

**CONFIDENTIAL****TOP SECRET**

# Enter the Secret World of Hogwash Hospital – Part 2

– A report on a student elective programme, by Nott Mi

(Part 1 published in the Dec 2007 issue of SMA News) By Dr Tan Yia Swam, Deputy Editor

*(Nott Mi was a final year student on attachment at Hogwash Hospital during his elective. He apologises for the delay in writing Part 2 of the article due to increased commitment now that he is working as a houseman.)*

After I left poor Lobbo the Houseman, I went up the Ivory Tower to look for Professor Dumb-old-bore, the headhunter. I must have caught him in an unguarded moment for he looked weary.

I asked him, “Professor, are you alright? You seem tired.”

Professor Dumb-old-bore said, “I’m fine, young one, just troubled about one of my patients, ‘He-who-cannot-be-named’.”

“Huh, why can’t he be named?”

“Because he was brought in by ambulance after a road traffic accident, and there was no identification on him... I am most troubled. Without a name, we cannot bill anyone, and I fear greatly that Hogwash will have to write it off as a bad debt. But never mind that, how may I help you?”

“Well Professor, I’ve spoken to some of the staff here at Hogwash Hospital, and there are some things I do not quite understand so I would like to speak with you further, if I may.”

“You are most welcome, young one. So, where shall we start? If you are not already aware, Hogwash Hospital is one of the oldest hospitals in existence, but we have always kept a low public profile because some of our work practices received bad press in the past. “Muddles” or laymen, as you call them, just cannot reconcile medical care and business.”

“Well... Professor, actually, that is weighing on my mind too. I thought all doctors are altruistic, here to help people and serve the common good. Why does profit-making seem of utmost importance here?”

“Your question reveals your youth, and your ignorance of how the world works. No... that is a tad harsh, I would rather

say, your innocence. Let me share with you my thoughts on this –

Doctors are humans too, and while most of us started with a sense of wanting to do good, along the years, many other factors come into play. You see compatriots in other fields earning way more for what appears to be less work. You have occasional ungrateful patients and families who sue you in spite of all your good intentions. You get backstabbed by those whom you thought were colleagues and friends. Administrators hold greater power than you, commandeering the latest computers, parking lots, and dictating whether your claims for night calls and emergency call-backs come through. It also does not help when healthcare is being marketed as a customer-oriented service. The customer is always right? I don’t think so.

By the way, do you know how hard polyclinic doctors work? Seeing 50-odd patients in 5 hours, allocating 5 minutes per patient; and how about restructured hospitals? Where a typical booking list for outpatient visit looks like this: “1400, 1400, 1403, 1405, 1410, 1415, 1416, 1417, 1420, and so on.”

I assume that means that I should split myself into two to see both patients simultaneously? Maybe with “Doctoro duplicus”? Seeing a patient in two minutes is not that easy either, unless one uses “temporalis acceleratus” – though I have heard of some doctors doing a neurological examination under two minutes; must be all the practice they have had.

Anyway, I was once like you, young and earnest. I did my fair share of groundwork, I did all the necessary exams, and I researched on the 12 uses of human blood... Despite all my work, there was one year when my practicing certificate was not renewed because I did not have enough CME points. All because I absent-mindedly forgot to sign in at all those talks where I was the speaker; besides, the stupid clip-board gets circulated around the entire audience!

Finally, I decided enough is enough. Teaching and research



do not pay well, either in monetary rewards or recognition, I still want to devote myself to patient care, and yet, the “correct” kind of patients. I have had enough of those patients with the mindset that government-subsidised means confirmed-plus-guaranteed cheap and good. You want cheap and good, go to the hawker centre. I’m not Best Denki, I don’t give 100% guarantees.

Therefore, I set up Hogwash Hospital several decades ago, after much work with the then-Minister of Mind-N-body. My target patient group are those rich patients who value privacy and efficiency above all else, and who are willing to pay what it takes to get it. As it turns out, I was not alone in my philosophy; more and more doctors joined my staff. Among them, there were differing viewpoints on patient management; so again, I had to set up four different focus groups, known as Give-It-All, Rave-N-Claw, Huff-N-Puff and Slide-N-Win.

Hogwash gets minimal hospital funding, as we have such an exclusive service that we do not need to publicise. We get patient referrals by word-of-mouth among those super-rich who do not even appear in *Forbes* or *Tatler*

– because they paid to keep their names out of them. These patients know that time equals money, and money equals quality. They are willing to pay \$2000 for a nice evening dress that they’d wear once and discard. How much are they willing to pay for a consultant who can diagnose and treat their problems? How much would they pay for the necessary investigations and treatment?

I’ve heard a joke before: a rich man was choking in a restaurant, luckily for him; a doctor was nearby and performed the Heimlich successfully. The man said “Thank you for saving my life! How much should I pay you?” The doctor replied “How about half of what you would have paid me 10 seconds ago?” Of course sometimes one meets the occasional Scrooge, who wants to pay subsidised rates but wants the best of everything. In my hospital, I can ask him to leave and go be a B1 patient at a restructured hospital.

So, what do you think? I am not a profit-mongering doctor. I merely know that my skills hold a certain value in my eyes; and if there are patients who agree, then I deliver the best. They pay for the best, and everyone’s happy.”

“Thanks Professor! You have truly enlightened me. I understand now why so many people leave government practice after graduation, or after getting their specialisation! I shall work hard to specialise and join HH as soon as I can!”

“Alas my young colleague, I take in only the best of the best. And you, who are to be in this new Residency programme, are untested. I shall have my reservations taking you in on my staff. We shall see... we shall see...” **SMA**



Miss Tan is happily settled into her current job. She still meets her fill of rude and nasty people (not all of them patients or their relatives), but somehow, she manages to handle it with a bit more equanimity. Life is too short and precious to waste being upset with people who have unhappy lives and taking it out on everyone around them. She tries to bring a bit more cheer to friends and colleagues, by helping them see the humour (or tragic comedy) in kind of work we do. She welcomes comments at [tys@sma.org.sg](mailto:tys@sma.org.sg)

