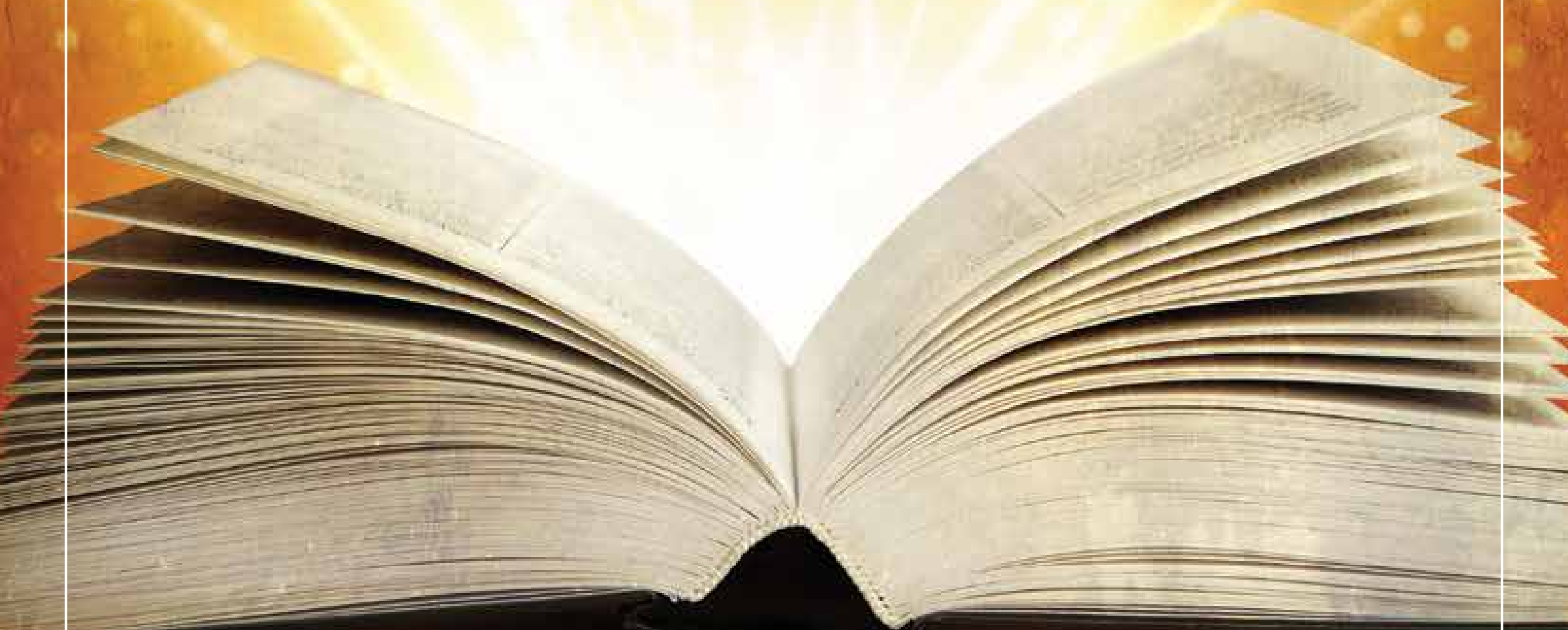
Old Hobbit's Tales

AS THIS issue puts a spotlight on dedicated SMA members and volunteers who have been serving on the Association's various committees over the years, it is a given that the one and only SMA Hobbit comes to mind.

A question often asked among the SMA membership and medical profession at large is "Who is the Hobbit?" No one knows for sure, but the Hobbit explains it best in her last article for *SMA News* in November 2010:

"The Hobbit is in most of us – if you are the nameless doctor trying to remain true to your calling, if you are the Medical Officer trying his best to survive his call and get a traineeship, if you are the longsuffering GP caught between the jaws of managed care and the polyclinics, if you are the public sector specialist trying to implement the residency programme without proper resources and trying to balance your clinical workload with research time and family, if you are the private specialist trying to make an honest living and giving your patient your level best and trying not to charge $20,000 for a tonsillectomy or $40,000 for a total knee replacement or ACL repair; if you are any doctor wondering how medical advertising ever got so out of hand and how some folks have allowed over-commercialisation of medicine to take place, then you are all a part of this Hobbit."

