



*Speech by Guest-of-Honour, Professor Shih Choon Fong,
President, National University of Singapore,
at The Physician's Pledge Affirmation Ceremony on 27 July 2003 at
The Auditorium, College Of Medicine Building*

The Physician and the Salmon

Dr Lee Suan Yew, President,
Singapore Medical Council,
Distinguished Guests,
Ladies and Gentlemen,

You may have heard this story about a doctor. He is about to give a speech. In between attending to his patients, he organises his ideas and jots them down.

That evening, when he stands in front of his colleagues, he finds to his horror that he cannot read his own handwriting. Thinking on his feet, as doctors often do, he pleads, "Is there a pharmacist in the house?"

Knowing that this is a solemn occasion and being in the midst of many newly minted doctors and members of a distinguished fraternity, I took an extra precaution - ordering a prescription for my speaking notes to be typed out.

Let me read out the title -
"The Physician and the Salmon".

The Story of the Atlantic salmon
I have always been fascinated by the magnificent Atlantic salmon. Having spent many years near the Atlantic seaboard, I developed a passion for fishing in the ocean. On my first fishing trip out in the Atlantic, I nearly lost my right index finger while trying to pull in a fish.

The Atlantic salmon has thrived in the Northern Hemisphere for more than a hundred million years. They begin life in freshwater inland lakes and rivers. In the secure inland waterways, they grow and hone their survival skills.

Thereafter, they begin their remarkable journeys to the Atlantic Ocean.

The vast Atlantic Ocean is different! The new salt-water environment is unpredictable, dangerous and full of unfamiliar fishes. But the Atlantic salmon knows that the ocean is rich and offers limitless space for growth. Every year it spends in the ocean, the salmon doubles in size.

Yet, on maturity, Atlantic salmon

swim thousands of miles along unpredictable routes, risk encountering dangerous predators, and leap upstream against the mighty river currents to return to their original waterways. Why do salmon leave the rich life in the vast ocean for the arduous journey to their original waterways? Why do they repeat this demanding journey time and again?

The Salmon's Pledge

This fascinating question of nature has puzzled many fish scientists and marine biologists. While fishery falls outside my expertise, I am nevertheless going to venture a hypothesis.

I surmise that, in their own and special way, the Atlantic salmon may have taken a pledge:

"We, salmon of the Atlantic, pledge to strive and thrive in the vast ocean, to be steadfast and faithful, and renew our original waterways with vitality and spirit." True to this pledge, the Atlantic

salmons battle the mighty currents and return, time and again, to their nurturing waterways, ensuring the renewal and survival of the species.

Why am I telling you all this about the Atlantic salmon?

In a sense, we are gathered today in what may be considered one of NUS' original waterways.



Dr Lo Tong Jen (far left), leading his colleagues in the Physician's Pledge.

“ Why do salmons leave the rich life in the vast ocean for the arduous journey to their original waterways? Why do they repeat this demanding journey time and again? ”

NUS traces its history back to Singapore's first medical school established nearly a hundred years ago, in 1905, at Sepoy Lines, a stone's throw from this building. This building is also in the vicinity of the proposed NUS Graduate Medical School at Outram. This new campus will be developed in partnership with Duke, an Atlantic university. Importantly, this partnership, along with our other Atlantic partners, MIT, Johns Hopkins, and Georgia Tech, underscores the global aspirations of NUS.

You may have noticed that one facet of the Salmon's pledge concerns global aspirations. In this borderless, knowledge-based world economy, pursue global aspirations with passion. Strive to excel. Thrive in the vast ocean. Use global standards as your yardsticks.

There is another facet to the Salmon's Pledge. Use the special skills and talents that made you

doctors to take on the larger role of citizens. Contribute to the prosperity of country and society. Be steadfast and faithful. As you prosper in your professional life, bring your vitality and spirit back to your original waterways.

The Physician's Pledge

So you see, the Salmon's Pledge complements the Physician's Pledge.

The Physician's Pledge you are taking this afternoon is a solemn one. I

believe it is about your commitment to the practice of medicine and to advancing quality health care.

My congratulations to all of you. I wish you every success as new doctors. I wish you well in your lifelong endeavors in the vast ocean of rich opportunities.

Thank you.

