

By Dr Oh Jen Jen, Deputy Editor



## A Different World

The American College of Emergency Physicians Annual Scientific Assembly,  
8 to 11 October 2007, Seattle, Washington

Here was an event I had been looking forward to since my days as a trainee. Every year, thousands of emergency physicians from all over the United States gather to share ideas, network and find new ways to revolutionise the practice of Emergency Medicine.

Attendance this year peaked at 5,000, as evidenced by the hordes of participants slinging conference bags and marching into the convention centre each day. I still remember that crisp Monday morning, as I braved freezing Seattle temperatures and exhaled thick puffs of mist, sandwiched within an enormous group of attendees at a traffic junction. It felt incredible!

Having embarked on this “working holiday” in a frazzled state – thanks to soaring patient loads, overcrowded conditions and chronic lack of sleep – I was keen to learn but pretty much burnt out. I did not expect to have my morale boosted or my core stirred in any way.

Over the next four days, not only did I rediscover my passion for Emergency Medicine, I also learned to value my patients (literally, if you get my drift) and draw comfort from the fact that “we are not alone”.

Sure, we read the same journals and understand that overcrowding, complaints, abuse and lack of validation by other specialties is a global problem. But our American colleagues have two huge advantages: strength in numbers, and loads of impressive research.

As I attended their lectures on Emergency Ultrasound – my area of interest – I was constantly awed by their accomplishments and progress in fields

as diverse as musculoskeletal trauma, evaluation of undifferentiated non-traumatic hypotension, and various interventional procedures.

Still, Singapore proved to have some muscle of its own, especially in terms of patient attendance numbers. I derived some impish pleasure from proclaiming my ER’s whopping figure (an estimated 120,000 a year), which easily dwarfs their average of 80,000 (or at most 100,000 for the country’s largest ER). Granted, the Americans tend to run more tests (including lumbar punctures) and face stiff resistance to admission from on-call specialists at some centres, but they openly express their admiration for our stamina and tenacity, quizzing me on how we manage to cope with 1.5 times the patient load and half the ideal manpower.

My answer? A sheepish smile coupled with a half-shrug. They needed nothing more from me to comprehend our predicament.

A week later, I strolled through the ER at Mount Sinai Hospital in New York City, as Dr Nicholas Genes – a fellow blogger, ER resident and peer reviewer for *Emergency Medicine Practice* – took me on a tour of the world-renowned establishment.

After enjoying the spectacular view of Central Park from the library, Nick and I discussed the cost of living in Manhattan. I was under the impression that emergency physicians at Mount Sinai – which boasts rich and famous “clientele” like Gwyneth Paltrow, who gave birth there – receive salaries commensurate with the institution’s high profile. To my surprise, he replied that even the attendings (that is, consultants) still had to rent apartments,



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since the city area's property prices fell way beyond a humble ER doctor's wages.

He also told me about his regular stints at Elmhurst Hospital in Queens (which shares a training curriculum with Mount Sinai), where patient demographics fall within the other end of the spectrum, comprising the homeless, immigrants and blue-collar workers.

We bumped into a number of his fellow colleagues along the way, including Dr Andy Jagoda, director of the ER's residency programme. As he ushered me into his office and recounted a conversation he had with my senior consultant at the Scientific Assembly, he asked if I could make a presentation to the department the next time I visit.

Like the other emergency physicians I had spoken to at the conference – professors, directors, attendings and residents – he wanted to learn more from us, that tiny red dot on the world map.

It has been 10 years since I first fell in love with emergency medicine, but like any career choice, the road has had its share of potholes. Our colleagues, friends and family help alleviate most of the physical and mental hardships we endure. But re-igniting that fire – the passion all of us once felt before age and disillusion invaded our jaded psyches – poses a much greater challenge.

This trip has provided a much-needed salve for my wounded soul, not just because of the meeting of like-minded individuals, but because of the realisation that every single one of us fights the good fight everyday.

And that is the only thing that matters. ■