



Personal Narrative

When recognition goes into remission: a story of conflict in clinical teams

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The Tumour in the Room

In the world of oncology, where life and death waltz daily, you'd expect the fiercest battles to be fought against cancer cells. Yet, sometimes, the real struggle unfolds in the corridors, between the department head and the one doctor who seems to have read the future and is already teaching it to the rest.

Meet Dr. Blaze. Not because he's old school—far from it—but because he's always burning with new ideas, lighting fires and mentoring the minds of young doctors, and, occasionally, gets under the feet of those who prefer the status quo. If you're looking for someone to quote the latest research or challenge a dogma, he's your man. He's the sort who can make immunotherapy sound like poetry and has a knack for making even the most jaded junior doctor believe they might change the world.

The Anatomy of a Workplace Tumour (Revisited)

The conflict didn't start with a protocol or a PowerPoint. It started with a feeling—a slow, creeping sense that no matter how much Dr. Blaze contributed, his efforts were quietly filed away, unmentioned in meetings, and

unrecognized in the department's official story. The head of department, let's call her Dr. Apex, was a master of administration, steering the ship through choppy waters, but somehow missing the fact that the engine room was on fire (in a good way). A skilled oncologist, she approached people with a precise, almost clinical framework. Her world view stemmed not from weariness, but a conviction that individuals, once categorized, were fixed. This left little room for evolution or acknowledging the biases that coloured her judgments.

Dr. Blaze mentored, innovated, and inspired. He introduced debate-based learning, advocated for new teaching tools, and incorporated case-based discussions that made oncology more than just a collection of grim statistics. The fellows adored him, the patients trusted him, and the journals published him. But at the end of each year, when the accolades were handed out, his name was always just a whisper in the background.

Collateral Damage: The Team

When a department's brightest spark feels dimmed, the shadows fall everywhere. The

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junior doctors, who once flocked to Dr. Blaze's sessions, now whispered about the tension. The nurses, always the first to sense an emotional shift, began to tread carefully, unsure which side of the invisible line to stand on.

Meetings became awkward. Dr. Apex would outline a vision for the future, and Dr. Blaze's contributions—often the very innovations that had moved the department forward—would be referenced as “team efforts” or, worse, omitted entirely. The rest of the team, caught in the crossfire, learned to keep their heads down and their opinions to themselves.

The stress, already a constant companion in oncology, grew heavier. Not the kind that comes from difficult cases or late-night emergencies, but the slow, grinding ache of feeling unseen.

The Human Cost

In oncology, relationships are everything. Trust and recognition are the glue that holds a team together. When Dr. Blaze's passion was met with indifference, the sense of unity began to unravel. The fellows, inspired by his teaching, wondered if innovation was worth the risk. The team, seeing the lack of appreciation for their most dynamic member, questioned whether their efforts would ever be noticed.

There were moments of dry humour, of course. Dr. Blaze once joked that he'd have to set off the fire alarm to get Dr. Apex's attention. Another time, he brought cupcakes to a meeting, each one iced with the phrase “This was a team effort.” It got a laugh, but the bitterness lingered.

The Wider Impact

The conflict didn't stay hidden. Like a stubborn malignancy, it spread. Morale dipped. The drive to innovate slowed. The department, once a hub of creative energy, began to feel stagnant. Even the most resilient staff members started to question their commitment.

And then there was the guilt. Because in oncology, every moment spent on internal conflict feels like a moment stolen from the people who need you most—the patients, the families, the ones who don't care who gets the credit, only that you're there, united, fighting for them.

A Prescription for Healing

The quiet conflict, which can push dedicated professionals like Dr. Blaze to the brink of departure, demands urgent attention. It is compounded by unexamined biases, exemplified by tendencies to pigeonhole individuals and silence valuable voices – an approach, perhaps, hardened by years of navigating a system that prioritized control over collaborative growth. For true healing and a thriving clinical environment, the prescription is clear.

First, honest but friendly conversations are fundamental. They foster an environment where every contribution is not just heard, but explicitly seen and acknowledged, directly reversing morale erosion. Secondly, leadership must actively dismantle preconceived notions about personalities, ensuring all contributions gain the recognition they deserve. Beyond formal processes, the potent medicine of shared laughter and unwavering mutual support is essential, serving as a buffer against professional stresses and a powerful means of mutual recognition and appreciation. Finally, developing skills for proactive conflict resolution is crucial to maintain harmony, ensuring the team's vital signs remain strong, and critically, that every individual feels acknowledged for their role and output without bias.

The Bittersweet Truth

Conflict is inevitable, especially in high-stress environments like oncology. But it doesn't have to be destructive. With honesty, humility, and a dash of dry humour, it's possible to turn even the bitterest of feuds into an opportunity for growth.

Ultimately, Dr. Blaze may never receive a standing ovation. But maybe, just maybe, a quiet word of thanks, a nod of recognition, or a shared laugh over cupcakes will be enough to remind everyone that in the fight against cancer, every spark matters.

Final Thoughts

Workplace conflict, like cancer, thrives in darkness and denial. But with openness, empathy, and a willingness to laugh at ourselves, we can keep it from spreading. Dr Blaze's journey through deep disillusionment, born from the persistent void of non-recognition, is a stark reminder of how fragile the human spirit can be. This isn't merely a tale of one team's quiet conflict, but a cautionary echo across the corridors of medicine, where efficiency can sometimes eclipse empathy. Institutions, too often focused on grand strategies and measurable

outcomes, must recognize that the most insidious threats to patient care, to morale, to innovation, are often the silent, unaddressed interpersonal fractures, exacerbated by unexamined biases that pigeonhole individuals and dismiss their true potential. It is a call for a profound cultural shift, where the emotional health of a team is recognized as foundational to its clinical excellence, where 'soft skills' are no longer considered secondary, but vital signs of a thriving, truly patient-centred environment that actively works to dismantle its own internal 'boxes' of perception.

By remembering that we're all on the same side, even if we sometimes need to be reminded over coffee and with a well-timed sarcastic remark, and maybe, just maybe, by recognizing the Dr Blazes amongst us, we can light the way forward for everyone.