“ I surmise that, in their own and special way, the Atlantic salmon may have taken a pledge: ‘We, salmons of the Atlantic, pledge to strive and thrive in the vast ocean, to be steadfast and faithful, and renew our original waterways with vitality and spirit.’ ”

Victory over SARS

By Dr Lee Suan Yew, President, Singapore Medical Council

“SARS struck fear in every one of us. We faced a terrifying, unseen and uncommon threat. It cut across race, religion, gender, and age... Bit-by-bit we learnt about the disease. Step-by-step we brought it under control. They knew the danger of SARS. But they did not flinch from their duties. They sacrificed their lives in the service of others. There is nothing more noble. There is nothing more humbling.”

Prime Minister Goh Chok Tong

Severe Acute Respiratory Syndrome or SARS, an atypical pneumonia of unknown aetiology, initially appeared in China in November 2002. It was not until 15 March 2003 when it was announced by WHO that SARS had infected several people in Hong Kong and Guangzhou Province of China.

In Singapore on 16 March 2003, the Ministry of Health (MOH) announced that Tan Tock Seng Hospital (TTSH) had admitted the first case of SARS into its Intensive Care Unit. We were not aware how infectious the condition was at that time. In our ignorance, social activities carried on as usual. Patients and doctors moved between hospitals without realising the danger of cross infection. We treated fever patients without using the N95 masks. Doctors and nurses were most vulnerable.

However, once it was clear that the coronavirus was highly infectious through droplets, the

battle-line was drawn. The newly set-up task force implemented stringent measures to prevent the spread of SARS in Singapore.

Fever patients were carefully screened at the SARS Triage Centre at TTSH, the designated SARS Hospital. The hospital staff bore the brunt of the SARS infection.

Many worked in SARS wards, SARS ICU, wards of other hospitals where SARS patients happened to be admitted into, and in the pathology departments and laboratories dealing with SARS. They risked their lives during these crucial months. Many were afflicted but were fortunate to survive. They were the heroes and heroines of the medical profession.

In total, 2 doctors and 3 nurses succumbed in the course of duty. They were:

- Dr Alexandré Chao Kwang Howe (37)
- Dr Ong Hock Su (27)
- Nursing Officer Hamidah Ismail (44)
- Nursing Aide Jonnel Pinera

- Nursing Aide Kiew Miyaw Tan

All Singaporeans silently mourned the loss of those who sacrificed their lives while treating SARS patients. We were sadly moved by the news media reports on how they were isolated from their families during their quarantine period and how their families could not even say a last farewell to them even when they were terminally ill.

The doctors kept their Physician's Pledge right to the end. They had pledged to:

- Dedicate their lives to the service of humanity
- Make the health of their patients their first consideration
- Uphold the honour and noble tradition of the medical profession
- Not allow the considerations of race, religion, nationality or social standing to intervene between their duty and their patients.



In his tribute to all who fought SARS in Singapore, Prime Minister Goh Chok Tong said, at the SARS Commemoration Ceremony at the Botanic Gardens on 22 July 2003, "SARS struck fear in every one of us. We faced a terrifying, unseen and uncommon threat. It cut across race, religion, gender, and age... Bit-by-bit we learnt about the disease. Step-by-step we brought it under control. They knew the danger of SARS. But they did not flinch from their duties. They sacrificed their lives in the service of others. There is nothing more noble. There is nothing more humbling." The Prime Minister's tribute summed up most poignantly the feelings of most Singaporeans.

Singaporeans are grateful for the way the MOH efficiently handled the SARS issue. SARS was a new enemy. We kept on learning as we managed the disease day-by-day. The then Minister for Health, Mr Lim Hng Kiang, spared no effort in containing SARS. He had a fine team of intelligent, brave and fully committed men. Mr Khaw Boon Wan, presently the Acting Minister for Health, who was the Head of the SARS combat team, immediately implemented more strict measures to contain SARS which included stringent ring-fence method and isolation of patients. Dr Balaji, Minister of State for Health, Dr Ng Eng Hen, now Acting Minister for Manpower, and Dr Vivian Balakrishnan, Minister of State for National Development were each assigned by the Prime Minister to take charge of a major hospital. It was fortuitous that they were doctors. They understood the importance and urgency to contain SARS.

“The response of our doctors to the recent SARS crisis has assured me that the majority of them chose medicine as a calling. The victory over SARS has strengthened my faith in our medical profession.”

