was waiting their turn? If they could, they certainly could not care less. The patient was a little drowsy, and I had to push her to the resuscitation area to avoid getting mobbed.

For days following that brush with the barbaric bunch, an almost palpable nausea would hit me whenever more than two relatives approached. I tried my best to hide my revulsion, but I felt like a ventriloquist’s puppet, with a painted-on smile.

Fortunately, most people are fairly reasonable. I kept telling myself, “It’s not their fault, no one comes to the hospital for fun.” But I could feel my blood pressure literally shoot up whenever I walked past the queue at triage. Spying a waiting room full of people made me edgy: who knows what creatures might lurk among them?

I tried reverse psychology. “Stop being a wimp, at least here, they don’t threaten you with guns, and are mostly drug-free.” Cold comfort indeed. Somehow there were more than enough shouting drunks on a daily basis to show how exactly we resemble some inner city hospital in North America, save the guns and needles.

Nothing spoils my day more than seeing one of those feedback forms from the hospital’s patient relations service. “It’s all your fault, all this kowtowing, no wonder patients and their relatives feel they can slap us around.” “Come on, we are dodging bullets here and you want to tell us about uniforms not matching. If you are so darn good, why don’t you step off your ivory tower, come down here and manage the crowd yourself.” Imaginary conversations like these filled my head.

THE FAITHLESS AND FEARFUL

I had read that doctors working in Emergency are at risk of abuse. I just never expected it to happen to me. A ready smile had been my almost full proof trump card ever since I started work, but that failed me this time. I understood why my Registrar spent hours at the hospital gym.

How right Machiavelli was in writing “It is much safer to be feared than to be loved when one of two must be lacking... men are less hesitant about harming someone who makes himself loved than one who makes himself feared.”

If only it were as simple as Machiavelli had made it out. With the poseur-gangsta, at least the threat was direct and clear-cut. And the law was on my side. There are much less obvious threats: non-physical ones. The ominous threat of complaints, poor feedback, and potential lawsuits that seem more and more to drive our medical service. In our rush to be market-oriented (is it the same as patient?), have we bartered away our professional independence?

Consider this: What proportion of patients in hospitals are there because of non-medical reasons? And why are they there? And why do we allow it? The reason is simple, a no-brainer. It

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takes far less time to admit a patient, than answer some frivolous complaint. Medical staff on the frontline are under tremendous pressure to make all kinds of social, i.e. admission, concessions. To keep myself sane, I made them too. Alas, I have come to realise, it's a battle not worth fighting. Our white flag was raised the moment patients could send feedback letters directly to the CEO.

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So, when wrong-tattoo man threatened me, I was calm and unafraid, not because I was calm and unafraid. I was simply too tired, and resigned. A husband who had battered his wife so badly her face was purple with bruises. There he stood, defiant, in a hospital demanding to be there when I examined her. What has the world come to?

It seemed a natural culmination of all the unreasonable patients and relatives I had to handle in the last few months. A reflection of all that's gone wrong with my professional life.

I was cool. I kept quiet. I feared if I spoke and let my rage out. I would punch him beyond what the Plastics team could salvage.

THE DIFFERENCE

Another Monday night in the Emergency Department. It's close to midnight. A nurse comes in from the waiting area saying, "They are pushing right up against the sliding doors now, where do these people come from?" It's a rhetorical question and I laugh. They are here. We just have to deal with them.

In one cubicle, a well-dressed lady is insisting that her maid be admitted for suspected Dengue. My friend says that admission is not necessary as the platelets counts are not too low. She looks unhappy. The next day she sends in a complaint letter. She will not get

my friend's own complaint about her of course, that she's an awful person, that if her husband or child was the one with Dengue, she would not be insisting on admission. But that's the world we live in.

The VHF standby alert sounds. A fall from height, ETA ten minutes. The nurses call. I am Doctor Number One for resuscitation. A rush of relief jolts me. My friend takes over the case: a skinny NSF with his mother. I have been saved from a lose-lose situation, and just in time. He reminds me that I owe him a drink.

The resuscitation room is almost full, but one bay is quickly cleared. The nurses check the drips and needles. I check the laryngoscope; it clicks open with reassuring ease. The air is almost festive. We are glad we are here and not outside.

In here, we make a difference.

For all staff of the Emergency Department, Tan Tock Seng Hospital, who make a difference despite all the odds. ■