

Looking After Our Young

By Dr John Chiam, Guest Editor



This issue, the *SMA News* lends its voice to the young, junior doctor out there amongst the profession's ranks. And how timely a voice it has turned out to be, with *The Straits Times* (26 February 2005) bemoaning the fact that 247 doctors have left the public sector for private practice last year, taking with them years of precious knowledge and decades of experience. This migration marches on, despite the uncertain outlook for the economy this year and possibly the next.

For some reason, this exodus of doctors conjures up the vision of a dried up, shrivelled old tree, with rot in its roots, and dead/dying leaves gently falling away from the branches. Where green leaves – full of life and primed with vigour – once existed, offering shade from the sun and shelter from the rain to the weary traveller, only withered brown leaves remain. It is a sorry vision, and a troubling one.

PREVENTION IS BETTER THAN CURE

The Health Ministry, being the concerned parent, is trying its best to rectify the problem by injecting new ideas, implementing new incentives, allowing faculty practice and rewarding consultants and senior consultants with better working conditions, better pay, better hours, better everything. It is hoped that with the implementation of this latest round of changes, senior doctors will find it more rewarding to stay in public service, and continue to serve both their patients, as well as train their junior colleagues.

However, there is still one pertinent question that begs to be asked (and answered), and I shall attempt to do so, drawing an analogy to the vision of the withered tree: Why not stop the rot at the roots, instead of merely trimming the dead and dying leaves?

It really does not matter how many young, idealistic, wide-eyed doctors one can pump into the system (via recognition – be it provisionally or conditionally – of medical degrees from 'non-traditional' sources or via the proposed second medical school in 2007). As long as the haemorrhaging continues, no amount of 'doctor transfusion' is going to help address the issue. Similarly, it is a little too late to talk about faculty practice after 25 years in the service, when those 25 long years were living hell.

For a patient with high blood pressure, it is a moot point to talk about thrombolysis, clot evacuation, intensive physiotherapy, occupational therapy, rehabilitation services and support group, after that patient has suffered a stroke that left him paralysed.

No – the chicken has flown the coop, I am afraid.

The key, really, is preventing the stroke from ever happening in the first place.

Similarly, the key (at least in my very humble, unlearned

opinion anyway) to keeping the talent pool in the public sector is not about pumping in more money, or reducing administrative work alone (or hiring more business executives, administrators and MBA holders to run the 'company') – but to nurturing, cultivating, and caring for that young, impressionable and idealistic doctor that comes through the ranks.

FLEEING THE ROOST

Truth be told, and to be told fairly, conditions for the junior doctor today are almost unrecognisable from yesteryear.

Our young doctors have phlebotomists to take over their job of being the 'fat, flying mosquito'. The same House Officer takes home more in salary than I did as a second year Medical Officer! Junior doctors today do not have to jab potassium chloride into drip bottles, and ECG technicians appear like magic during office hours to help with the octopus' tentacles! Nurses are now administrating antibiotics (and if you are really super nice to them, IV cannulas can similarly be inserted by these highly qualified nurses as well!). These only started happening in the last 3 to 4 years or so.

But, for all the 'good life' that has been slapped onto them, young doctors are still feeling left out and disenchanted – for many reasons I have written about before, and my colleagues will write about again.

Some junior Medical Officers have also had their fragile self-confidence shredded to bits by a few 'old-school' teachers, and put to shame in front of their Housemen during MRCP teaching rounds. This "I was taught this way" mentality is hardly endearing, especially to those who have never so much as felt the caress of the principal's cane in class, during their school days.

We are, for better or for worse, a different generation, and I will admit it, perhaps a softer one.

But, what about promises of training that go unfulfilled; hand-in-hand with lunches that go uneaten, and facial hair that remain unshaven? And what about patient complaints that are taken as the gospel truth against doctors, further demoralising their spirit? Often, it is an apologetic sounding letter from the hospital that implicates some fault at the junior doctor's level, and that "further training will be provided to

45TH SMA COUNCIL

Dr Lee Pheng Soon

President

Dr Wong Chiang Yin

1st Vice President

Dr Toh Choon Lai

2nd Vice President

Dr Yue Wai Mun

Honorary Secretary

Dr Chong Yeh Woei

Honorary Treasurer

Dr Foo Chuan Kit

Honorary Assistant Secretary

Dr Soh Wah Ngee

Honorary Assistant Treasurer

Members

Dr John Chiam Yih Hsing

Dr Chin Jing Jih

Dr Raymond Chua Swee Boon

Dr Tan Kok Leong

Dr Tan Sze Wee

Dr Tham Tat Yean

Dr Ivor Thevathasan

Dr Toh Han Chong

Dr Wong Tien Hua

Page 7 ►

ensure this lapse in service will not recur". Except, of course, promises of training still go unfulfilled.

These junior doctors are likely to go through their bonds begrudgingly, biding their time – “wait till I become Consultant” – and then, fly the roost.

DO UNTO OTHERS

The rot **MUST** stop at the roots – or else, no amount of dead leaf trimming is ever going to stop the shedding.

This month's *SMA News* will carry some controversial ideas (and ideals) from these young doctors – doctors who, if given proper guidance, shown some basic understanding and allocated proper training, can blossom into excellent Consultants and Senior Consultants. And these are the same Consultants who – remembering how they themselves were treated differently, kindly, as junior doctors – will take root and remain in the service, and be a service to the public.

Much like the tree, if patiently and lovingly nurtured, would be resplendent with evergreen leaves, providing shade and shelter, for all. ■



About the author:

Dr John Chiam is not as young as he used to be, but still as passionate about the ideals of medicine – which include compassion for the patient, and care amongst colleagues – especially the younger ones... who'll probably end up looking for him in his grey-haired years!