To honour one of this Association's most prolific volunteers, *SMA News* has picked out five of our favourite articles from the Hobbit's published works that spanned from 2003 to 2010. The Hobbit, and more of her recent musings, can now be found at http://www.facebook.com/hobbit.sma.



Hobbit's Aphorisms

The following article was first published in the September 2007 issue of SMA News.

WHAT IS an aphorism? An aphorism is defined as "a pithy observation which contains a general truth" by the Oxford Dictionary of English, Second Edition, 2005.

Long, long ago, when Dr House spoke with an English accent, George Clooney was still in *ER* and *Gray's Anatomy* was better known than *Grey's Anatomy*, and in a galaxy far, far away, an aphorism was the way Medicine was taught.

Hippocrates was famous for his aphorisms. Examples of his aphorisms are:

- "Desperate cases need the most desperate remedies."
- "It is a bad sign in acute illness when the extremities become cold."
- "When the disease is at its height, then the lightest diets must be employed."
- "Unprovoked fatigue means disease."

Of course, today aphorisms are out of date. We have evidence-based Medicine, clinical guidelines and drug representatives to teach us the latest factual developments in Medicine.

But wait, are aphorisms truly out of date nowadays? Maybe not. Here are some present-day aphorisms you may wish to consider.

Primary care

- More doctors in polyclinics will not decrease waiting time.
- Generics are good enough for managed care patients who demand getting branded medicines.
- Ironically, self-paying patients usually do not mind getting generics.

Luck

- Despite your best efforts, you will miss on your first attempt at venepuncture when the patient is a fellow healthcare worker, an immediate family member of doctors, a VIP and so on.
- Despite your best efforts, you will often miss on your second attempt at venepuncture when the patient is a fellow healthcare worker, an immediate family member of doctors, a VIP and so on.
- Patients with difficult venous access will have inflamed drip sites one day after a new venula has been inserted.
- The spinal/epidural will fail in the most FON and *ngeow* patient.
- The Electronic Medical Record and Drug Prescription IT systems will hang only at peak hours.
- Your handphone will usually only ring when you are scrubbed or gowned up.
- The patient will collapse at night while you are on call and not in the daytime.
- You will not be able to find the FB throat during peak A&E hours.

Patients

- The patient undergoing a treadmill test will normally abort the test himself, unless he is undergoing a fitness for Viagra test, in which it is normal for him to persevere beyond what is advisable, and the test will accordingly be aborted by the technician or doctor standing by.
- A patient usually attempts to AOR or commit suicide at 7 am, 2 pm and 9 pm.
- The patients who request to sign an AMD are usually those rich enough to pay for long term life support.

Internal Medicine

- The last true Internal Medicine specialist was produced in 1980. He currently hangs around in Tan Tock Seng Hospital sending out funny emails.
- You will grow old while following geriatricians on ward rounds.

Surgery and Anaesthesia

- Anaesthetists never rush the surgeons to finish the case when they are in private practice.
- Anaesthetists have the most complete collection of golf and motoring magazines in the medical profession.
- Subsidised piles patients do not receive staples.
- All female general surgeons will have a special interest in breast surgery when they are in the private sector, regardless of previous actual training.
- Personal blue letters from orthopaedic surgeons are to be taken seriously; they usually include some notion of asking the physician to resuscitate, revive or resurrect.
- Surgeons who play the most soothing music in OTs are the ones who throw the worst temper tantrums.
- Each laser unit will be superseded by a more "advanced" unit in three months. Similarly, the latest LASIK equipment will be obsolete in six months.
- There are fewer electives in the lunar seventh month.

Practice issues

- The patient who wants to use Medisave for outpatient treatment of chronic diseases will be charged long consultation charges – because it takes at least 20

minutes to file a withdrawal anyway.

- Ridiculous rents and prices are paid by doctors for clinic space.
- You will not be able to finish the drugs you bought at a hefty bonus before their expiry date.

