

**“WHY DID** you come to Singapore?”

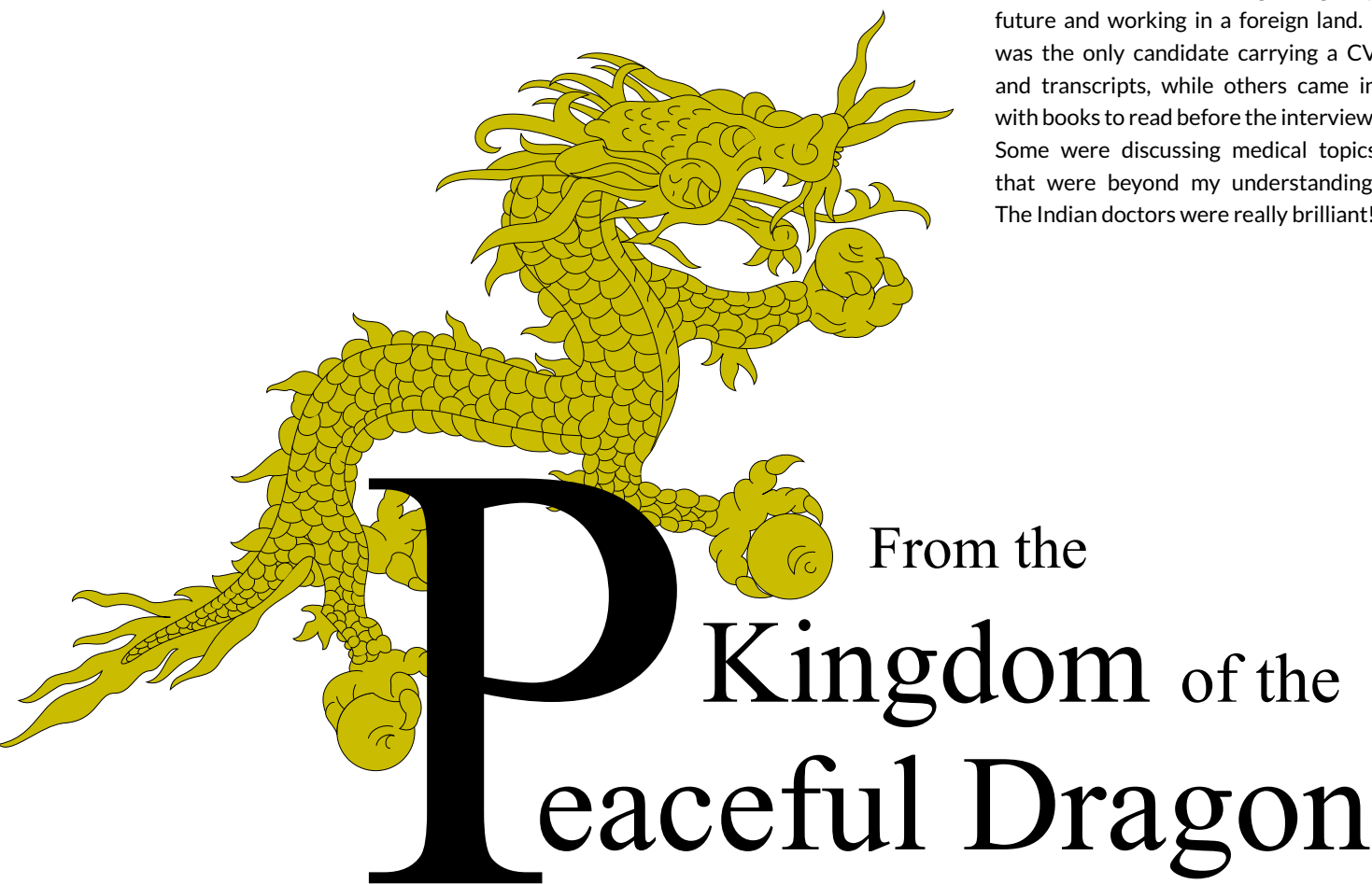
This is the question my colleagues and new friends ask me most frequently. At first, I did not have a ready answer. My move from Bhutan to Singapore in 2010 was not an easy decision, nor has it been without obstacles. My native land is a small kingdom, with a population of 700,000, sandwiched between China and India. Bhutan is known by many names, such as the Land of the Peaceful Dragon, but I call it “home”.

employed. Undaunted, I reapplied and even informed the medical superintendent of the hospital that I would work without a salary. He then took my handwritten application, scribbled something and directed me to the head of the GS department. That was how I got into GS in Bhutan.

For the next three months, I rotated with different surgeons. While some of them left me alone in their clinics without supervision, many were very

Nevertheless, I took a 42-hour railway journey to Chennai in southern India for the interview.

When I arrived for the interview, I was certain that I had made a big mistake. I was the least experienced and the only person with just an MBBS degree. Everyone else was more knowledgeable than I and seemed so eager to get the job. I felt like the odd one out, lacking the same enthusiasm due to uncertainties regarding my future and working in a foreign land. I was the only candidate carrying a CV and transcripts, while others came in with books to read before the interview. Some were discussing medical topics that were beyond my understanding. The Indian doctors were really brilliant!



Immediately after my graduation and housemanship, I started work as a medical officer (MO) in Thimphu, the capital of Bhutan. There, I ran clinics (similar to polyclinics in Singapore), and was also on three-month rotations in the emergency department.

