

A “Singaporealien” in Wales

By Dr Dilip Menon



Christmas tree hunting
in Brecon Beacon
National Park.

LAND OF THE RED DRAGON

It was not very long ago that Sting sang a song with the words “I’m an alien, I’m a legal alien, I’m an Englishman in New York”. The words had a similar ring for me, my wife and our two children when we packed four suitcases in the spring of 1999 and boarded a flight from Changi to Manchester Airport, to start a new life as “legal aliens” in the “Land of the Red Dragon” called Wales.

I had just completed my basic training programme in emergency medicine with the Ministry of Health. I was working in the emergency department at Tan Tock Seng Hospital when the opportunity to undertake higher specialist training in the United Kingdom came up in the form of a phone call from the Welsh Deanery in Cardiff. I had been shortlisted for an interview by a panel of consultants and trust executives representing the All Wales Specialist Registrar Training programme. My interview went well and I was offered the opportunity to undertake higher specialist training in Wales.

The only thing I knew about Wales until then was that they loved their rugby, had fantastic singing competitions called Eisteddfods, and used to produce “lots of coal giving lots of heat” as Eliza Doolittle would put it in *My Fair Lady*. As an ex-Rafflesian, identifying with two out of three (the rugby and singing) was good enough for me. It was to become the start of a whirlwind five years which would take me and my family across the length and breadth of Wales, working and living with a diverse group of people both local and from all corners of this planet we call home.



Stopping by a lake during a weekend picnic – Mrs Menon
and kids.

ANCIENT LANGUAGE AND MODERN ACCENT

The first thing that strikes you when you come into Wales is all the signs are written in Welsh and English. The ancient language, arguably the oldest currently spoken language in Britain has been preserved and restored to its rightful importance by a strong nationalistic spirit that has been kept alive by the people of Wales.

My initial apprehension of being unable to communicate with my patients and colleagues was squashed by the prevalence of spoken English in its myriad of accents. It reminded me of how back home, each community preserved its own language and culture while communication across the races took place largely through the medium of English. It also made me think the Singaporean accent that we have evolved is well worth preserving provided the English it conveyed was grammatically correct. I never cease to be amused by the ease with which my Welsh, Scottish and Irish colleagues switch from a typical BBC-type British accent to their own local accents; a linguistic ambivalence I can identify with every time I make a trip back home. It is one of the great pleasures of life to eat *rojak*, carrot cake or *satay* in a hawker centre in Singapore while engaged in an animated conversation with friends in our local Singaporean accent.

THE HILLS ARE ALIVE AND THE RIVER RUNS THROUGH IT North Wales, where we currently live, is a land of mountains and rivers, the most famous of which being Mt Snowdon and the river Dee. South Wales is famous for the excellent beaches, especially in the west coast areas such as Cardigan Bay and Gower Peninsula.

The local mode of greeting one another was something I learnt quickly to use. It goes along the lines of “You alright?” which is similar to how we say “Hello, what’s up?” or “Apa Khabar?” or “Sudah Makan?” It is not meant to suggest something is wrong with you or your need for a psychiatric evaluation. Lunch is dinner, and dinner is supper. Even medical terms have their unique names. If you are sick, you are “poorly”, and if you are vomiting, you are “sick”. A urine sample is called a “water sample”, and a problem with the urinary bladder is a problem with the “waterworks”. Fortunately, you soon get the handle on the terminology.



Scenic mountains and verdant fields abound in Wales – the Clwydian Hills rise behind Dr Menon and his children.

About the author:

Dr Dilip Menon, MBBS(S)(1987), FRCS(Edin), FRCS(A&E)(Edin), FFAEM, is currently a Consultant in the Emergency Department, Wrexham-Maelor Hospital, North Wales. Dr Menon had initially pursued a career in general surgery. He soon realised it was an apprenticeship that needed a sympathetic master if he was to be really good at it. The technical competence only comes from the opportunity to exercise it under the guidance and support of a good teacher. In 1993, he met such a master (Prof Soo Kee Chee) when he finally got an opportunity to do a general surgery posting in Singapore General Hospital.

