

A Singaporean Doctor in Hong Kong: Personal Perspectives

By Dr Keith Goh

Hong Kong is a city which I have always loved. From the urban skyscrapers and hustle and bustle of Wan Chai and Central, to the old fishing villages, farms and coastal country parks of Sai Kung and the New Territories, the diversity of characters and contrasting scenes, separated only by minutes of travelling time, are what continue to fascinate and enthrall me.

In January this year, I took up an academic position at the Chinese University of Hong Kong (CUHK) as Associate Professor of Neurosurgery. Having spent five years in the early 1990s as a Neurosurgery trainee in Hong Kong, this was like a "homecoming" of sorts. In this article, I hope to walk you through a typical weekday at the Prince of Wales Hospital (PWH), which is the teaching hospital of CUHK.



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"CHO-SAN" (GOOD MORNING)

I usually begin my day between 8 and 8.30am by doing a round in Ward 3C, which is the male Neurosurgery Ward of PWH. Morning rounds are rather relaxed, unless one has surgery which begins at 8.30am sharp, or the occasional meeting at 7.30am. PWH is about 20 years old and has approximately 1,400 beds. Apart from the 10th floor, which is the private wing for patients of CUHK professors, all the remaining beds are for public patients. Like the National Health Service in Britain, the Hospital Authority (HA) is in charge of public sector healthcare, and patients pay only a nominal sum of HK\$100 per day (\$22), which covers everything related to their treatment, including food, lodging, investigations and surgery. Not unexpectedly, the wards are old-fashioned open wards,

like the old Changi Hospital, with 32 beds side-by-side, no frills and no privacy. Singaporeans who are accustomed to the affluence of the new Tan Tock Seng Hospital or Changi General Hospital, will be shocked by the run-down appearance of PWH.

The British influence on Hong Kong medicine is very marked, although culturally, Hong Kong is much more "Chinese" than Singapore. Doctors in hospital regularly wear long-sleeved white coats on top of their regular clothes, which used to be regulation shirt-and-tie. After SARS, many now change into OT-type scrubs when they arrive in the mornings, and then change back when they leave in the evenings. Recently, the HA came up with "uniforms" for doctors to wear. These are sky-blue coloured tops and bottoms, designed with mandarin-styled collars which button up to the neck, and have the word "Doctor" in white, and in English and Chinese, above the left breast pocket. I am not sure what the intended look or style is, but to me, it conveys a sterile and rather unfriendly image of medical staff, especially to paediatric patients, just like the long white coat.

There is a sense of formality to the patient-doctor relationship, in that the "ee-sang" (doctor) or "kao-sao" (professor) is very highly regarded and almost never questioned, even the youngest ones. This is typical of Chinese culture, where the scholar or physician is highly revered. Many patients are profoundly grateful for the doctor's attention and the cursory "cho-san" (good morning) which is given to them. Unlike in Singapore, the majority of public patients do not argue or question their doctor very much.

“EATING SNAKE”

The junior doctors have usually gone through the cases earlier in the morning with the higher trainees (registrars) and update me about the patient’s progress and treatment plans. Although 99% of patients (and for that matter, doctors, nurses and everyone else) speak either Cantonese or a Chinese dialect, we discuss their cases amongst ourselves in English so that they cannot understand everything we say, especially the sensitive issues. In another society, this may be construed as rude, but the patients here seem to accept this, possibly a throwback to the days when there were many British doctors. Indeed, some of the few remaining British doctors are still hopelessly inept with the language, and are barely able to order food!

Often, there is time for breakfast after the rounds, attended by almost all the doctors in the team, and affectionately referred to as the “GI-round”, in case patients figure out why we are rushing off. The first time I went to the canteen, I was pleasantly surprised by the vast amount of food available, especially *dim sum* which I love. However, almost all the signs and menus were in Chinese, which made it somewhat stressful for an English-mission-school-educated Singaporean like me. The few English-worded signs were confusing but humorous. For example, one could line up at Counter Two for either “Western Snakes”, or Counter Three for “Chinese Snakes” (snacks). This fallibility in English spelling can sometimes be hilariously embarrassing. One of my surgery colleagues, whose Chinese name in Singapore would normally be spelt as “Dr Sit”, has a name tag here with “Dr Shit” on it – coincidentally, she is also a colorectal surgeon!

The most popular breakfast item amongst my Hong Kong colleagues seem to be instant noodles, most popularly the curry-flavoured one known as “Singapore noodles”, and “English breakfast”, comprising toast, ham, sausages and fried eggs. Since I tend to rapidly add inches to my waistline, this pleasant activity has now been reduced to just coffee and a small basket of *dim sum*. Nevertheless, the camaraderie is priceless.

The rest of the day is occupied with various activities, which usually begin at about 10am, such as outpatient clinics, meetings, and medical student teaching. On average, we have surgeries every day, with regular elective lists on Monday, Wednesday and Thursday, and emergency time on the remaining days. Most of the higher trainees and junior doctors are very eager to operate, so my role is mainly supervisory, except for the more difficult cases and my private patients. They are an enthusiastic bunch and I have now learned to enjoy the Canto-pop music which is regularly played in the OT!

