

# Postgraduate Medicine

## —A Personal View in Three Objects

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*The usual disclaimer – the following is contributed entirely in my personal capacity and in no way reflects the views of any institution I am associated with.*

I read a brief review of a book, *A History of the World in 100 Objects*, in a recent edition of the *Straits Times* (1 April 2012). The book describes the BBC radio series of the same name, which is a fascinating look back at history through artefacts as diverse as the Gutenberg Bible and a credit card. In a similar vein, I would like to share three objects which tell part of a personal history, of my life in public service.

The first object is a pay slip dated 1992. I received it four months after my Operationally Ready Date (ORD) in 1992 and it represented the income of a first year medical officer (MO) with the national service adjustment. While it is quite a bit less than what first year post-ORD MOs get right now, it has to be remembered that, at that time, my wife and I could buy a 1,600 sq ft freehold walkup apartment in District 10 for \$460,000.

As documented in the SMA GP survey conducted a few years ago, with the notable exceptions of those providing personalised attention to royalty, in general, salaries of doctors, especially junior doctors and GPs, are declining in terms of property purchasing power. That is assuming that most people who graduate from medical school want a roof over their heads and do not have wealthy parents willing to donate a property or two.

The best take on this development was something I heard during reservist training last year. During one of the breaks in sick parade, the jaded NSF (full-time national serviceman) MO commented, "Hopefully the word will get out, and those who go into Medicine thinking that they can make millions will realise that it is simply not true, and pursue careers in investment banking or law like they do

in the USA. Perhaps we will finally get those who genuinely are interested in dissection, Surgery, Psychiatry, family practice, etc."

The second object is a notice from the IT department from the Veterans Administration (VA) Hospital in Madison, Wisconsin (which is attached to the University of Wisconsin), dated 1996. As I have previously shared in these pages, I went to the US to do residency training in Chicago and Wisconsin partly because of my father's sage advice and also because

of the advice of a respected senior who told me that the only thing worse than being an MO in the system was being a registrar. The University of Wisconsin is a state university (unlike Duke, Harvard or Yale which are private universities with high fees, regardless of whether you are residents of the state or not). The VA is the only form of state-provided healthcare in the US outside large urban county hospitals and it is restricted to those who fought in the various wars (WWI and II, Korea, Vietnam, Afghanistan, Iraq, etc). The VA hospitals used to be very run down and basic but during the Clinton administration, they took on some of the latest developments in IT for healthcare and patient safety by tapping on the large network of VA hospitals that covered the whole country. In 1996, the VA hospital where we provided Infectious Diseases cover had electronic order entry (see the notice).

When I returned to Singapore, I was impressed by the developments in the local ATMs. You could do a lot more with a Singapore ATM than you could with any similar device in the US – at least where I did my training. On the other hand, our hospital IT systems seemed to be really far behind. I am really pleased to see the widespread use of IT in local hospitals now. However, unfortunately, unlike in the US where the doctors