The doctors and numerous healthcare workers in the primary healthcare set-up were extremely vulnerable to SARS. Two family physicians, Dr Tan Cheng Bock and Dr Koh Meow Leng came close to contracting SARS. They had SARS patients consulting them. Fortunately, they were well protected through wearing N95 masks and disposable gowns. They were spared from the disease by following proper procedures. We can be proud of them for not flinching from performing their duties professionally. Unfortunately, their patients were non-compliant and they caused further spread of the disease.

Singaporeans can be proud of their medical professionals. We came out tops, we did our nation proud. We did not scuttle when the SARS battle got worse. We stayed at our posts and battled on until Singapore was declared SARS-free by WHO on 31 May 2003.

What did I learn from the SARS battle? To me, I have learnt that:

(i) Our politicians and civil servants are brave and brilliant people who

did not panic but were quick to learn and respond to an invisible and deadly enemy. That was crucial;

(ii) Our medical personnel: doctors, nurses, hospital administrators, paramedics, ambulance drivers, attendants, cleaners, kitchen staff, morticians, contact-tracers and staff manning the thermal scanners were all brave people who never shirked from their duty to serve our people. They did not fear death;

(iii) The foreign workers who worked in the hospitals and nursing homes were equally valiant and dedicated;

(iv) Some patients were not truthful and disobeyed certain rules. They were irresponsible and a danger to others;

(v) Primary and public healthcare, the first line of defence, was still essential and that we should not neglect our training programme for personnel working in these areas;

(vi) Singaporeans can be united in the fight against a deadly enemy.

It has provided me with a better perspective of our medical profile. In spite of a few doctors who break certain rules and regulations from time to time, by and large the response of our doctors to the recent SARS crisis has assured me that the majority of them chose medicine as a calling. The victory over SARS has strengthened my faith in our medical profession.



Ethical Issues in Practice

By Dr Tan Chi Chiu, Chairman of Singapore Medical Council's Ethics Committee

The Singapore Medical Council's Ethical Code and Guidelines, January 2002 edition, strives to find the right balance between the need to ensure minimum standards required of all medical practitioners and the ability to adapt to a practice milieu which is continually changing in its norms and expectations, with all the opportunities provided by technological advances, particularly in the area of information provision and advertising. The Code and Guidelines provide principles of behaviour that can be applied and extended to almost every change and advance and practitioners are required to apply these yardsticks to all circumstances in which they find themselves. Ultimately it is advisable for doctors to understand medical ethics, train in ethical analysis and decision-making, and develop knowledge, skills and attitudes needed to deal with ethical conflicts if they arise. This article seeks to help doctors understand various ethical issues through some case studies.

Case 1

A plastic surgeon consulted SMC about his website. He wanted to know if he could place pictures of successful procedures to educate visitors to his site on the types of procedures he does, since plastic surgery is very visual and words may not convey the full picture.

He was however concerned that section 4.4.5.2 of the SMC's Ethical Code and Guidelines, appears to prohibit any photographs showing results of surgery when they are related to identifiable doctors either directly or by inference. As he was in solo practice, he could not see how he would not breach this

“The principle contained in section 4.4.5.2 is that doctors should not seek to project themselves as superior to other doctors in the eyes of the public.”

guideline. He also felt it was unfair that multiple doctor practices and public healthcare institutions could so advertise with impunity since it would be difficult for the public to know which doctor operated on the patients in the photographs if it was not stated. But in a solo practice, the association would be very direct and obvious.

The principle contained in section 4.4.5.2 is that doctors should not seek to project themselves as superior to other doctors in the eyes of the public.

That would be a breach of section 4.4.2, where laudatory or comparative advertising is not allowed. In a solo plastic surgery practice, any photographs emanating from it obviously invite the public to draw the conclusion that the surgery was performed by the surgeon of the practice. This is unavoidable.

However, as the intention of the surgeon is to educate the public about the procedures that he does, and not to laud his own skills, there

are two ways he could go about it. One is to use pictures from textbooks, with accreditation, and with due regard to copyright issues and permission from the publishers and authors.

The other way, which is probably simpler, is to use pictures of the surgeon's own patients, with patients' consent if the patients could be identified in some way, but without any claim in the text or the caption that this was the result of the surgeon's work or skills, but merely as an illustration of a particular procedure.