Junior doctors

- Male housemen are more likely to receive free food from female nurses (of any age) than female housemen.
- Housemen and medical officers driving Porsches or cars of similar standing should not receive traineeship in lucrative specialties.
- Male housemen will never buy fast food for supper while on call. Please note that this does not apply to female housemen.
- Eating *bao* leads to bad calls.
- Public hospitals will look into revising doctors' salaries after young doctors quit and not before.

Why You Should Not Quit and Go Private:

20 Reasons to Remind You of the Right Thing to Do (We Hope…)

The following article was first published in the August 2007 issue of SMA News.

WELL, WHATEVER past impressions may be, this article is serious – very serious, reverent, real and straight-talking.

Let's face it, every doctor has to face and confront the big question sooner or later in their professional lives. Unless of course you are a forensic pathologist or public health doctor, in which case, well…

So when your brain pops the big question, what do you do? (The closest thing we have is the pleasant experience when your girlfriend asks you for "commitment".)

Here are some reasons that the Hobbit thinks will help you arrive at the correct decision.

If you stay:

1. You will get a balanced career of service, teaching and research, and be paid well for all three responsibilities.
2. You do not have to worry about finding parking on Saturday mornings in your public hospital and even get to play golf on Saturday mornings once in a while.
3. You do not have to worry if seeing less private patients will affect your take-home pay, or whether your hospital makes money at all, just like what the administrators say.
4. You do not have to worry about looking for clinic space to buy or rent. The administrators will also assign you a fully furnished office with no fuss in a public hospital commensurate with your seniority.
5. You will always have your head of department and hospital top management generously recognise your contributions and take care of your professional development. For example, they may give you a "service champion" award if your patient tells the Chief Executive Officer you are good.
6. You will always be given adequate management training so that you are adequately equipped for the administrative duties that you have or will be given. At the very least, you will be given generous and experienced administrative support staff to assist you.
7. You get to participate in committees and meetings with top management where important discussions take place and critical decisions are made that impact on clinical outcomes. For example, you will get to contribute to what you think the vision, mission and core values of the hospital should be.
8. Your family and you get to participate in enjoyable corporate activities like Family Day celebrations, annual dinners, strategic retreats, and corporate runs and marathons.
9. You receive frequent displays of gratitude from

subsidised patients. There are no grateful subsidised patients in private practice.

10. You get to train future generations of doctors – bright, young, eager, hardworking and long-suffering doctors who will be grateful to you for years to come.
11. Once in a while, you get to interact with intelligent, well-informed and well-meaning management consultants hired by top management to help you solve some very real and almost intractable problems.
12. You get feedback on whether you are truly practising state-of-the-art evidence-based Medicine when you are audited on your compliance with clinical pathways and practice guidelines.
13. You will also get valuable feedback on your efficiency and effectiveness when savvy administrators tell you how you are doing in terms of waiting times and appointment times. They will even tell you critical details like if you turned up in your clinic on time or 15 minutes late last Tuesday.
14. You get to experience the adrenaline rush, the excitement and adventure when you realise the hospital is running out of beds and patients are still pouring in from the A&E, and gosh, you have just been told – another hospital's A&E has closed!
15. After a while, you may get to be called "Prof". And more importantly, you will get used to being called "Prof".
16. You may get on the National Day Awards list after many years of exemplary public service, or sooner if there is another major communicable disease outbreak affecting public hospitals.
17. You have childcare facilities in your hospital, and even a lactation room for EBM (expression of breast milk, NOT evidence-based Medicine).
18. You have paid conference leave and you can take it anytime you want.
19. As Singapore develops into a major medical hub, you get to work with top brains from world-class centres based in Singapore, such as Duke Medical School and of course, Johns Hopkins.
20. Most importantly, you can tell everyone that money is not very important to you, even when like you, others in the public sector are also given competitive salaries pegged to private sector remuneration.

Seriously folks, why would anyone want to quit when there are so many perks and advantages to staying in the public sector?

A Guide to Specialisation

The following article was first published in the September 2008 issue of SMA News.

