



Cambridge's market square

Adventures in Oxbridge

By Gail Chua

A Day in My Life

- 0730 Get on bike, cycle to John Radcliffe Hospital. Get overtaken by several fitter medical students while going up the hill!
- 0800 Ward round on Vascular Surgery – chat with the consultant about a patient who's taking longer than expected to recover from an endovascular aortic aneurysm repair, and an elderly lady with diabetes who's scheduled for a below-knee amputation.
- 1030 Vascular Surgery clinic – get to clerk a patient with varicose veins and do an ankle brachial pressure index on a gentleman with suspected peripheral vascular disease.
- 1230 Lunch in the doctors' mess with a group of foundation year doctors – the conversation oscillates between speciality training interviews, Will and Kate's wedding, and the Vascular team pub crawl this weekend...
- 1315 Get on bike and cycle to the Churchill site for Anaesthetics tutorial. We discuss the benefits and drawbacks of opioids/local anaesthetics/central nervous system drugs for pain relief.
- 1445 Pop into theatre for second case on the Gastrointestinal afternoon list – a laparoscopic cholecystectomy. The registrar supposed to assist doesn't turn up for ten minutes so I get to hold the laparoscope for that period – it's an exciting experience but I'm glad when the doctor finally shows...
- 1700 Rehearsal for med school annual pantomime. I'm one of the evil henchmen although whether or not I actually poison one of the good guys is still being debated in the script!
- 1815 Cycle home – halfway down the hill the med school Dean cycles past me – where he lives is still a mystery, but we seem to take pretty much the same route...
- 1845 Formal hall at college – three course dinner, gowns worn and grace said. Good time catching up with some non-medical friends.
- 2000 Cycle to church for bible study group – we're halfway through the Book of Hebrews.
- 2145 Chat with flatmates (a Physics PhD student and a criminologist) over a glass of wine.
- 2230 Decide whether to vote in Singapore General Elections or book train tickets to Paris the same weekend – Paris wins 100% of the vote!
- 2300 Shower and sleep.

I'm currently a fourth year medical student in Oxford University. Over here the Medicine course is six years long, with two years of pre-clinicals and a research project in the third year. I did my first three years at Cambridge University and then came to Oxford on a transfer programme.

Unlike many med schools in the UK, Oxford and Cambridge provide minimal patient contact in the first few years, so I'm only several months into my clinical course. But already it's been very much of an eye-opener; in fact my first posting was on the Geratology ward where the elderly patients (a few of them centenarians) really appreciated having a student to chat with to pass the time. And the life stories they had to tell! To name a few, I saw a chap who'd been a Royal Air Force fighter pilot and had flown bombing raids over wartime Germany, another man who'd fought in Burma and nearly died in a prisoner of war camp, and a lady who'd lived on the streets of London with her mother and sister because they were dirt poor. Sweeter stories as well, like the husband and wife who'd been married for 65 years and sold their house so that he could move into a nursing home with her (she needed round-the-clock care, but he was perfectly healthy).

I then did a placement at a district hospital in Swindon – spent lots of time in theatre with the surgeons although the high point was seeing an emergency helicopter land on the hill just outside the hospital! Speaking to patients in that hospital I got a feel of some issues that we probably do not see so often in Singapore – for instance, patients having to travel two or three hours for a follow-up appointment because their particular operation (e.g., a pancreas transplant) just isn't done in their regional hospital. Also, a common comment made by patients was that their children lived too far away to be able to visit them – one lady's son lived in Wales while her daughter lived in Newcastle (both a long way from Oxford).

Over the months I gained the impression that doctors in the UK have to deal with lots of social issues – although I don't know how common *that* is in Singapore! During my General Practice attachment, I saw the doctor write several letters to the local council supporting his patients' applications for disability welfare payments. And on



a Psychiatry placement, I visited the home of a man whose bank was pressing him for the repayment of a loan – after a few minutes of chatting, it became obvious that he couldn't read and had no concept of money. On separate occasions, too, our medical class has discussed whether mothers should be allowed to select certain “disease-free” embryos via in vitro fertilisation; how one should go about doing research that

involves children or very sick patients who can't consent, among other issues. It's been interesting to see how medical practice evolves alongside scientific advancements (that could well be based on discoveries made in the scientific labs of Oxford itself).

Indeed, Oxford and Cambridge place a great deal of emphasis on research – even in our pre-clinical years we were encouraged to go straight to primary sources for evidence. In my third year I had the opportunity to do a project on fly models of Alzheimer's disease, and I also wrote a dissertation on evolutionary genetics involving examples such as HIV and the myxomatosis virus. On the other end of the spectrum, we are also taught by pure clinicians who have been practicing for decades, and have come out of retirement to teach (my Anatomy tutor in my first year is now 79 years old!). I still recall the “three-to-one” tutorials in his room in college, where he would give us tea and croissants while pointing out the relevant anatomy on an actual human skeleton. Most of these tutors were ex-surgeons whose practical experience was invaluable in the dissection room as well.

As shown in the “A Day in My Life” sidebar on the previous page, there's enough time (barely) to do things outside of Medicine in the clinical years. During my undergraduate years I managed to do some volunteer teaching at a local primary school. Education in the UK is very hands on and children are encouraged, from a young age, to stand up and present their ideas! I was also involved in a drama society that put up Cantonese and Mandarin plays – as expected, lots of people doing this were not only from Malaysia and Singapore, but from Hong Kong and China as well.



Gail (standing) with a friend punting on the River Cam



Gail (third from right) and her clinical group with two final year student tutors, at the end of their introductory course in Oxford



Post-exam barbecue in Cambridge!



Graduation day in Cambridge last year

In fact, Cambridge and Oxford are very international and the collegiate system (where people doing different subjects all live in the same college) is a great way to get to know non-medical students. The colleges are truly beautiful too; each of them has its own ornate dining hall and chapel as well as student rooms. In fact, I lived in the same student block as my grandfather did when he studied Engineering in Cambridge in the 30s, so there really was a special sense of history there. Other things “uniquely Oxbridge” include May Balls (giant overnight college parties with food and entertainment), punting along the river, and wearing subfusc (formal shirt, pants and academic gown) to exams.

Truth be told there are plenty of frustrations with the healthcare system here – I think everyone knew the National Health Service was running out of money, and the financial crisis a few years ago only exacerbated that. Patients have asked why they can’t get a particular drug (too expensive on government funding) or a specific cancer treatment, although all in all people are very stoic and understand that the government can’t do everything. Another complaint I’ve heard is that continuity of care can be sometimes lacking – the junior doctors are around the whole week, but the individual consultants don’t seem to come in all that often – so patients can sometimes be seen by a different consultant every day that they’re in the wards. Furthermore, there’s been a drive to train nurses to do basic clinical skills such as venepuncture or catheterisation, which means fewer opportunities for medical students to practice.

Overall, though, I’m enjoying my experience. The first three years were lots of fun, with excellent teaching and plenty of time for research and exploration of other interests. The clinical years are certainly more demanding in terms of time commitment, but I feel that I’ve now got a better understanding of the local culture by seeing patients from all walks of life! Cambridge and Oxford can be a bit of a bubble so it’s good to get out of the purely academic setting and see patients with real-life problems. **SMA**



I’m studying Medicine at Oxford University (Lincoln College). I came to the UK in 2007 after junior college in Singapore. Having been here four years, I still find there are many things to learn about this country and its people! I was drawn to Medicine by the combination of hands-on work, problem solving and the unparalleled opportunity to make a real difference in patients’ lives.