The public may well draw a conclusion that the surgeon was responsible for the result shown in the photograph, but if this is not explicitly stated, it is not objectionable from an ethical point of view. A general comment on such

situations is that the SMC does not police the websites of doctors. Any breach of ethics would have to be made known to the SMC by another doctor, a patient, a regulatory authority or a member of the public. It follows that unless the website content is so outrageous that it offends other parties sufficiently to lodge a complaint, no action will be taken against the website owner. Hence, doctors should try to be more conservative in their website content so as not to attract complaints

Case 2

An article was published in named bank's newsletter and posted on named bank's website. The article titled "Lasik for named bank's customers" stated that Lasik has become the method of choice used

for the correction of myopia. The offer was specially for all named bank's customers and one could get a special offer of a discounted price for Lasik surgery at a particular private clinic. Although the clinic's name did not appear on the newsletter or website, the telephone number listed was that of the clinic's and the clinic assistant who answered the phone was able to give details of the Lasik offer.

Section 4.4.1 of the Ethical Code and Guidelines states that patients

“Unless the website content is so outrageous that it offends other parties sufficiently to lodge a complaint, no action will be taken against the website owner. Hence, doctors should try to be more conservative in their website content so as not to attract complaints.”

are entitled to protection from misleading information, as they are particularly prone to persuasive influence. Information must not exploit patients' vulnerability, ill-founded fear for their future health or lack of medical knowledge.

Section 4.4.3.2 further specifies that general commercial media are not allowable information outlets for listing service information. Further, section 4.5.1.2 prohibits a doctor from being associated in an official capacity with a non-medical product or service or with a non-medical company. If he does so in a commercial sense only, he cannot refer to his professional qualifications or services.

As can be seen from these sections, the above case breaches

the ethical guidelines on a number of counts: Firstly, the doctor and the bank had an association with each other, which was improper. Ophthalmology practice and banking have no natural professional relationship and the doctor should not be using the bank to promote his services, nor allow the bank to benefit from offering his professional services to the bank's clients.

Secondly, the bank's newsletter and website may well contain legitimate general public educational articles on Lasik, as any commercial paper or magazine can, but it was inappropriate for a doctor to allow his service to be advertised through this medium.

Thirdly, allowing the bank to list only one Lasik service provider contravenes the principle of no comparative advertising, since the basis for the choice of this one doctor over all others is unclear and therefore unacceptable. Fourthly, the special offer of a discounted price if the bank's clients went to the particular doctor is unacceptable as it is clearly an inducement based on potential patients' vulnerability to the attraction of 'special offers' and price savings and not based on any objective criteria upon which the choice of doctor is made.

Finally, even though the clinic or doctor's names were not mentioned, materially they were the advertisers, since a phone number was given and this led directly to the practice concerned.

Hence there can be no defence that this is not direct advertising. In this case, SMC asked the bank to withdraw the offending listing and the doctor was advised not to use this kind of medium again. In addition, SMC requested that the offer per se be withdrawn as cessation of the articles themselves did not redress the problem of the articles already being in the public domain with the public being able to use the offer.

Case 3

The management of a shopping centre group, as part of its promotions for opening of a new shopping centre, distributed discount coupons to the public. One of the coupons invited the general public to go down to a clinic, stating "Come down for a FREE Body Fat Measurement - Body Mass Index or a FREE blood pressure measurement. The first 500 to present this coupon will receive a FREE gift."

Section 4.4.3.2 of the Ethical Code and Guidelines states that it is not allowable to carry out advertising, either by the doctor himself or by proxies, by means of unsolicited visits or phone calls, by public displays or exhibits or active distribution of any kind of literature to the public. In this case, it is clear that this section has been contravened. The principles behind the section are similar to Case 2 in that the selection of one doctor or practice by the promoter implies endorsement. The offer of free body mass or blood pressure measurement, plus free gift are all unacceptable inducements for the public to seek medical attention.

Case 4

A doctor wishes to participate in multilevel marketing of a range of skin care and cosmetic products. He is concerned whether he would be in breach of the Ethical Code and Guidelines, and asks SMC for an opinion.

According to section 4.5.1.1, a doctor should not associate with a business that may bring his practice and his profession into disrepute. Even if the business is legitimate, the way he should do this is given in section 4.5.1.2, in which a doctor may associate with any business, even if it is non-medically related (assuming it is legal) in an official capacity provided that his professional status is clearly separated from his business interest.