During that time, I requested for a general surgery (GS) posting but was rejected. The GS department was fully staffed by a team of trained surgical specialists and no MOs were usually

enthusiastic to teach and train me. The mentor who inspired me the most was Dr Johannes Meixner, a German surgeon whom I met in July 2010. He had originally gone to Bhutan to work as a volunteer and later decided to stay on.

Meanwhile, I emailed MOH Holdings to apply for a job in Singapore. Before long, I was asked to send in my CV and attend an interview scheduled in India. Everything happened so quickly and I did not feel prepared.

I was the last one to be called for the interview. As I had to catch the train back to Bhutan on the same day, I could not wait for the results and asked the staff to notify me via email. Two days later, I received the acceptance! There were more than 50 doctors and I was one of the 11 chosen.

### Coming to Singapore

When I first arrived here, the cultural differences struck me hard.

Firstly, I did not comprehend what everyone was saying – the sentences were short, full of acronyms and spoken really fast. Not only did I have a tough time adapting, my accent – a mixture of Indian and Bhutanese – made it difficult for others to understand me as well.

I also remember my first week in general medicine, when I presented a case to the consultant in the way I was taught in medical school: “66-year-old female, ADL independent, NKDA, past medical history of asthma, IHD, diabetes, admitted last night for shortness of breath, which was insidious in onset and progressively getting worse. No fever, no orthopnoea, no paroxysmal nocturnal dyspnoea...” Midway, the consultant stopped me and commented, “You know, you are no longer a medical student and that’s not the way you should be presenting a case.”

Then a fellow colleague took charge and said, “This one 66-years-old female, past medical h/o asthma, no previous intubation or ICU admission, came in for SOB last night, whole night neb neb neb neb neb, now better already and can go home today. And, also don’t have any social issue *lah*.” And my consultant was impressed with how he presented the case.

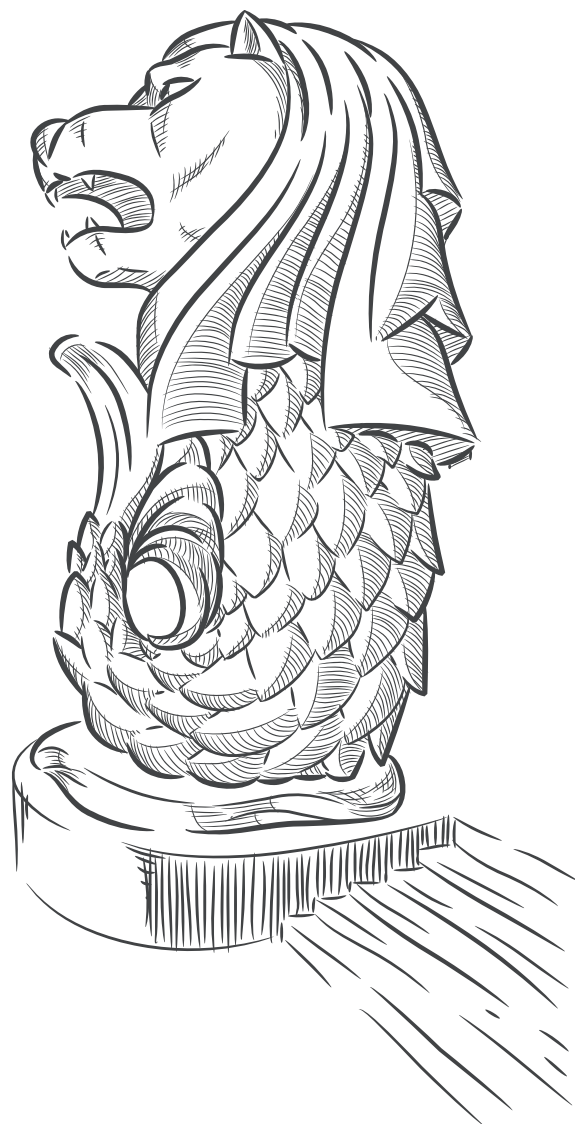
### My initial struggles

Ward rounds in Bhutan were much shorter and less complex. There were also no such things as physiotherapists, occupational therapists, dieticians, medical social workers and care coordinators. Neither did we have placement issues. All patients went home after the doctors discharged them.

Patients’ medical backgrounds are more complicated here. Each patient may have a number of chronic medical issues, possibly due to the ageing population. In Singapore, besides the primary diagnosis, we could also be managing diabetes, ischaemic heart disease and many other conditions in the same patient.

Documentation and patients’ expectations here were also new to me. I hardly updated patients’ families in Bhutan. Even if I did update them, I never had to document it in the case notes. Back home, we communicated through gestures, body language and smiles. If the doctor gives a smile, the family would understand that things are going well. The family is only informed if serious issues come up. Most appreciate such updates even though they may not express their thanks through words. Bhutanese have a very high level of acceptance of illnesses, complications and even possible demise.

Adjusting to the work environment in Singapore was a great challenge. However, when I reflect upon it now, I



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By Dr Krishna Prasad Giri

feel that the holistic approach towards healthcare here is excellent, especially when resources are available to support the system. That is also why I love the healthcare system here!

So, why am I in Singapore? Today, my honest answer is simply that this is my second home. I liked all the specialties after rotating through various departments in the past four years in this country, but still have an intense love for surgery. Hence I have decided to become a family physician with a special interest in minor surgical

procedures. I aspire to become a good family physician, who will be able to look after a wide variety of illnesses in a broad spectrum of epidemiologies. ■



Dr Krishna came to Singapore four years ago. He is currently working in a SingHealth polyclinic, training in family medicine. He aspires to become a good family physician – a role model, a good friend and a mentor to his junior colleagues.