

Going the

EXTRA

Mile

By A/Prof Cheong Pak Yean

1. From complaint to compliment

"I have low backache," the well-dressed middle-aged man declared, pointing to his lower back. He was a good historian, rattling off details of his complaint without prompting. He told me that he had forgotten to stoop down when he was lifting a heavy weight at his workplace and sustained a sharp pain in the back.

"No red flags, some restriction of spinal movements, no abnormal neurological signs and no suggestion of sciatica," I recorded, after examining him, and also noted that there were no skin lesions to suggest incipient herpes zoster. I explained the diagnosis to the patient, prescribed NSAID capsules for pain relief and wrote a medical certificate to excuse him from work for two days. Feeling happy, as I had learnt how to manage backaches confidently during the Graduate Diploma in Family Medicine tutorial that I had just attended, I pulled out a photocopied diagram on back strengthening exercises from my tutorial file.

But before I could continue, the man interjected, "Please refer me for physiotherapy in ABC restructured hospital." Many years ago, I would have persuaded the patient to first go by the exercises that I could teach him. But with the higher expectations of patients today, I could not honestly say that physical therapy by trained physiotherapists would not be better. So deftly rescinding the photocopied diagram, I changed tack, offering to refer him to a private

physiotherapist instead. "No," he insisted, "That is not what I want. I came specifically to get a referral to ABC Hospital's physiotherapy department. I read that it has state-of-the-art equipment to manage back pain."

This revelation put the encounter in context. This patient came to see me not for a consultation for back pain, but for a referral letter so that he could access subsidised physiotherapy treatment in ABC Hospital. I told him that I could only refer him directly for subsidised physiotherapy in a public community setting. He retorted that he had checked and was told that all he needed was a referral letter to the hospital.

Puzzled as to how that was possible, I asked him for the source of the information. Perhaps there had been a change of public policy that I was not aware of. He refused to reveal his source. Very clever repartee indeed! The guileful man then countered that if I did not give him the referral letter, I should take him off my patient queue so that he could see another doctor in the clinic. He further added that he had his way of getting fast appointments. I did not have any doubt that he had the professed expertise.

Though the verbal exchange was measured, there was a palpable tension in the room. I have heard of patients falsely accusing doctors of being arrogant and uncaring when their vexatious demands were not met. The accused doctors would then have to spend time writing accounts of

what had transpired. Most frequently, it was a matter of “I said, he said”, so the experience of these doctors subjected to complaints was at best irksome. At times, a permissive management might even apologise on behalf of the doctors. I did not wish to bring this on myself nor have my key performance indicators tainted by complaints.

Transferring him back to the general queue would be unprofessional. I would merely be passing a problematic situation to a colleague. How should I get out of this impasse?

The man smiled when I finally told him that I would refer him to see a doctor in ABC Hospital’s orthopaedic department instead (and not directly for physiotherapy). It would be a routine referral and the appointment might be in a few weeks’ time. I thought that he would decline the indirect route or accept but not attend the appointment because it was likely that his back pain would have recovered by then. With mixed feelings, I struggled with the crafting of the referral letter. I hoped that my hospital colleagues would not think that I was displacing more deserving cases from their subsidised queue by this referral. They might even think I was foolish for referring such a case and adding to their already burgeoning workload.

A ten-minute consultation had eventually taken half an hour. With a troubled heart wondering if I were more postman than physician, I quickly cleared the next two patients to make up for lost time. Before I could press the buzzer to summon yet another patient, I heard a knock at my door. The patient with the back pain had returned. “Thanks lots doctor, your counter staff got me an appointment to see the orthopaedic doctor at ABC Hospital tomorrow.”

In response, I forced an ironic smile, and mused, “Our clinic might even receive a letter of commendation from him for *going the extra mile* to get what he wanted. From the brink of complaint to compliment, I must remember to share this with my colleagues.”

2. Joy to my heart

She came, unaccompanied, in her work uniform that was adorned with a tag that labelled her a “Contract Cleaner”. This elderly lady did not look her chronological age of 77 as recorded in the computer database. Her face was creased but not wizened. She was spritely in her movements and had an air of stoic dignity that spoke of a life spent in physical labour. She reminded me of the “red bandanas”, or Samsui construction women of old Singapore.

“Doctor, I have pain when urinating.” I found that there was no tenderness on palpation of her abdomen, but noted a small lump per vagina. Next, I performed a digital examination, followed by a speculum examination. I detected a cystocoele but could not visualise the cervical os. However, I observed blood on my glove and the speculum. “There were stains on my underwear on and off for the past few months, but I did not think it important to see a doctor,” the patient confessed. A dipstick test in her urine revealed red blood and pus cells.

“This patient came to see me not for a consultation for back pain, but for a referral letter so that he could access subsidised physiotherapy treatment in ABC Hospital.”

I explained my findings to the patient and advised a referral to a gynaecologist to evaluate the cystocoele and to rule out gynaecological malignancy. I also wanted to give her a few days’ medical leave. She accepted the referral but intimated that she preferred not to take medical leave, as she was daily-rated and would only be paid if she worked. There was no time for me to get her social history as she had to report for work soon. I personally called the hospital appointment desk to ensure an urgent appointment to see a gynaecologist, prescribed a course of antibiotics and scheduled a review in a week to recheck her urine.

Some would perhaps consider the patient lucky for the physical resilience that still allowed her gainful employment. But at 77, she was still working as a contract cleaner and worrying about her daily bread, so I went the extra mile so that she received timely care.

The length of the encounter was like this story: short. The consultation was, however, fulfilling. *Going the extra mile* brought joy to my heart, and I must remember to share this with my colleagues.

Turn the page to read Dr T Thirumorthy and A/Prof Goh Lee Gan’s commentaries on A/Prof Cheong’s patient encounters. ■



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