“ In essence, he must not mislead the public into believing that his (multilevel marketing) business is somehow medically beneficial or is being endorsed by a doctor, unless the product or service in its own right is scientifically proven to be medically beneficial and has the acceptance of the profession in general. ”

His position may be shown on the company stationery, literature or website, but he shall not include any reference to his professional qualifications or services. In essence, he must not mislead the public into believing that his business is somehow medically beneficial or is being endorsed by a doctor, unless the product or service in its own right is scientifically proven to be medically beneficial and has the acceptance of the profession in general.

In addition, as provided for in section 4.5.2, a doctor may promote

vitamins, tonics, health and nutrition supplements, but whatever he says must be supported by good quality scientific evidence. If he should participate in promotions, he is bound by the guidelines for public speaking, broadcasting and writing, as given in section 4.4.3.1, as well as the guidelines for participation in sponsored educational events and research, as given in section 4.6.3.1.

In this particular case of multilevel marketing or any other marketing activity, the doctor must be careful to have a completely different name card without any reference to his professional status. It would be preferable that his professional qualifications not be used as they

could impart an irrelevant status to his marketing role.

He should not introduce himself to customers or clients as a medical doctor and he should certainly not conduct any of this business in his clinic, or to his patients or patients' relatives. In general, there must be no conflict of interest between his professional role and his marketing role, which has a profit motive outside of medicine. Sections 4.6.1 and 4.6.2 are helpful in guiding doctors on disclosure of interest and preventing financial conflicts in clinical practice.

Case 5

A doctor sublets part of his clinic to a beauty parlour and there are cross referrals between them. In addition, in his spare time, he has an arrangement with an undertaker to provide death certificates for people who die at home and whose families have difficulty getting their own doctors to certify causes of death.

Section 4.1.6 states that a doctor shall not associate himself with anyone who is not qualified to provide medical care, or generally accepted medical support services. They include beauticians, beauty parlours, health spas, colonic cleansing services etc. Undertakers are not specifically mentioned, but the principle of the section extends to undertakers as well. It is generally not acceptable to enter into a business association as described above because professionalism is compromised by non-medical considerations. In addition, section 4.5.1.1 warns against carrying on a trade, business or calling that is incompatible with or detracts from the practice of medicine and bringing a practice and the profession into disrepute. A doctor who carries on as described places himself at great risk of doing something as a doctor that brings him and his profession into disrepute, either as a result of mixing his practice with beautician-type procedures or as a result of writing inaccurate and indefensible certificates of cause of death.

Case 6

A general practitioner (GP) wishes to promote health amongst the public, through promotion of

aromatherapy, herbal treatments, relaxation therapy and massage. He claims that these modalities can reduce the risk of many ailments including cancer, asthma and infertility. He sets up a company of which he is a director, and markets seminars and retreats for paying clients to attend talks, eat special diets and undergo meditation and massage. He gives talks in public to promote his business. Are there any issues of concern here?

At first sight it might seem relatively harmless. However there are some potential issues, depending on how this doctor runs his business and how he promotes his therapies. Firstly, section 4.1.1.6 states that doctors should practise within their own competence. It is moot whether the GP is qualified to give advice to the public on prevention and even treatment of cancer, asthma and infertility. It could be construed that he is misrepresenting himself to the public as a specialist in these areas, claiming special knowledge and expertise which he does not have in terms of formal training, accreditation or experience.

Secondly, he is running a business which on the face of it, is not in the realm of mainstream medicine and could be construed as a non-medical business. Has he abided by section 4.5.1.2 where, as discussed in Case 4 above, a doctor must clearly separate his non-medical business from his professional status? Could this doctor be misleading his clients through his status as a doctor into believing that the therapies he is

marketing are scientifically and medically proven and accepted?

Based on section 4.5.2, is he promoting vitamins, tonics, health and nutrition supplements in a way that give them credibility they do not deserve? Further, sections 4.6.1 and 4.6.2 are quite clear on the need to disclose pecuniary interest and avoiding financial conflicts. Has the doctor made it explicitly clear to clients that he is a director of the company that is marketing seminars and retreats based on recommendations he is making as an 'unbiased' doctor?