FIRST – A word from our sponsors – the Government. It is no secret that this column on specialisation is sponsored by the Government in another attempt to boost our waning fertility rates. Actually, our fertility rates are not just waning but deader than Elvis, *Mummy 4* and David Beckham's football career put together. So we need to give serious and accurate advice to our young budding doctors on the issues surrounding specialisation.

The first thing you gotta realise is that specialisation is BAD for fertility, obstetricians included. But first, let us take a step backwards – specialisation is BAD for sex, which in most instances, is a necessary precondition for pregnancy which in turn leads to fertility. (Note: this does not apply to teenage schoolgirls accompanied by their mothers or foreign domestic helpers, who see you for missed periods and/or nausea, in which case, pregnancy happens spontaneously like flatus and boogers.)

Having said that, we also note that the reverse is true: fertility is bad for specialisation especially when applied to female doctors. Namely because your traineeship posting will NOT be counted and you will be treated with utter contempt by your supervisors and fellow colleagues. Can you imagine the amount of ridicule, sniggers and behind-your-back cursing when you go on FOUR MONTHS of maternity leave? I mean seriously folks, who is going to do your &^%$#@! calls for four whole months? You jolly well know that the only time they'll let you off when you are pregnant is when you also have a death in your immediate family or when you are about to deliver (supper for the on-call team).

But if you think that being a specialist means more to you than the presidency means to Hillary Clinton, then by all means specialise. This is where you have to make an important life-changing decision. You get to choose to apply to be a trainee in a specialty. There are a few options:

- Specialise in Money.
- Specialise in Family.
- Specialise in the Furtherance of Scientific Knowledge.
- And if you come from a certain neighbouring country, you can also specialise in physical examinations to discover previous sodomies. Apparently, such medical talents are in great demand there.

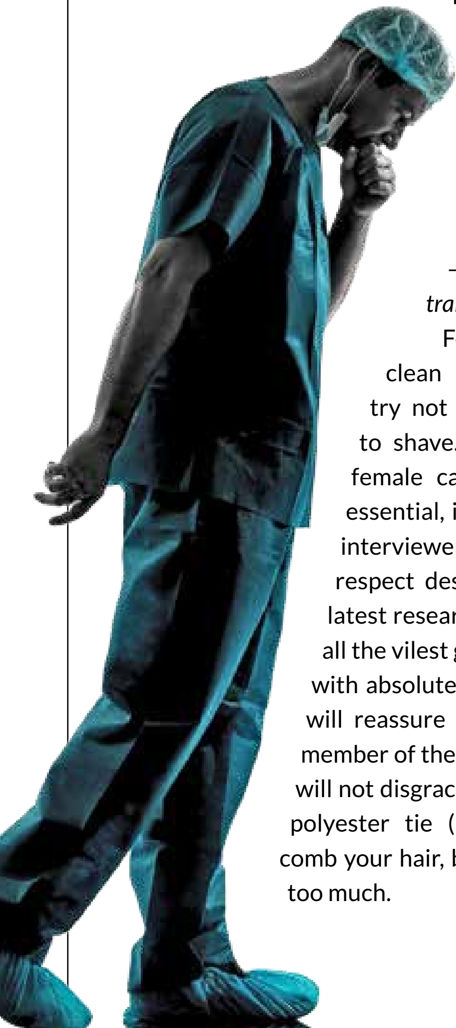
If you choose to specialise in money, the choices are clear. You should aspire to be a politician or a plastic surgeon. Failing which, you can be an aesthetic physician or an oncologist. Ophthalmology is passe with the crash of the LASIK market. The party is also over for transplant surgeons.

Whatever you do, do NOT talk to your seniors before you make a decision. This is to ensure that you get balanced, non-cynical information from intelligent and sane individuals. Instead, you should watch well-researched TV shows like *House* and *Grey's Anatomy*. You may actually think you will have a fulfilling and materially rewarding life in Medicine by being head of Diagnostic Medicine.

And if you decide to specialise in family, you can consider joining the Ministry of Health or its statutory boards. These places are usually run by non-doctors who have a life and understand the complex concept of office hours. That is, if you consider attending meetings, writing bland correspondence, and attending "work-life balance family day outings" a life.

