

By Dr Oh Jen Jen, Deputy Editor

BLOGS "R" US

A feature article in the May 2007 edition of the *Annals of Emergency Medicine* bears the playful title "Emergency Medicine in the Blogosphere: The Irreverent Wit of the Specialty's Unofficial Voice".

Tracing the evolution of the humble blog (short for weblog, a term first coined in 1997 by Jorn Barger, an early blogger) over the past decade, it offers an accurate and insightful look into the world of medical blogging – a realm I am extremely familiar with.

Emergency physician bloggers interviewed include prominent authors Drs Allen Roberts (www.gruntdoc.com) and Nicholas Genes (www.blogborygmi.blogspot.com), with whom I once collaborated on a group medical blog back in 2004 (www.lingualnerve.com), before time constraints and other commitments led to its regrettable demise.

Both give relatively similar reasons when asked why they devote so much valuable time to writing – to vent frustrations, share experiences, occasionally poke fun at the medical establishment, and debate healthcare policies. Like their counterparts Dr Liam Yore (www.allbleedingstops.blogspot.com), Trench Doc (www.trenchdoc.com/trench) and Charity Doc (www.fingersandtubesineveryorifice.blogspot.com), profit of any form is never a motivating factor, and most prefer the freedom of anonymity (though a significant number fail to maintain an effective cloak of secrecy).

Despite the current lack of legally binding protocols on medical blogging, writers adhere to a set of unwritten rules, especially where patient confidentiality is concerned. Inevitably, most emergency medicine blogs include descriptions of patients, where a doctor will present a case and

make a comment. However, all agree that "I would never want to embarrass my hospital, my patients, or my bosses, and I certainly would not want to lose my job over anything I might say," a sentiment expressed by the author of *Scalpel or Sword*.

This article narrows its focus to emergency physician bloggers within the United States. But try Google-searching "medical blogs" and you will be deluged by a staggering list of websites which covers most parts of the world, ranging from medical students' online journals (favourite subjects include cadaver-dissecting classes and early clinical encounters in the wards) to impressive updates by senior physicians on the latest medical advances and policy changes (www.rangelmd.com).

Asian doctors are catching up fast with their Western colleagues, with an increasing number of Asian medical blogs starting up daily, a significant portion of which originates from Singapore. My personal site links to those run by medical students (www.medschoolblog.blogspot.com, www.florecitos.blogspot.com), house/medical officers (www.misspiggychong.blogspot.com) as well as more senior physicians (www.aliendoc.blogspot.com).

The level of dedication is obvious, with entries posted on a regular (often daily) basis, running the gamut from lengthy conjectures on means testing to moving accounts of patient encounters. One blog features an eclectic collection of images depicting the practice of medicine (www.angrydr.blogspot.com), while another (www.sgdr.blogspot.com) used to expertly doctor (pun fully intended) medical photos to side-splitting effect (its author toned things down after the site was highlighted by a *Straits Times* reporter).



Dr Oh Jen Jen is an Associate Consultant with the Singapore General Hospital's Department of Emergency Medicine. Her blog can be found via Google.

Medical blogging in Singapore can be a risky business – an observation I made through personal experiences with The Powers That Be – and I constantly fret over the possibility of authorities banning it altogether sometime in the future. However, I hope the following discussion will help alleviate this tension, and that local doctors will be permitted the online autonomy they seek and value.

WHAT LIES BENEATH

In general, all medical blogs are created with the best of intentions. Sadly, the local authorities sometimes choose to believe otherwise, viewing its authors with suspicion.

Here’s the thing: we write in order to vent, which can be healthy. Charity Doc (author of the aforementioned *Fingers and Tubes*) says it best: “We’ve all been through it, experienced the joys, jubilation and frustrations of it all. I chose to blog about it because the stress of the job got to the point where I even wrote a letter of resignation and was about to quit medicine altogether. My insignificant blog has neither altruistic endeavour nor any benevolent intent. It’s just a forum for me to mouth off.”