The doctor could avoid these potential ethical pitfalls by not being a director of the company but availing the company of his services as a consultant or invited speaker, to speak at seminars, retreats etc. In this case, he could legitimately give health tips within his competence. But if he promotes products he would be bound by section 4.5.2 to promote only scientifically valid products. He would also be bound by sections 4.4.3.1 and 4.6.3.1 in similar fashion as Case 4 above, which guide public speaking, broadcasting, writing and participation in sponsored educational events.

Hopefully this set of case studies is illuminating and helpful to practitioners. As medical practice becomes more complex with time, more issues are bound to arise. SMC will, where appropriate, continue to publish relevant examples as case studies to guide doctors on important ethical issues.

Communicating with Patients

– A Roadmap to Mastery

By Assoc Prof Goh Lee Gan, Department of Community, Occupational and Family Medicine, National University of Singapore

Good communication between a physician and his patient is of key importance in ensuring effective healthcare delivery. Physicians and other health care providers must be able to get patients to understand instructions and the importance of cooperating with their health care providers in working towards their recovery from an illness.

Good communicators are not born. Social and clinical communication skills are entirely different. This article delves into the problems that doctors generally face in communicating with their patients and how they can improve their skills in this area. For everyone, *there is a space to be improved on what we already have in the school of life.*



REASONS

Why do we need to communicate well with our patients? Several reasons come to mind.

(1) Prevent medico-legal suits and patient complaints

Being able to explain clearly of one's intentions, the intended plan of management, and the risks involved of a particular regimen of treatment or procedure is of paramount importance. This skill needs to be honed continuously in the school of life.

(2) Do Good

Words, suitably chosen, can have a beneficial effect, provided they are delivered with sincerity and conviction. They can:

- **Dispel ignorance.**

Example - *"Completing a course of antibiotics is necessary to ensure a complete cure from the infection and also to prevent the development of antibiotic-resistant organisms."*

- **Prevent harm.**

Example - *"You will need to take this letter and make your way to the emergency department now. It may well turn out to be a false alarm, but it is better to be safe than to take chances. If I were you, I will not hesitate to go."*

- **Turn away wrath.**

Example - *"Actually what was done is correct... (First time drug allergy). There was no way the first doctor could have prevented this rash. Let us see what we can do to resolve it."*

- **Comfort the patient at the end of the road.** Remember Ambroise Pare's powerful words: *To cure, sometimes; to relieve, often; but to comfort, always.*

- Words can be a source of comfort when there is nothing else that we can do. Examples - *"Let us concentrate on getting you comfortable..."*, *"You can always call me if you need someone to talk to..."*

(3) Damage Control

Paul Nisselle, CEO, Medical Indemnity Protection Society, Melbourne, Victoria, writing in the Medical Journal of Australia in 1999, said some important words (Reference 1):

"Medical treatment is not entirely risk free. The doctor-patient relationship involves two individuals - both human, and therefore fallible. One seeks assistance with a problem and the other has the skills to deal with that problem. In this human interaction anything can go

“Words, suitably chosen, can have a beneficial effect, provided they are delivered with sincerity and conviction.”

wrong. A doctor may be responsible for a negligent act or omission, or a patient may wrongly accuse a doctor of negligence.”

When such events happen, we need to know how to communicate to do damage control. There are several such situations:

“ *Medical treatment is not entirely risk free. The doctor-patient relationship involves two individuals - both human, and therefore fallible... In this human interaction anything can go wrong.* ”

The “difficult patient”

Example: “Why can’t you just give me an MC...” (MC not justified). The solution may be to talk more to get to know his ICE (ideas, concerns and expectations) better regarding that MC.

The adverse event

When you are rightly blamed or wrongly accused.

- Example - Medical error - wrong route of administration. The patient is irate because your clinic assistant had wrongly instructed on the use of a suppository.
- Example - First time noted drug allergy or side effect - Idiosyncratic drug reactions can always occur.

A late presentation

When you are the second doctor and however, powerful the desire to say something awful about your colleague, *remember that **Words Can Destroy**. Some doctors get their fellowmen into trouble - “You should have come earlier!”*

Right or wrong get on with it - *you can always find a better way to convey this to the first doctor. It is not the right forum to address the matter to the patient in trouble. The right forum is the doctor himself. Pick up the phone later and talk to him, if you must get the incident off your chest. And you may also learn that the matter is not as simple as you had imagined.*

ROADMAP

Is there a roadmap that we could hone our skills? Yes. Communication skills are developed and improved over time. Don’t despair if it was not a good episode of doctor-patient communication. It is important to recognise that this happens time

and again. This is a teachable moment if you seize the opportunity to improve. And if you feel that you have communicated well, don’t just gloat. Reflect on it and add it to your repertoire of skills.