And if you do think you want to decide on devoting your life to research and the furtherance of scientific knowledge, I have no advice for you. People who want to work long hours and get paid a pittance do not need advice – they need psychiatric help fast.

But remember this, on no account should you choose to apply for the disciplines of General Medicine or General Surgery. These belong to the mythological realm of unicorns, phoenixes and Britney Spears comebacks.



Once you have decided on what to specialise in and apply for specialisation, you will then have to make the second most important decision in your path to being a specialist – *what on earth do you wear for the traineeship interview?*

For guys, the choice is simple – wear clean socks and undergarments, and try not to smell. Also, please remember to shave. (Note: this may apply to some female candidates too.) Wearing a tie is essential, if nothing else but to prove to the interviewers that you accord them great respect despite obviously knowing that the latest research shows that ties are a source of all the vilest germs. And do try to wear a silk tie with absolutely boring motifs and colours. This will reassure them that should you become a member of their esteemed specialty one day, you will not disgrace them by wearing a stupid, flashy polyester tie (paediatricians excluded). Finally, comb your hair, but try not to emulate Kim Jong Il too much.

Women are kind of in a fix. There are case reports of lady doctors going to Bhutan for two weeks to meditate on just what to wear for the traineeship interview. Of course, some have easier decisions to make – if the panel is all men, look feminine; and if there are females on the panel, wear something from OG. When in doubt, dress like a lawyer, because that usually does the trick. As for hairdos, the same Kim Jong Il rule applies to females as well.

But should you have lousy fashion sense and less-than-great grades, you need to work harder as you prepare for the interview. First, you need to know who is on the panel. And you need to be bloody on the ball when you appear in front of them, which you should do so frequently, other than at funerals and in the same toilet cubicle. You need to catch their attention by being hardworking, bright and eager. In other words, you really, and I really mean really, suck up to them and their frail egos. In other words, behave like some pandering drug rep.

If you know the right people, look right and hopefully smell right, the last thing you need to do is sound right during the interview – do not burp or fart. Of course, do try to give the right answers. You must realise by now that the panel consists of people who have devoted most of their working life to public healthcare and the poor patient. In other words, they are probably not too smart. That gives you a slight advantage. Also realise that they are bored because they have been doing this for years and despite what they do, they know you, like all those they have selected before, will disappoint them.

Some of the common questions they may ask are:

1. What research paper have you read recently that interests you?

You must give an answer that has snob appeal. That would straightaway exclude local publications, unless you can quote a paper written by an interview panellist, in which case you get his vote but may piss off his enemy seated two places away from him.

2. Why do you want to choose this specialty?

You should start with a broad answer – if you are going for a surgical discipline, state why Internal Medicine sucks and vice versa for medical disciplines. Then narrow down to your chosen discipline. Example: "I like Cardiology because I think it is a very elegant discipline." (Note: "elegant" works for almost any specialty except Forensic Medicine, Palliative Medicine, etc.) If you want to choose a non-patient-facing discipline, then talk about the intellectual satisfaction of being a pathologist/radiologist/etc. On no account must you tell the truth – which is you hate the human race.

3. What subspecialisation are you considering?

This is an easy question in which you should answer by saying you want to choose the toughest, poorest-paying subspecialisation. Examples: ENT – head and neck surgery; eye – paediatric ophthalmology; Oncology – palliative care; Orthopaedics – trauma; Cardiology – heart failure; etc. Okay, you get the picture.

4. What are your hobbies and what do you do in your free time?

Even if you are absolutely boring, you must say something safe yet interesting at this juncture. This will ensure that you will be remembered as more than a face. Examples of interesting hobbies would include attending opposition rallies, marathon running and other suicidal pursuits. And despite what you think, reading *Harrison's* daily is NOT a hobby.

And should you be fortunate enough to be accepted as a trainee, remember, your first duty is to your country. Therefore, please socialise and fertilise while you specialise...

(Editor's note: the Government should consider including the Hobbit in next year's National Day Awards.)

