



Guide to Romance in the Wards

As a regular reader of this column, there is a one-in-five chance that on Valentine's Day a handful of Saturdays ago, you were inserting all kinds of tubular implements into various human orifices and foramina. This would include catheters of all girth and length, rubber tubes, fibre-optic cables and of course not forgetting your index finger trying to extricate that blasted piece of mucus that has been lanced by a strand of nasal hair in your left nostril in the privacy of your call-room right after doing a PR with the same finger.

All this is rather unfortunate because you could be having some real romance in Orchard Road, Dempsey Road, Rochester Road or even College Road with a member of the opposite sex on Valentine's Day. You would even have gotten flowers salvaged from your patient's flower and fruit baskets for him/her.

But fear not, you will be relieved of the onerous task of performing stay-in calls in public hospitals on Valentine's Day right about the time they figure out you (if you are female, or your wife if you are male) need an amniocentesis should you (or her) get pregnant. This is to ensure that the government will be blackmailed into giving you more and more baby bonus and maternity leave as the years roll by.

Anyway, romance can still be alive amidst the hustle and bustle of the confines of a general

hospital. Here are a few strategic tips which you would do well to remember:

- When in doubt, go for the foreign medical graduate. To study medicine overseas, they have to be rich. And marrying rich in life is even more lucrative than specialising in ophthalmology.
- If you can't marry rich, than aim for your (preferably unmarried) registrar/consultant. Then you can be a tai-tai/kept man and chill for the rest of your life. But do remember to avoid bosses in the following specialties – geriatrics, palliative medicine and rehabilitative medicine. Do remind yourself that earning potential has got nothing to do with clinical acumen. If you are a foreign graduate yourself, please try to marry a local graduate to demonstrate that social mobility still exists in Singapore.
- If you are a local graduate and can't get hitched to a foreign graduate or marry your registrar/consultant, then maybe settle for a local graduate like yourself. But do remember to marry early when both of you are house officers or 1st year medical officers. This is because if you marry any later, your income exceeds HDB criteria and you cannot qualify to apply for a new HDB flat and get the hefty subsidy (tragic, isn't it?). This may be the policy maker's way of telling

the poor that they should either not pursue medicine or not get married after medicine. Because how are you EVER going to pay off your tuition loans and have enough money to buy a second-hand HDB flat or private housing with your spouse?

- Last but not least, there is always the lovely nurse in the ward. Think about it, when you are old, someone can change your Ryle's tube, indwelling catheters, adult diapers and so on competently and for free. Do you have any idea how much home nursing costs???

Once you have decided upon the above important strategic issues, it is time to talk about the hazards and difficulties of conducting romance and getting passionate in our hospitals. First of all, you have to remember that cleaners have master keys to ALL doors in the hospitals, including the on-call room you thought you were safely hiding in with your partner. Please bolt the door with furniture and don't make too much noise while you are making whatever. And do remember to dispose off excess human secretions in the biohazard bags provided nearby – JCI requirement.

Next, please remember not all kind acts can be considered as romantic approaches. This would include dessert prepared by your 55-year-old ward sister – which you MUST eat to show respect, even if you find a dead cockroach in it. Having said that, if you are a female houseman and your 35 year-old male consultant comes and sets the drip for you, it is a tacit equivalent of a marriage proposal on the consultant's part. Either that or you are about to repeat the posting in ignominy.

Thirdly, do remember that while romance can happen anytime in the stressful life you lead within a hospital, there are some circumstances where you should avoid flirtatious/romantic talk with your colleagues. These include while doing a resus with the patient foaming in the mouth in front of the relatives or when you are assisting your boss and he has just nicked an artery/ureter/bile duct/nerve and so on. Good timing for love-talk would include any event when the Group CEO/Hospital CEO or CMB is speaking before a big crowd or during a hospital-wide CME event. More relationships have been spawned during a CEO/CMB address or hospital-wide CME event than all SDU functions combined. Trust me, if we had a CEO/CMB address or CME event every day in the hospital auditorium, there would be no more singles in our clinical departments.

Fourthly, please note that anything remotely romantic going on between you and a fellow

doctor will be picked up IMMEDIATELY by other doctors within a 400-metre radius. Soon you will be the subject of inaudibly soft conversations between everyone during grand ward rounds, journal clubs, clinical-pathological conferences, autopsies as well as CEO town hall meetings (see previous paragraph) amongst others. Both of you are serving an important public function – you add purpose and meaning to all these folks who would otherwise be leading lives of quiet desperation. On no account must you and your partner admit to the relationship lest you end speculation and thereby accidentally truncate their fun. A good time to announce is when you are applying for wedding leave or when one of you is obviously pregnant or going for a TOP, whichever comes first.

Fifthly, have an exit strategy should things not work out and you need to end the relationship. Because both of you have denied that there was anything in the first place, you must also now end the romance in the same nondescript way, as though nothing happened. So even if that someone buys you a cup of coffee after a ward round, coolly accept the cuppa as if nothing happened in front of all your colleagues, even though you actually feel like throwing the cup in her face/boiling his gonads in it. By denying anything happened, you will provide more fuel for the gossip-mill and continue improving the quality of life of those around you. Meanwhile, hold your breath until the posting is over and on no account should you go on call with that idiot on the same night unless you want to “accidentally” shove a chest tube into her/his left orbit.

A few words about inter-cluster romances: like everything else cross-cluster, romances are not officially sanctioned by the clusters' bigwigs. You should date within your cluster or somewhere along the demilitarised zone that demarcates the territories of NHG and Singhealth. This should be somewhere along the CTE and hence you should be cognizant of the ERP charges along this border. Nobody said love was cheap.

Lastly, do remember that romances between doctors and patients are strictly prohibited. Contrary to popular belief, love is not all-conquering. SMC is strict, especially with all the new and mighty powers that are coming their way. If you really think you want to hit on a patient, you should first document that you have discontinued the doctor-patient relationship clearly in your best JCI-compliant and legible handwriting. Then go for it with all guns blazing... and try not to talk about anything morbid like orifices, foramina and human secretions on the first date.... ■