The communication skills roadmap consists of learning:

- Communication basics
- Advanced communication skills

Communication basics

These are the basic steps that you must know and do them right. You would have been exposed to this in the undergraduate curriculum. They remain the building blocks in communication with patients.

- Right and wrong way in dealing with (1) *the silent patient* (2) *the talkative patient* (3) *the sad patient*
- The consultation process - greeting, opening, content, closing
- Body language - send out the right message, read your patient’s ICE
- The follow-up consultation - find out the progress, connect with the future
- The pre-operation communication - explain patiently and reassure realistically

Advanced communication skills

These are the communication skills for survival and beyond in our professional lives.

(1) Consultation process

The Bayer communication course deals with the consultation as a 2-stage communication process:

- Find it (diagnostic stage)
 - * Engage - engage the patient to participate in the history giving, examination, and

investigation stage.

- * Empathise - words to show you understand the difficulties and suffering your patient is going through will build a positive doctor-patient relationship.

- Fix it (management stage)

- * Educate - explain and show the patient what is happening to him or her.
- * Enlist - the outcome of the doctor’s plan will be that much more effective if the doctor makes the effort to enlist the patient’s participation.

(2) Communication blocks

Communication may be blocked from being effective. A number of them are listed here.

- Well known ones - Sender-message (e.g. jargon)-receiver problems; life-space mismatch; ego states mismatch (child, adult, parent)
- Less well known - failure to discover ideas, concerns and expectations (ICE) leads to dissatisfaction and more. So, discover the ICE in every case. The following are some sentences you can use to find out:
 - * “So, any idea what is going on?”
 - * “Are you worried about it?”
 - * “What shall we do - send you back to work...?”

(3) The unhappy relative

The ability to handle the unhappy relative effectively is a worthwhile communication skill and more to acquire in the school of life. Know what his/her agenda is.

Make a correct diagnosis so you are not trapped. You may be dealing with a relative who is:

- The guilty one - he or she has not looked after the ailing relative well and is trying to make up by being a champion at your expense. Recognise it, help him/her by being helpful but assertive.
- The picky one - he or she is by nature fastidious or dwells on minutiae. Take it as a challenge to do your best for the patient. Let the relative know that you and your team will do your best notwithstanding the constraints of service, time and resources at your disposal.
- The show off - revels at being able to put the doctor down. It is important to be able to put the relative in his/her place firmly and without being rude.

(4) Difficult situations

There are four situations that may be classified as such.

- Medication error or adverse event
- Bad news
- Telling and warning
- Taking heed

Medication error

It is important to know the appropriate communication skills here:

- Don't be defensive - acknowledge that this has happened and the consequences will need to be dealt with.
- Do "shifting" - focus on what needs to be done, rather than what has happened.

- Recognise it can be tough if the outcome is adverse - Get help from your colleagues or seniors to deal with the matter, early rather than late.

Bad news

Some principles need to be remembered.

- Don't leave it to the most junior guy to do it: The most senior guy should do it and show the juniors how to do it.
- Telling bad news should be based on firm grounds: "Let us wait for the report first; meanwhile, think positively..."
- Deal constructively with the relative who says: "Shh, please don't tell..." : acknowledge the concern; give the pros and cons; give your point of view; help the relative move on. There is more of this under the heading "Telling and warning".

The mnemonic of ABCDE of Breaking Bad News helps us to do it right. It is taken from a paper by Gregg K Vandekieft in the American Family Physician, 2001 (Reference 2). The five alphabets stand for:

Advance preparation

- Arrange for adequate time, privacy and no interruptions (turn pager off or to silent mode).
- Review relevant clinical information.
- Mentally rehearse, identify words or phrases to use and avoid.
- Prepare yourself emotionally.

Build a therapeutic environment / relationship

- Determine what and how much the patient wants to know.
- Have family or support persons present.
- Introduce yourself to everyone.
- Warn the patient that bad news is coming.
- Use touch when appropriate.

- Schedule follow-up appointments.