A Guide to Romance in the Wards

The following article was first published in the March 2009 issue of SMA News.

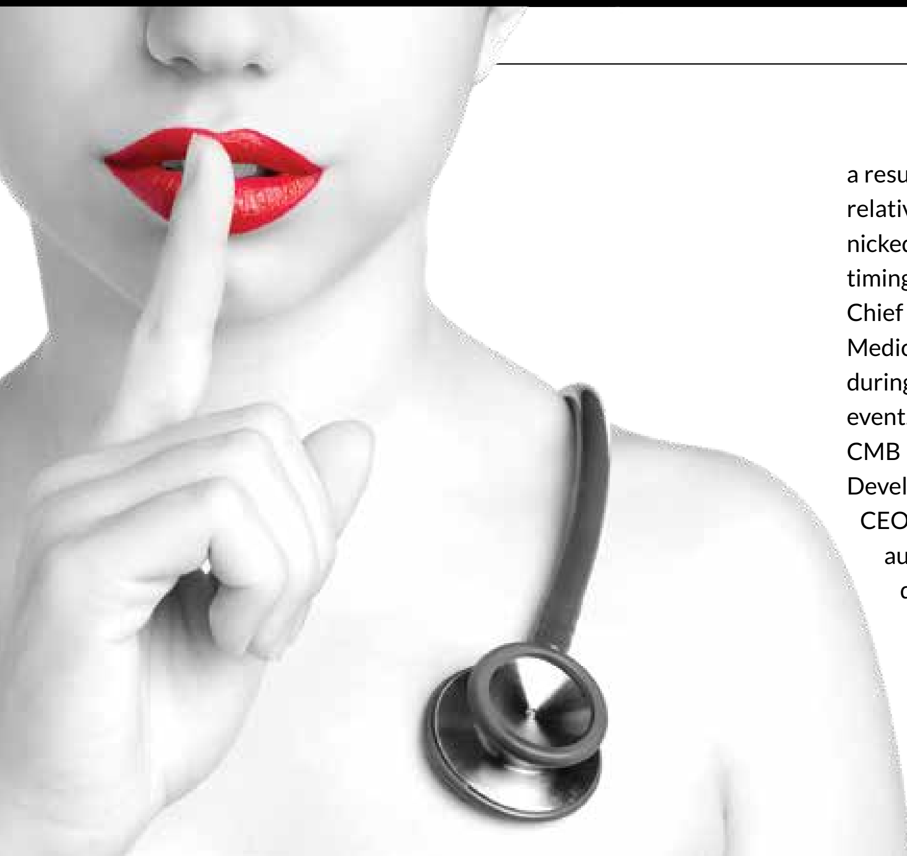
AS A regular reader of this column, there is a one-in-five chance that on Valentine's Day a handful of Saturdays ago, you were inserting all kinds of tubular implements into various human orifices and foramina. This would include catheters of all girth and length, rubber tubes, fibre-optic cables, and of course not forgetting your index finger trying to extricate that blasted piece of mucus that has been lanced by a strand of nasal hair in your left nostril in the privacy of your call room, right after doing a PR with the same finger.

All this is rather unfortunate because you could be having some real romance in Orchard Road, Dempsey Road, Rochester Road or even College Road with a member of the opposite sex on Valentine's Day. You would even have gotten flowers salvaged from your patients' flower and fruit baskets for him/her.

But fear not, you will be relieved of the onerous task of performing stay-in calls in public hospitals on Valentine's Day right about the time they figure out you (if you are female, or your wife if you are male) need an amniocentesis should you (or her) get pregnant. This is to ensure that the Government will be blackmailed into giving you more and more baby bonuses and maternity leave as the years roll by.