Of course, venting can take many forms. Some post heated diatribes littered with expletives (in *Hokkien*, no less), while others prefer a more detached, analytical tone. Topics can be personal (how many \$%^&*#@ FON patients can one take?!) or on an institutional/national scale (Medisave deductions for chronic illnesses, the dreaded means testing).

But each entry obviously has a precipitant or catalyst, which brings me to the next point.

AN INCONVENIENT TRUTH

In 2005, I posted a remark made by my consultant about the overcrowded conditions in our department, which resulted in The Powers That Be discussing whether to shut down my site.

Fortunately, a senior surgeon correctly deduced that “she clearly wrote this out of frustration, so it is our job to find out why and solve the underlying problem”. What followed were visits by high-ranking administrative staff to the ER, greater support for our bed management problems, and yes, they let me keep my blog.

Many of us voice disappointment, annoyance or anger about work on a regular basis but doing so in a public domain like the Internet exposes our thoughts and words to laypeople and open (albeit erroneous) interpretation.

But my consultant’s comment on ER overcrowding was truthful and objective, and we had reached a point where going to work everyday was akin to being hurled into outer space – without an oxygen tank.

This was not the first time I inadvertently landed myself in hot soup – that was back in 2003, when my coverage of the SARS epidemic in Singapore was deemed “too revealing”. Luckily, yet another sympathetic senior came to my aid, and I truly hope that such empathy and kindness will help ensure the survival of local medical blogs.

The bottomline? Always check with the author before leaping to the wrong conclusion.

LEAN ON ME

Medical blogs serve yet another important function – that of building a strong support system within the medical community.

No one will refute the fact that medicine is one of the most physically and emotionally draining vocations in the world. And yet, despite the extreme stress we endure, few seek professional help unless specifically ordered to do so.

Blogging provides an excellent outlet for releasing all sorts of frustrations and, being an interactive medium, attracts responses from both doctors and laypeople. With the exception of the occasional heckler, most readers trust our accounts completely, and demonstrate admirable loyalty in their replies. They deride the FON nutcase who ruins our day, offer consoling words when we lose a beloved patient, and bestow encouragement if they sense our dwindling optimism.

I try to do the same for my fellow bloggers, but the greatest gift so far came from the international community, which embraced my coverage of SARS, wept with our country during our darkest days, and realised what Singapore’s doctors are really made of.

GENERATION Y

Recognising that medical blogging is a great way to connect with more junior colleagues, the American College of Emergency Physicians (ACEP) recently launched Gardner’s Gate, the organisation’s first “official” blog.

It is written by Dr Angela Gardner – secretary-treasurer of ACEP and an Assistant Professor of Emergency Medicine in the Department of Surgery at the University of Texas Medical Branch at

◀ Page 14 – BLOGS “R” US

Galveston, Texas – who notes that younger physicians are more Web-savvy and choose to obtain information about their profession through the Internet rather than by attending large meetings.

Medical students everywhere have also jumped on the blogging wagon, churning out spectacular essays which inform, educate and engage. Within Singapore, student blogs feature the expected mixture of complaints about curriculum and clinical postings. Short of making it official by letting the *SMA News* print your grouses (along with your real name), blogs provide a vital source of insider knowledge, where anonymity and brutal honesty comfortably coexist. Feedback forms do not even come close.

Last but not least, medical blogs can help influence and shape the careers of this younger generation. As Blogborygmi

author Dr Nicholas Genes explains, “It’s invaluable to a resident like me, to list in on ER attendings comparing patient stories, ... the surgeons griping about inappropriate ER consults. You can’t get this kind of insider’s perspective by picking up a journal or reading an editorial. It keeps me connected to the other specialties, and orients me to what’s important in my specialty.”

On the home front, I have already received a substantial number of emails from juniors who visit my site, requesting me as mentor for their electives or to help them decide whether emergency medicine is the right long-term career choice.

It is times like these that reinforce my conviction to soldier on in spite of my long list of commitments and tremendous fatigue. I strongly urge our healthcare institutions to nurture and support this worthy endeavour. ■