Communicate well

- Ask what the patient or family already knows.
- Be frank but compassionate; avoid euphemisms and medical jargon.
- Allow for silence and tears; proceed at the patient's pace.
- Have the patient describe his or her understanding of the news; repeat this information at subsequent visits.
- Allow time to answer questions; write things down and provide written information.

Deal with patient's and family's reactions

- Assess and respond to the patient's and the family's emotional reactions; repeat at each visit.
- Be empathetic.
- Do not argue with or criticise colleagues.

Encourage and validate emotions

- Explore what the news means to the patient.
- Offer realistic hope according to the patient's goals.
- Use interdisciplinary services.
- Take care of your own needs.

Telling and warning

Some mental clarification with yourself about telling and warning helps you in your communication with patients:

- *Acknowledge to yourself that you are practising in the 21st century: You need to be prepared to explain what the "reasonable man" would like to know. The "reasonable man" is the hypothetical man (or woman) that the lawyer will use in making his decisions on what is adequate or inadequate action on the part of the doctor in question.*
- *Accept the desire of the patient to know the risks of failure - in case the procedure/treatment really fails.*

“The ability to handle the unhappy relative effectively is a worthwhile communication skill and more to acquire in the school of life. Know what his/her agenda is.”

- *If you make up your mind to refer, don't back out of it: get him to sign that he does not want to go.*
- *If you are not sure: say "it is better to be kiasu than not to refer you and you end up losing an eye etc."*

Taking heed

This is called EQ. You need to develop your skills to do well in this and you can then communicate your concerns to the patient in a timely way.

- *Recognise that if the patient is troubled, it is a red flag - better to respond and take action.*
- *Don't be proven wrong for not taking action - the patient will surely hang you.*

Take Home Messages

In conclusion, there are five take home messages in communicating with patients:

- Communicate well to reduce medico - legal suits and complaints from patients
- Communicate to do good - dispel ignorance, prevent harm and turn away wrath.
- Communicate to do damage control - the difficult patient, the adverse event and the late presentation.
- Keep the communication skills roadmap in your head and practise your communication basics and hone your advanced communication skills everyday.
- Use communication to help people (and yourself) move on.

References

- (1) Paul Nisselle.
Angered patients and the medical profession (Editorial). Changing from "doctor's orders" to "patient's choice" MJA 1999; 170: 576-577
(<http://www.mja.com.au/public/issues/jun21/nisselle/nisselle.html>)
- (2) Gregg K Vandekieft.
Breaking Bad News. American Family Physician Dec 15, 2001
(<http://www.aafp.org/afp/20011215/1975.html>)

National Day Awards

We would like to congratulate the following Council members on their National Day Awards:

Prof Tan Chorh Chuan	-	The Public Service Star (BBM)
Prof Lee Eng Hin	-	The Public Administration Medal (Silver)
Dr Ho Nai Kiong	-	The Public Service Star (BBM)

Dr Ho Nai Kiong was also made a Knight of Grace of the Order of St John (UK) on 27 September 2003 in recognition of his contributions to the St John Ambulance Singapore for nearly 40 years. Dr Ho, a paediatrician, is the Chief Commissioner of the Brigade. He is the third Singaporean to be given this prestigious award.

Thank you Prof Tan Ser Kiat



Prof Tan Ser Kiat, CEO of the Singapore Health Services Pte Ltd, was elected member of the Singapore Medical Council on 21 November 2000. His term of office ended on 20 November 2003. In spite of his busy schedule, he had actively participated in the work of the SMC and was a member of several Complaints Committees and a few Disciplinary Committees.

The SMC has benefited much from his contributions and we wish him all the best in his future endeavours.

Compulsory CME – Reminder

All fully and conditionally registered doctors renewing their practising certificates (PCs) from 1 January 2005 onwards must fulfil the specified minimum number of CME points for their CME qualifying period before their PCs can be renewed.

For example, the CME qualifying period for a doctor holding a 2-year PC expiring anytime in 2005 is the preceding 2 calendar years, i.e. from 1 January 2003 to 31 December 2004.

Similarly, if a doctor's 2-year PC is expiring in 2006, the CME qualifying period will be from 1 January 2004 to 31 December 2005.

The CME qualifying period for doctors holding a 1-year PC is the preceding calendar year, i.e. from 1 January 2004 to 31 December 2004 for PCs expiring in 2005.