

By Dr Chris Wong

Sea Change



Dr Christopher Wang with his girls, Rachel and Rebekah, in Kiama, a fishing town, during a visit to the south coast at New South Wales.

What brought me to Australia? For a while, I had found Singapore life to be hectic. Then my elder daughter started school and she also became a part of society's pressure cooker. The stories of a few "pioneers" provided some inspiration. Both were in their late forties, with young children (just a few years older than mine). One is a successful banker who is now running a private school down in Melbourne; another is an established watch retailer who still does business in Sydney.

The opportunity came when my wife was headhunted to a position in Sydney, and the adventure began.

Like most countries around the world, mutual recognition of medical qualifications is usually absent. For the "benefits" of a new life, I needed to compromise with a "down-grade". At present, I work as a Senior Registrar in an Emergency Department which is about 60 km from where I live, just at the base of the Blue Mountains. It takes a psychologically short drive time of 59 minutes to reach the hospital. I was told this is the average travel time for most Aussies to get to work anyway. I now do most of my music appreciation within the confines of my Honda Odyssey (which was, in my then Singaporean mentality, considered very affordable at one-third of what I would have to pay back home).

Work hours have been reflective of the society. 40 hours per week with a shift of 10 hours, which equals only four work days per week. Too far away from the workplace to be on standby (for recall). And what becomes of the extra free time?

Housework, handyman work and homework supervision (what little there is). The aunties who used to be part of my household are too expensive (\$10 per hour).

Food is not as readily available, and the options are limited. Prices can be forbidding (reflective of the labour cost spent preparing it): one plate of beef kway teow (if you can find it) cost about 11 Aussie dollars. Cafeteria fare comprises the usual Western dishes containing some beef- or potato-based product. I usually end up bringing my own food to work.

Thank goodness for gourmet coffees in Singapore – it prepared me well. *Kopi-see?* That would be a cappuccino. There is also the long black (*kopi-o*), flat white (*kopi*), latte (*kopi* with reduced fat milk) or the option of using soy milk instead. Tea here is appreciated with a dash of milk. Too much milk (*such as teh-see/teh tarik*) masks the fragrance of the tea leaves, which needs to be appreciated by local taste buds.

That bloke had one schooner too many at the local; he has done his ute in. (Translation: That man had one drink too many at the nearby pub, and has crashed his pick-up or utility vehicle). Colloquialism – each country is unique (What's the fuss over Singlish, I sometimes wonder – Blimey). "How are you going?" (which is slang for "How are you?") is a favourite opening line among friends and colleagues. A relative from Singapore visited the other day and I asked her: "How are you going?" She replied: "Am I going somewhere?" In addition, "What's the GO?" is the favourite phrase of a mate of mine at work.

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Just like the food and the language; the patient profiles are also different. Friday and Saturday nights bring their fair share of alcohol-induced injuries. However, unfamiliar to me were the “ice” users and the pot smokers. The treatment, fortunately, remains the same: security guards, sedate, supportive. I was once sedating a young bloke to reduce his shoulder dislocation. Whilst going under, he offered to sell me some coke, “not just the ordinary stuff at the street corner”. After the procedure, when he was more awake, he told me that it was Coca Cola that he was talking about.

The myriad of mental health presentations also took some getting used to. One day, the ambulance officers brought in a man in his mid-fifties who suffered from Post Traumatic Stress Disorder (PTSD). Once again, he had called the help number and said he was feeling really down and wanted some help. The department staff remembered his previous visit well. Due to his frustration of waiting to be seen, he had produced a sharp implement (that is, knife). Fortunately, no one was injured. This time, an alert was put out to search him if he comes back. With security guards surrounding him, his anger began to build up with liberal use of four-letter words (though I must admit that the English versions are never as colourful as those in *Hokkien*). Then I happened to walk in to work. The nurse manager asked if I could sedate him to facilitate a search. I thought this was like sending me to an attack dog. Also, his PTSD was a result of his Vietnam war experience; having a doctor with Asian features might not have been the best choice. But I had to show my mettle as I had just begun work at this unit. I summoned what recollection I have from the training in National Service on “searching and interrogating the enemy”; and also obeyed the rules on “approach to a violent patient”, such as making sure that there is a clear path between yourself and the escape route! Two things helped me though: getting the guards to step back, and realising that the patient was sympathetic to the Vietnamese people. He calmed down, and we had a nice chit-chat thereafter.

Like the emergency services in Singapore, the discipline is occasionally called to provide cover for big events, like the Sydney City to Surf run. This is an annual event that marks the beginning of spring. It is a 14 km route, with the starting point somewhere in the city, ending on

the calm, white beaches of Bondi. Bondi beach is well known for its beautiful sand, surf and bodies. And it also has a well supported retail scene. Our role in this event is similar to what our army boys provide in Singapore, which is to manage heat related injuries, and keep that load off the already resource stretched emergency departments. The medical tent is nicely located a stones throw away from the beach, so sun shades are a must for this job. The lunch provided was interesting. We were given instructions to proceed to the VIP tent to help ourselves to the food. The huge tent was lined up on a prime area of the beach with a bistro-styled buffet as the theme. Loud music, a variety of local food (but no fried samosa or chicken curry) with drinks from the bar, and a “happening” crowd added to the party atmosphere. Certainly, we were not dressed for the occasion, but who can argue with free food and lunch by the beach?

Australia has the land size of USA, but only 20 million people versus 120 million in the States. At present, it is still a migration destination of choice. The multiculturalism and cosmopolitan population reflect this. Before I came, it was a compulsory criterion that I pass an “internationally accredited” English test. Mastery of English is the only means the people of diverse backgrounds can communicate with each other. (There are also the services of an interpreter when called, but subjected to availability). But a few do slip between the cracks. There is a small Chinese migrant population living near where I work, so occasionally we get visits from “first generation” migrants who speak their native dialects. I had a few opportunities to speak Bahasa Indonesia as well (I am far from fluent, but can handle a few simple words, again courtesy of the Singapore Armed Forces, and an Indonesian maid previously under my employment). These patients find these attempts at native languages heartwarming, being so far from their homeland (which encourages one to keep practising these languages). Most importantly, the best *tim sum* (known as *Yum Cha* locally) comes to you only when ordered in Cantonese.

Any regrets? Pastures are never as green once you are standing on it. This I have alluded to vaguely. The decision has been made, the adventure begun. Looking back at a glass half empty rather than half full will only be counterproductive. In God I must trust... “No worries mate!” ■