The "Bad Old Days" Relived

By Dr Chang Tou Liang

Having enjoyed reading the "politically incorrect" articles by Dr Tan Wah Tze and Dr John Chiam in the SMA News May 2003 issue, which questioned our hospital system of today, I cannot help feel a sense of indignation myself. I belong to a slightly more senior cohort of doctors to my colleagues above, but young enough not to habitually refer to the "good old days" of clinical medicine. All the problems they highlighted were in long in existence during my days of housemanship and "MO"ship. But why are these still being perpetrated and perpetuated in hospitals?

NOSOCOMEPHOBIA (PHOBIA OF HOSPITALS)

I cannot with all honesty say that I enjoyed my days working in the restructured hospital setting, and that was the major reason for choosing Family Medicine in private practice as my vocation. But as part of my training and rites of passage, I endured (much like BMT) the "necessary" hardships and tribulations involved. The phobia that hospitals gave me (is there a scientific or psychiatric term for it?) still exists; I have nightmares of loads of patients left "unclerked" and staff nurses spewing gibberish over the telephone and concluding their sentences with a terse "Noted, ahh?!" Today, I do not carry a pager nor handphone, and the shrill beep of a pager still sends shivers down the spine.

Overwork, as John referred to, was to be expected. Being unappreciated was, however, another matter altogether. In my year of housemanship that was spent wholly in SGH, I did an average of 10 night calls a month. The remuneration for 12 months of calls (a total of 120 in all) was exactly zero dollars and zero cents. All I got was free hospital food, the camaraderie of fellow housemen and the sympathy of the kinder registrars and consultants. As for post calls, one professor glibly referred to them as "a privilege and not a right". I was lucky that most of my registrars were kind enough to let me off at 2 pm, with all the "changes" completed. Other less fortunate times, I had to slog till 6 pm. Driving home after one of those all-day all-night sessions, I became a regular narcoleptic, falling asleep at the wheel at traffic junctions.

As an MO, I was finally being paid for our nights! But wait – it was $40 for the first four calls, and $100 for the rest. I remembered calculating the rate and somehow envied the person serving me a Big Mac with fries. It was only in 1996 (with a new Health Permanent Secretary in place and the brain drain into the private sector in full flow) when the reforms began, but by then I was working at the Polyclinic.

What bad timing, I thought!

About the visitor policy referred to by Wah Tze, there was simply none. Relatives of patients would demand an audience with whichever doctor on call ("Patient's relatives want to speak to you" was the refrain), even if it meant that doctor not having a faintest clue as to what the patient was in for. Invariably, it had to be a patient of "the other team's." Visitors sauntered in whenever they wished, in whatever number, bringing with them tears, fears, demands, threats and more. Years later, I remember stepping into a ward as a visitor and seeing an irate relative hurling abuse at the HO, MO and registrar successively with an ever increasing floridity of Hokkien. Oh, never had the saxy strains of Kenny G (which heralded the end of visiting hours at Toa Payoh Hospital) sounded so welcome!

To echo what both had explicitly stated, did Singapore have to wait for this unfortunate SARS outbreak before the hospitals learnt something about managing junior doctors and visitors? To put simply, what was grossly inadequate in 1989 is still grossly inadequate in 2003. It took me only one week of housemanship to realise that the restructured hospital system, especially in the understaffing and the treatment of junior medical staff and nurses, was flawed and needed a complete overhaul. But did anyone listen to junior doctors?

"GLORIOUS DAYS": THING OF THE PAST

Seniors (and I mean very senior seniors) go on and on about the "glorious days" of Ransome, Seah and Cohen, a time when the houseman was king of the ward, had a hundred patients under his care and worked his butt off for less than a pittance. To them, all that seemed enough justification for maintaining the status quo, and not to rock the boat.

I also often pondered whether HOs of those days had to fill in (or place stickers on) forms in triplicate, be forced to speak with a patient's uncle's brother-in-law's hairdresser on demand, be a messenger boy for registrars too lazy to answer their own telephone calls, beg bored radiology consultants for "urgent CT scans", trace even more urgent MRI results, checking "hypocounts" (fingerprick blood sugar levels) and the like. No, probably because they were busy removing ruptured appendices, delivering babies, reducing fractures, getting chewed off by professors and generally learning the real skills of their vocation. In my time, performing six "hypocounts" within ten minutes in an all-diabetic ward or drawing intravenous gentamicin without injuring one's fingers were considered enviable skills.

Times have changed. We seem to have dumbed down (and probably with good reason, as a response to increased patient expectations and litigation) but our vocation has to change with the times. That means spending more quality time with our patients, providing comfort and advice, allaying their fears and being a partner in their care, rather than being a dictator (in the case of senior doctors) or errand boy (for junior doctors). It is thus important for our profession as a whole to adapt to these changes and reform to the best of our abilities.

I will not be so odious as to declare that junior doctors have it good today, nor fall on bended knee to senior doctors who were workhorses in their day but have since made good for themselves. But suffice to say we were all cogs – at some time or another – in the machinery of Singapore's healthcare industry, which increasingly seeks the bottom-line of a profit-loss ledger. But because we have endured all that and survived, does it mean that our younger colleagues have to be subject to the same dehumanising conditions?

Perhaps a new line to the Hippocratic Oath could be added, "Never will I put down a junior healer, never dismiss his woes and concerns, and never bask in past 'glories'." ■

About the author:

Dr Chang Tou Liang, MBBS (1989), MMed (FM)(1997), is a happy family physician, who will never be caught in a hospital other than for CMEs (and collecting the statutory CME points), and has the time to enjoy family life, classical concerts, writing articles for various non-medical periodicals, and travelling, all without being disturbed by pagers, handphones, SMSes and other modern-day intrusions.