Anyway, romance can still be alive amid the hustle and bustle of the confines of a general hospital. Here are a few strategic tips which you would do well to remember:

- When in doubt, go for the foreign medical graduate. To study Medicine overseas, they have to be rich. And marrying rich in life is even more lucrative than specialising in Ophthalmology.
- If you can't marry rich, than aim for your (preferably unmarried) registrar/consultant. Then you can be a *tai tai*/kept man, and chill for the rest of your life. But do remember to avoid bosses in the following specialties – Geriatrics, Palliative Medicine and Rehabilitative Medicine. Do remind yourself that earning potential has got nothing to do with clinical acumen. If you are a foreign graduate yourself, please try to marry a local graduate to demonstrate that social mobility still exists in Singapore.
- If you are a local graduate and can't get hitched to a foreign graduate or marry your registrar/consultant, then maybe settle for a local graduate like yourself. But do remember to marry early when both of you are house officers or first year medical officers. This is because if you marry any later, your income exceeds HDB criteria and you cannot qualify to apply for a new HDB flat and get the hefty subsidy (tragic, isn't it?). This may be the policymaker's way of telling the poor that they should either not pursue Medicine or not get married after Medicine. Because



how are you EVER going to pay off your tuition loans and have enough money to buy a second-hand HDB flat or private housing with your spouse?

- Last but not least, there is always the lovely nurse in the ward. Think about it, when you are old, someone can change your Ryle's tube, indwelling catheters, adult diapers and so on competently and for free. Do you have any idea how much home nursing costs???

Once you have decided upon the above important strategic issues, it is time to talk about the hazards and difficulties of conducting romance and getting passionate in our hospitals. First of all, you have to remember that cleaners have master keys to ALL doors in the hospitals, including the on-call room you thought you were safely hiding in with your partner. Please bolt the door with furniture and don't make too much noise while you are making whatever. And do remember to dispose of excess human secretions in the biohazard bags provided nearby – Joint Commission International (JCI) requirement.

Next, please remember not all kind acts can be considered as romantic approaches. This would include dessert prepared by your 55-year-old ward sister – which you MUST eat to show respect, even if you find a dead cockroach in it. Having said that, if you are a female houseman and your 35-year-old male consultant comes and sets the drip for you, it is a tacit equivalent of a marriage proposal on the consultant's part. Either that or you are about to repeat the posting in ignominy.

Thirdly, do remember that while romance can happen anytime in the stressful life you lead within a hospital, there are some circumstances where you should avoid flirtatious/romantic talk with your colleagues. These include while doing a resus with the patient foaming in the mouth in front of the relatives or when you are assisting your boss and he has just nicked an artery/ureter/bile duct/nerve and so on. Good timing for love talk would include any event when the Group Chief Executive Officer (CEO), Hospital CEO or Chairman, Medical Board (CMB) is speaking before a big crowd or during a hospital-wide continuing medical education (CME) event. More relationships have been spawned during a CEO/CMB address or hospital-wide CME event than all Social Development Unit functions combined. Trust me, if we had a CEO/CMB address or CME event every day in the hospital auditorium, there would be no more singles in our clinical departments.

Fourthly, please note that anything remotely romantic going on between you and a fellow doctor will be picked up IMMEDIATELY by other doctors within a 400-metre radius. Soon you will be the subject of inaudibly soft conversations between everyone during grand ward rounds, journal clubs, clinical-pathological conferences, autopsies as well as CEO town hall meetings (see previous paragraph) among others. Both of you are serving an important public function – you add purpose and meaning to all these folks who would otherwise be leading lives of quiet desperation. On no account must you and your partner admit to the relationship lest you end speculation and thereby accidentally truncate their fun. A good time to announce is when you are applying for wedding leave or when one of you is obviously pregnant or going for a TOP, whichever comes first.

Fifthly, have an exit strategy should things not work out and you need to end the relationship. Because both of you have denied that there was anything in the first place, you must also now end the romance in the same nondescript way, as though nothing happened. So even if that someone buys you a cup of coffee after a ward round, coolly accept the cuppa as if nothing happened in front of all your colleagues, even though you actually feel like throwing the cup in her face/boiling his gonads in it. By denying anything happened, you will provide more fuel for the gossip mill and continue improving the quality of life of those around you. Meanwhile, hold your breath until the posting is over and on no account should you go on call with that idiot on the same night unless you want to "accidentally" shove a chest tube into her/his left orbit.

