

Permit No MITA (P) 073/09/2001
ISSN 0037 - 5675

JOURNAL OF THE SINGAPORE
MEDICAL ASSOCIATION

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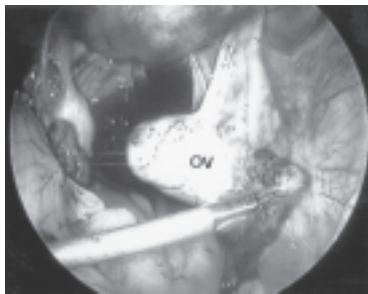
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Cover Picture:
Laparoscopic management
of an ovarian pregnancy.
(Refer to page 095-096)

Reflections on the Medical Profession during an Alaskan Cruise

SY Tan

All of our friends said we ought to do it. Savour the service, the food, the entertainment and the breathtaking scenery. Be pampered for seven full days, waited upon hand and foot. They were talking about a luxury cruise to Alaska, America's last unspoiled frontier. It is a must-do trip, but I wasn't so sure. Experience teaches that the greater the hype, the less secure the reality. But we did succumb, and this past August, my wife and I joined a group of doctors and embarked on such a cruise.

To say I did not enjoy myself is to be both unfair and ungrateful. But there were unsettling moments, and amidst the decadence of this luxury journey along Alaska's Inland Passage, I discovered things about our profession.

The service on board was splendid – lavish, attentive, fawning. The ship's motto: "Put the passenger first," was matched by its stated goal: "Beyond the client's expectations." This was apparent in the quality and quantity of food, impeccable room service, ship entertainment and on-shore excursions. Complaints usually led to prompt action. A less than perfect steak elicited an apology from the maitre d'. We were the centre of attention.

Cruising's *modus operandi* could benefit the medical profession. Hospital administrators are now referring to our patients as clients. If there is one salvation to this manner of address, it's the hope that by thinking of patients in client terms, we would be reminded to service them well. But ours is a profession too often characterised by short-staffing, rushed agendas, and crisis management. Somehow, we need to refocus our attention on the service aspect of our care, even as we insist on the continuous upgrading of quality.

Throughout the cruise, there was an emphasis on passenger safety. This became most noticeable on the second day when we assembled for an emergency drill. Two thousand expectant souls lined up shoulder to shoulder on deck at the appointed time. We received mocked orders on where and how to respond, if and when an emergency should erupt at sea. Frankly, I was not confident that the exercise would suffice to ensure any order or strategy if real disaster should strike, but I suppose it was better than nothing. Every oceanliner begins her journey with this ritual.

During a garden tour in Juneau, one of Alaska's quaint coastal towns, our small coach snaked its way up a sheer cliff 600 feet above sea level for a spectacular view of the coastline. We were visibly nervous, but the driver, a recent high school graduate named Josh, reassured us that passenger safety was his most important job. The edge of the mountain dirt road was lined with rotting logs that seemed hopelessly incapable of stopping a wayward coach. But Josh drove carefully and skillfully, and he conveyed a sense of confidence and security.

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On our train ride back from Denali National Park (a must-see) to Anchorage, the conductor also reminded us that his first duty was to ensure our safety, so please observe the rules regarding obstructing luggage, steps, hot beverages, etc.

The medical profession would do well to adopt a safety-first attitude. The Institute of Medicine recently released a study showing that nearly 100,000 patients die each year in America's hospitals because of medical errors, many of which are preventable. To be focused on safeguarding patient safety is to combat medical errors, which often stem from the system itself rather than the fault of any single individual. Acknowledging the existence and genesis of medical errors can transform a culture of hiding mistakes into one of removing or minimising them.

Service, quality and safety aside, the business end of the cruise left a disappointing void. Perhaps it was unrealistic to expect otherwise from a for-profit enterprise. After all, their business was to make money by giving their clients a good time, but making money comes first. So I discovered myriad examples of this business' ugly habits. For example, they tucked the laundry facilities in a little off-room, unadorned and unadvertised, presumably to discourage the thrifty among us from bypassing the exorbitant pick-up laundry services. And a hefty tip was added automatically to our final bill irrespective of whether we thought it excessive or deserved. Lack of disclosure, that's the phrase. Isn't that what they are accusing doctors of these days? Failure to disclose material risks, failure to disclose excluded services, failure to itemise our bills, failure to disclose mistakes.

Then there was the sale of things you clearly don't need: silver chains by the inch, throwaway grade diamonds, photos at every stop. They all cost extra, just as unnecessary procedures or treatment cost our patients plenty.

We encountered a storm at sea on the next to last night. It was nasty. Someone fell and broke her wrist. Half the passengers were too sick to dine that evening. The waves were high, and the huge ship wobbled. Storms are a liner's nightmare. The experience would discourage repeat cruisers and is bad publicity. So they resorted to a conspiracy of silence. No one emphasised the bad weather, or advised us on how long the storm would last, or the precautions that were being taken for our comfort and safety. No apology the next morning; no explanation or simple recap of the frightening events the night before. Just a silent pretense that nothing happened. What storm?

I wondered how often we behave similarly when the going gets rough or after a mistake has occurred. Our inclination is to avoid the subject, even avoid the patient and the family altogether. A kind and candid explanation is always better than silence. Patients, like cruise passengers, understand that bad things are sometimes beyond our control. But they would like an explanation and a good dose of comfort just the same.

Seven days flew by in a flash, and as we disembarked, we were literally ejected from the ship in order to make way for a new group of passengers. Bused unceremoniously to our various destinations, most of us left our breakfasts untouched as we were rapidly summoned according to colour codes. How the mood had changed now that the cruise was over, and the company had dutifully dished out the fun in exchange for the money. There was no longer the need to dawdle or waste time on niceties.

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Publisher

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2 College Road
Singapore 169850
Tel: 223-1264
Fax: 224-7827
URL <http://www.sma.org.sg>

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Email: studio@lancer.com.sg


For advertising placement, call

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Printed by Entraco Printing Pte Ltd

The captain or a PR representative at the gates to say goodbye would have been a nice last touch, but no one was around. I quietly reminded myself that the next time I discharge one of my patients from the hospital, I shall try to be there to personally see her go.

Of the various wildlife I saw in Alaska, the most impressive was the American bald eagle. Alaska is its home, and the majestic bird can be found perched high atop the pinetrees – imperious, jealous of its territory, and worshipped as a God by some tribesmen. Just like the doctor.

I don't think I'll be cruising again any day soon. Most likely, this first will also be the last. Cruising is a nice experience, but manifestly oversold. Having done it, I have no need to return. If only patients were as lucky. Unfortunately, they will need to return to us again and again, even if the service and the product are found wanting. 

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