

I got out of the lift on the sixth floor of S block and asked a nurse in Cantonese, "is this the respiratory medicine clinic?"

"That's right," she replied. "You're an overseas elective student aren't you? Sit here and wait for the doctor."

After waiting 20 minutes I plucked up the courage to speak to the nurse again: "If you don't mind me asking, how did you know I'm not a local student?"

"I could tell at first glance that you're from abroad!" was her answer, but not one that satisfied me. I was perplexed since I grew up in Hong Kong and speak fluent Cantonese without an accent. I left six years ago to attend medical school in London. So I was doing an elective, eager to find out what it would have been like if I stayed, and what I would need to adjust if I were to return.

A city in hyper-drive

My first observation was that the nurses navigate the wards with superhuman speed. I did not think it possible to manage so many beds competently and efficiently, while assisting the medical officer on her morning round! This may be why they wear running shoes, as do the interns, who were so busy that I barely saw them. In comparison, house officers in London often have spare moments to teach medical students—the 48-hour week imposed by the European Working Time Directive seems to have made a significant difference. A Hong Kong intern told me that he works more than 80 hours a week!

I have appreciated the time and space in London to think and mature. But can I still survive the time and space pressures of Hong Kong? The city is rightly proud of its efficiency, manifested even in its hospital design. At Queen Mary Hospital, clinic rooms only have three walls. Instead of a back wall, a corridor at the rear connects around ten adjoining clinic rooms, so nurses can move swiftly from one to another. On the wards, beds are more tightly packed than I am used to, probably due to the public sector's high patient load. Doctors are adept at examining from the patient's left, since it is often impossible to access the right side of the bed.

Though doctors can compensate with examination technique when beds are closely packed, confidentiality is more difficult to maintain. One method is to speak to other health care professionals in English. My grandpa told me that when he was in hospital, doctors just assumed he could not understand their discussions. Another strategy extensively employed is use of abbreviations. "This patient had an EMA (Extra-Marital Affair)." "Unfortunately this bed DMA'ed (Discharge against Medical Advice)." Nevertheless, some abbreviations are widely understood by patients: "this is the HIV patient".



Local and elective students eagerly awaiting a teaching clinic (photo taken by author)

The burden of experience

Queen Mary Hospital staff are required to wear surgical facemasks in all clinical areas to minimise the risk of H1N1 swine flu transmission. The last time I had a mask on for so long was during the 2003 SARS outbreak. The medical culture of London hospitals is more laid back in comparison. At least for now, masks are only required when approaching patients with suspected swine flu.

Food plays a prominent role in Chinese culture, permeating into medical culture. In London, I was taught to ask patients if they noticed "black tarry stools". Hong Kong medical students ask patients if they notice "black sesame soup stools". To assess total calorific intake, dieticians specifically ask if patients eat the ingredients of Chinese soups. An important part of an occupational therapist's assessment is to determine how well the patient can use a pair of chopsticks.

In the hospital canteen, as I thanked God for my lunch, I noticed bowed heads around me. Health care assistants, doctors, medical students, and nurses; they were all saying grace. It is a much rarer sight in London.

Family ties

Spending a rare few weeks at home reminded me how far away London is from my family. Most memorable were the noisy conversations at the cluttered dinner table, which I took for granted as a schoolchild. I am grateful to see my grandparents enjoying independent and fruitful lives. All credit to the doctors who are expertly managing their cardiac, endocrine, neurological, rheumatological, and ophthalmic problems!

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