



Many things happened in May. First was the opening of the World Expo in Shanghai, and the insides of the Singapore pavilion left so much to be desired that our former Professor of Surgery wrote a letter to the Straits Times forum. The impression I get from the letter is that the Singapore pavilion has as much to offer as the mortuary in the old Toa Payoh Hospital.

Things got worse when the Marina Bay Sands Integrated Resorts opened and the first conference bombed, which incidentally was one that involved lawyers (what were these guys working in the IR thinking?!?). Lawyers are different from doctors: they know their rights, don't mess with them.

We, on the other hand, don't even know when to order a CT scan. Which brings us to this case that was reported in the news recently when a doctor was suspended for several reasons. One of the reasons given apparently (reported in the press and not disputed) was that the doctor failed to order a CT scan in reasonable time. By reasonable time, it was taken to be within 24 hours of symptoms and signs of possible gut perforation appearing. Unfortunately, this doctor ordered the CT scan within 25 hours. Another apparent reason given was that the surgeon was faulted for not being present at the patient's bedside on the night after the operation. This is despite the fact that the registrar reviewed the patient and did not think it was necessary for the surgeon to be at the hospital physically. So it is not enough for the surgeon to manage the patient from home relying on the registrar's assessment; you have got to be there nevertheless. The surgeon is appealing against the SMC's verdict. We can conclude the following if the appeal fails:

- 24 hours = reasonable; 25 hours = unreasonable.
- Actually just to be safe, order a CT scan for all cases of vomiting and abdominal pain when the vital signs are stable.
- Never trust what your registrar (and probably the rest of

the ward team as well) says; just be there physically for the patient when he/she has abdominal pain and vomiting. Preferably for the whole night since you can never really tell when the condition may worsen.

- Always pay your medical indemnity subscriptions.

Such stories really warm the Hobbit's heart. They remind him that medicine is indeed a selfless calling and the SMC is there to uphold high standards of medical practice. To uphold such high standards, we have to start tough training for our doctors from Day 1. Which is why I heard a restructured hospital recently packed a bunch of house officers off to Outward Bound School (OBS) even before they started work. I think one can really learn useful and relevant skills from OBS such as:

- Navigating the obstacle course is like rushing through hordes of visitors and trolleys in the evenings to get to your patient at the end of the ward.
- You may really need to kill a snake for food at the end of the month when your measly salary runs out.
- Learning to cope with your fear of heights is helpful should you need to jump off the rooftop of a hospital one day for whatever reason, like when you discover you should have ordered a CT scan in 24 hours instead of 25.

In any case, it is sobering to note that a half million dollar medical education like ours is still incomplete and requires the important benefit of a day or two at the OBS.

Some chaps in the public hospital have been offered this new thing called a retention bonus. Make no mistake; unlike urine retention, retaining you is supposed to be a good thing, hence the bonus. For example, I know of this surgeon who was offered \$40,000 over three years, with loading at the end so that he gets a princely \$5,000 in the first year and the rest over the

next two. Someone out there thinks offering a surgeon \$5,000 in the first year will affect his decision to stay or quit. As you can see, hospital administrators really know what surgeons want like how men know what their wives really want. Anyway, I have offered my son a \$5,000 retention bonus if he studies in the National University of Singapore and not overseas. He had to pee almost immediately.

Recently arising from a SMC case that resulted in a (successful) appeal to the Court of Three Judges, the learned and honorable judges said that they were concerned with how the Disciplinary Committee (DC) had failed to understand the nature of the charge against this doctor. The evidence required to prove the same left much to be desired too. They also said that it is just as well the Medical Registration Act has recently been amended to allow the appointment of a legally-trained person (who fulfills certain conditions) to sit as one of the DC's members because such a person would ensure due process and a fuller appreciation of the nature of the proceedings against alleged errant doctors. In other words, the doctors have a lesser appreciation of the nature of the proceedings against such doctors. The Hobbit is in full agreement with this statement. In fact, the Hobbit thinks we can go a few steps further than just having a legally-trained person in disciplinary proceedings and learn from the legal profession and their practices in many areas:

- We can practice time-based charging like lawyers. Charge more for a four-hour THBSO than a two-hour one. And always walk around with a yellow notepad.
- Forget about specialist registration and the requisite postgraduate qualifications. The lawyers can practice any arm of law just by being called to the Bar and armed with a LLB. They are doing well without all this residency business and exit exams stuff.
- Take a retainer fee or deposit upfront and ask for more when the fee is used up. If the patient doesn't top up, discharge yourself from the patient like what the lawyers do for their clients.
- Have this thing called "disbursements" in your billings and charge 50 cents for photostating an A4-sized piece of paper.
- Finally, let the lawyers run SMC disciplinary proceedings and do away with doctors just as how the lawyers have done away with all non-lawyers in their disciplinary proceedings. Who needs doctors? Specifically, the SMC lawyers and legal assessors should be up to this challenge. After all, they have had a tremendously awesome record so far.

On to something less weighty than lawyers and the SMC: Iron Man 2 opened in the cinemas in May but Iron Man 3 opened in a local hospital even earlier. Iron Man 3 was created when a brilliant cardiologist inserted 10 stents into his patient. As far as the Hobbit can tell, the stents were not made of palladium or powered by an arc reactor. This cardiologist is way cooler than Tony Stark. And maybe wealthier too.

Finally, the Health Minister recently said in his blog that he wants to see all private hospitals publish bill sizes. The Hobbit supports this and thinks doctors should cooperate with the private hospitals in this endeavour. In fact, I think all true professionals should do likewise. For example, lawyers' bill sizes should be published too; why only hospital bills and doctors?

Incidentally, this was the last blog entry before our wonderful health minister unfortunately had to go for an elective CABG. The Hobbit is happy to note that Mr Khaw is recovering well from his CABG and hopes everything turns out well for him. We need him to be around for a long time just as we need to know how much Iron Man 3 costs to make. **SMA**