However, Dr Menon had by then decided on a career in emergency medicine. A chance experience working in Tan Tock Seng Hospital's emergency department left him with a memorable and rewarding time dealing with the acutely ill and injured, in the company of a fantastic bunch of doctors and nurses led by Dr Eillyne Seow. In 1995, he was appointed a basic trainee in emergency medicine. Dr Menon can be contacted at Email: DiMenon@doctors.org.uk

A PANACEA FOR LIFE? FREE HEALTHCARE

Working in the National Health Service (NHS) in Wales has a particular historical significance for me, as the man who effected the idea of a National Health Service providing medical care to all who need it “free at the point of delivery” was a Welshman called Aneurin Bevan. It is a philosophy that if used well has great benefits and restores one's faith in a benevolent society. In practice, the problems with providing such medical care sometimes seem daunting to those of us committed to making it happen.

It is easy for us as Singaporeans used to the efficiency of our own medical services to sometimes be harsh in our comments on the inefficiency of other healthcare systems. Each system has its unique merits and virtues. The NHS is no exception. Once you scratch below the surface, you recognise it is a victim of its own success in dealing with the healthcare needs of its population over the last 50 years. Individual responsibility for one's own health and healthy living are critical if the equation is to work well.

GERIATRICS – NEW AGE MEDICINE

Old age medicine is a new age speciality in a society that has done a good job in its healthcare system and can now enjoy the privilege of having elder members in its midst. The lesson for us in Singapore is to recognise we, too, will be the victims of our own success, and to prepare for it. And there are no easy solutions.

My department, which sees 60,000 patients a year and serves a population of 250,000 people like all emergency departments the world over, works on the ethos of being the “safety net” for the community at large. It reminds me of the TV jingle I used to hear about the convenience store that was “always close but never closed”. The increase in our emergency department's workload and bed occupancy has at times resulted in lack of beds and overcrowding. It has required fundamental changes in the approach to the care of, particularly, the elderly whose stay in an acute hospital bed may not always be for a directly relevant clinical

indication. Often, it is for lack of available nursing care and supervision in the community to permit safe discharge.

The message for me is clear. It is vital for families to be fully engaged in the care of their senior members, and governmental support for initiatives that facilitate this care in their own homes would be money well spent compared to funding taking place in an anonymous facility. The preservation of the extended family unit across generations is a key element in this arrangement.

SUSTAINABLE LIVING – BALANCING WORK AND PLAY

The move to a five-day work-week in Singapore has been in practice here in Wales for a long time. I work and go on-call one full weekend (Friday, Saturday and Sunday) in four, or what is called locally, a “1:4 rota”.

Most senior doctors live very near to the hospital where they work as they may have to come in at short notice when on-call, in response to patients with serious accidents or illnesses. This leaves me with three weekends free a month to spend time with my family.

Most weekends would see families going off in their cars and caravans to visit relatives, friends and attractions on the British Isles or abroad to the continent of Europe. Having both Saturdays and Sundays off has opened up the opportunity to seriously pursue leisure, whether it be fly-fishing on the River Dee, or studying recycling techniques in the local environmentally friendly centre for alternative technology. It brings meaning to the concept of a work-life balance and an opportunity to take stock of significant milestones in your family life.

WE'RE ISLANDERS

Five years from the time we decided to take a trip down “a road less travelled”, we have come to the conclusion that so long as the passion of the journey is engaging and meaningful, it does not really matter where the journey may eventually take us.

Although living with “the four seasons” of spring, summer, autumn and winter certainly adds variety to your life, it is not a pleasant experience when you have to spend three months of that time largely shivering and shrivelling from cold, dry air and near darkness.

My family and I look forward to the day we will finally be back home for good amongst friends and relatives in Singapore. Being away and looking back at home, we have had the opportunity to see our Singaporeanness in a new light. We are islanders – we love our sun, our sea and our “seafood” diets. We love the ethnic diversity and cosmopolitan nature of our society where mingling of all races and religions is such a refreshing experience. It is a treasure worth preserving in these uncertain times. What we need to do better as individuals, however, is to learn to take control of our own lives and destiny. Someone once said, quite sensibly, that to live the life you want, you need to live the life you have. We have tried to make that a goal worth pursuing. ■