Unfortunately, enthusiasm does not always result in good outcomes, particularly when there is sometimes a lack of supervision, and the “cowboy” attitude can sometimes



result in disasters! I remember hearing a story of how a junior doctor was doing a sigmoidoscopy on a patient and talking on his mobile phone at the same time, placing an order for shares! At least in Singapore, I am comforted that there is almost always a responsible senior at hand. For me, the good thing is that I have been given much freedom to develop advanced surgical programmes, such as paediatric epilepsy surgery and functional surgical programmes, without too much bureaucracy to navigate through.

My workday ends officially at 5pm, but as in Singapore, it can sometimes stretch to 7 or 8pm. I am engaged in quite a bit of research, writing and teaching, and happily, there is abundant clinical material for this. Controls and restrictions are less than in Singapore, and there is an increased sense of freedom when it comes to initiating research projects, writing up grant proposals or papers. Although there are check systems in place, approvals are readily given without too much fuss. Indeed, Hong Kong doctors are extremely quick and opportunistic (as Hong Kong people are in business) when they sense that a publishable paper is in the air, as evidenced by the number of rapid SARS-related publications in *Lancet* and *New England Journal of Medicine* last year. This is something Singaporean doctors can certainly learn from.

MY \$51,000 HONDA CIVIC

In recent years, the HA which administers public healthcare in Hong Kong, has been under tremendous financial pressure to reduce costs. Resources are being cut, programmes stopped, and most distressingly for the doctors, positions, salaries and promotions are all frozen or reduced. Unlike the heydays of the mid-90s before the handover of Hong Kong to China, when the British paid Hong Kong doctors the highest salaries in the world and gave out permanent contracts, the present generation is faced with great uncertainty about their future career prospects, especially

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when their salaries are coming in line with those in Singapore. Some of the senior specialists, who are in their 40s, are still medical officers! Not surprisingly, many of them are interested in moving to Singapore, thanks to active advertising by the Singapore Health Services and National Healthcare Group. By default, I have become the official oracle for Singapore, but more often than not, a “sales rep” and “travel agent”!

In terms of lifestyle, working in Hong Kong certainly has its benefits. Restaurants are everywhere, and it is easy to grab a quick bite at any of a number of excellent restaurants before heading home. Wonderful “*tai-pai-tong*” Cantonese food is cheaply available, as in gourmet French fusion food at the Peninsula. Sadly, authentic Singaporean and Malaysian food is hard to find. My favourite outing is to the waterfront seafood restaurants in Sai Kung, where the dramatic hills and coastline of Clearwater Bay can be savoured together with fresh live seafood.

Another huge perk for car-mad Singaporeans is that Hong Kong is probably the best place in the world to buy a second-hand car. One of my trainees has a Lamborghini, another has a BMW Z4, and yet another has a Porsche Chayenne. As for me, I have resisted temptation, and have settled for a two-door ten-year old Honda Civic which cost me only HK\$5,000 (\$\$1,100)!

Home for now is a comfortable 2,000 square foot apartment on CUHK campus, perched high in the hills overlooking Tolo Harbour. I have a magnificent view of the sea and the mountains beyond. I consider myself lucky, considering that the average size of a Hong Kong apartment is about 500 to 600 square feet.

HONG KONG OR SINGAPORE?

The future? Hong Kong or Singapore? As in all things, there are plus and minus points about both systems.

Hong Kong – 90% public healthcare, heavily subsidised, financially burdened, poor workforce morale, over-supply of medical graduates, poor career prospects, and intense private medical competition. Despite all this, I enjoy the work, the character of the people, the culture and lifestyle. It is a city in

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the process of re-inventing itself to meet the needs of its circumstances and this is fascinating to see. For example, as a result of the poor economy and SARS, the taxi drivers once renowned for rudeness have become nicer and even learned to be trilingual (Cantonese, Mandarin and English!). Similarly, the tourist dollar has become king and the service industry is now more appreciative of this.

Singapore, on the other hand – balanced public-private healthcare, organised and well-run, trying to attract more doctors, better career prospects, and economically aggressive healthcare sector. It is ambitiously seeking its role in the world of medicine, science and healthcare, through organised efforts, campaigns and high-level orchestrations. However, there is still an overwhelming prevailing attitude of conformity and fear of failure. Service in restaurants, hotels and shops still leave much to be desired. As Prime Minister Lee recently alluded to, these “sacred cows” must all be slaughtered, in order to thrive.

To me, the future of both cities and their healthcare systems will hinge on how they engage their neighbours in mutually beneficial ways – Hong Kong with China, and Singapore with Malaysia and Indonesia. For this Singaporean in Hong Kong, the chaos, diversity and freedom have drawn me for now, like the moth to the flame. But always lingering at the back of my mind, is the constant tug of the heart, for home. ■