

# Primum Non Nocere

## (First Do No Harm) *By Dr Daniel Fung*

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Sunday has always been a rest day for me. Mornings are spent in church and we will then adjourn to my in-laws' home for Sunday lunch. I am seldom reminded of work beyond the occasional "on call" days when I may get a page about admissions to our child and adolescent in-patient ward in Woodbridge Hospital.

It therefore took me by surprise one Sunday morning when a church worker came up to me. "Daniel, could you take a look at Colin who looks very unwell..." she whispered.

I was beginning to feel the same way myself, as a sense of anxiety gripped me. I almost wanted to protest, "But I am a psychiatrist!" I knew that it would have been a futile excuse since the public views doctors as being the same, never mind the fact that I spend most of my time talking to families about emotional issues. My general medical skills were not put to any severe test that day as we met a family doctor on my way to seeing Colin. He examined Colin as I called the ambulance.

Later, as we introduced ourselves to Colin and his family, I told them apologetically about my specialty, "I am just a psychiatrist..."

Still later in the day, as I related the incident to my colleagues at a party, I was chided for that very statement. "You are denying your profession, people are confused enough about psychiatrists ("Aren't you a psychologist\*?"), you should have just

said that you see only children and Colin is an elderly man..." were some of the comments. It always seems so clear in retrospect.

This has made me wonder about what is expected of doctors and the duty of care. I recall reading the papers some years ago about a psychiatrist who saved the life of a passenger by making a correct medical diagnosis and then causing a hullabaloo when he asked the airline to pay him for his "service". More recently, the debate about the Bolam principle and the Bolitho exception has made me acutely aware of my role as a physician.

What happens to the specialist who has spent years in specific areas of his specialty? Is he still expected to be a general medical practitioner? For the Singapore male doctors, we still have National Service to keep us in touch. ACLS and ATLS are very useful indeed. Knowledge is one thing but we still lack actual practice. I would have difficulty doing an intubation now (it has been almost eight years ago since I last did one). Medical procedures (unlike procedural memory) are not like bike riding or roller-blading in that once you have learned it, you will not forget it. I remember a joke that a colleague uses frequently to preface his talks: an expert is defined as someone who knows more and more about less and less until he knows absolutely everything about nothing. I am reminded that as a specialist, I must not lose touch

of my medical roots. I should always try and keep in touch with general medicine.

But in this age of exploding knowledge and information overload as well as the busy schedules that plague all specialty practices, how can we find time to stay abreast of developments? Continuing Medical Education (CME) seems the obvious solution but are there such courses out there to cater for the specialists' needs? It would also take a lot to organise such refresher courses on a regular basis. For myself, I certainly would like to see it being made available online. This form of do-as-you-have-the-time CME has already taken root in North America and I understand that we will have this available locally eventually as well.

For myself, I have decided to prepare myself mentally, if I should have to be asked to see another "patient" on my rest days. I now carry a handy manual in my personal digital assistant (PDA) for exactly such eventualities. I will also train myself to say, "I only see children but I am still a doctor." For practice, I make it a point to occasionally help out my medical officer in venipuncture and other medical procedures. I must remember that I am a doctor first, and a psychiatrist only when I am in my clinic. ■

\* *Psychologists are not medical doctors. They study human thoughts, feelings and behaviours and clinical psychologists are experts in helping people who have problems in these areas, using non-medical treatments. Psychiatrists, on the other hand, are medical experts in mental illnesses.*