A few words about inter-cluster romances: like everything else cross-cluster, romances are not officially sanctioned by the clusters' bigwigs. You should date within your cluster or somewhere along the demilitarised zone that demarcates the territories of National Healthcare Group and SingHealth. This should be somewhere along the Central Expressway and hence you should be cognizant of the Electronic Road Pricing charges along this border. Nobody said love was cheap.

Lastly, do remember that romances between doctors

and patients are strictly prohibited. Contrary to popular belief, love is not all-conquering. The Singapore Medical Council is strict, especially with all the new and mighty powers that are coming their way. If you really think you want to hit on a patient, you should first document that you have discontinued the doctor-patient relationship clearly in your best JCI-compliant and legible handwriting. Then go for it with all guns blazing... and try not to talk about anything morbid like orifices, foramina and human secretions on the first date...

The Problem of Speaking Up as a Medical Association

The following article was first published in the August 2003 issue of SMA News.

THERE IS a movement to encourage more openness nowadays. Remake Singapore. Speak up. Voice your concerns. If your intent is good and patriotic, there are practically no OB markers.

But life is not so simple when you are a national professional organisation. There are some things that should be said, but cannot be said. There are some things that are said, but need not be said. There are many things that are not said, because they must never be said.

There are really very few things that can, and should be said in real life – especially in public. Because face is important in an Asian society and authority IS authority.

So, when the powers that are, ask for feedback, a national medical association has to weigh many factors. Not because its leaders are cowards. But because we have to ask, "Does giving feedback serve the members' interests best?"

Can giving feedback, solicited or otherwise, be detrimental to the association's interests, one may ask? That really depends on the motives of the party requesting for feedback.

Two examples come to mind, and it does not surprise that they are from good old complicated China.

The first comes from China in the Qin Dynasty, more than 2,500 years ago in the reign of the second emperor of Qin (ie, the son of the first Emperor, Shih Huang Ti, who unified China and founded the Qin Dynasty). His Prime Minister wanted to overthrow him. So, he called a party with the Emperor and the officials present, and he displayed a deer. He made the remark, "What a beautiful horse!" The Emperor said instinctively, "That's not a horse, it's a deer!" Some of the officials echoed the same sentiments aloud. Some kept quiet. The Prime Minister made a note of those who reinforced the Emperor's remark and knew as such these were NOT the Prime Minister's supporters. Over the next few years, he got these people killed one by one, thereby slowly wiping out the Emperor's support base.

There is a Chinese proverb for this event: 指鹿为马 ("*zhi lu wei ma*", literally "identifying a deer as a horse"), which commonly means an act that distorts or conceals the truth. To me, the proverb has an additional meaning of an act to flush out your enemies.

The second example was more recent in the last century, in the 1950s. Chairman Mao said that the new Communist regime needed the support and input of new ideas from intellectuals: academics, scientists, artists, and others, beyond the Chinese Communist Party's usual support base of peasants. The leadership then made overtures to these groups as part of Mao's Great Leap Forward, in addition to other more publicised economic moves to form communes to increase agricultural and industrial production (the latter ended with widespread famine). The call for more openness and feedback was coined "let a hundred flowers bloom" (百花齐放 or "*bai hua qi fang*"). The intellectuals voiced their opinions on how China should progress, quite sincerely. However, later, the Chinese leadership cracked down hard on the very intellectuals who had voiced their thoughts earlier on. Hence, the cynical alteration of "let a hundred flowers bloom, but debts are settled after autumn" (百花齐放，秋后算账 or "*bai hua qi fang, qiu hou suan zhang*").

So, feedback is a double-edged sword. When members ask an association to give more feedback to the powers that are, they must first think, how will the message be taken? If the message is taken wrongly or in bad faith, then the effect may be the exact opposite of what is desired. When some powerful body asks for feedback, an association must make a call: is this a sincere call or an attempt to flush out enemies?

Because dialogue at the institutional level is definitely a lot more complicated than an individual-to-individual conversation, and the stakes are a lot higher as well. Members should try to understand the difficulties of their association's leadership, and be patient with them when they appear rather reticent. ■